

HAMILTON COUNTY
FAMILY AND CHILDREN FIRST COUNCIL

SERVICE COORDINATION MECHANISM
November, 2005

Target Population

There are multiple agencies and programs in Hamilton County that serve youth who are in need of service coordination. As most youth and their families do not have “single system” issues, almost all of the youth we serve require some type of service coordination and virtually all of the providers have become adept at working with other agencies and systems. The Hamilton County FCFC has addressed this issue by providing an Inter System Training for the past 12 years specifically to train line staff from staff from over a hundred agencies in how to work with and understand programs from other systems. Inter System collaboration and service coordination is strongly encouraged by funders (and is sometimes mandated) and is programmatically institutionalized in many of the services offered throughout Hamilton County, as will be delineated later in this plan.

While the service coordination needs of youth receiving services from the many multi-faceted providers are addressed in this Service Coordination Plan, the *target population* for Hamilton County for the 2005 Service Coordination plan are multi-system youth with intensive needs who will benefit from a formalized service coordination mechanism rather than the less formalized service coordination that is delivered by most service providers in Hamilton County. These youth with multiple problems typically cannot benefit from traditional services and require more intensive, specialized interventions than the traditional service providers can offer.

The current service coordination plan also addresses unruly youth and youth at risk of being unruly. Unruly youth are defined by Juvenile Court as “youth who commit an offense that if committed by an adult would not be against the law; i.e., truancy, curfew violation, incorrigibility”. For purposes of the Service Coordination Plan, youth *at risk* of being unruly will be defined as youth who are beginning to exhibit behaviors of an unruly nature, or who due to biological, psychological and/or environmental influences may be more likely to develop such adverse behavior patterns without outside intervention by schools, courts, social service agencies or families.

Development of 2005 Service Coordination Plan

The Hamilton County Service Coordination Plan has evolved and gone through a series of revisions in the past 12 years. As we have learned from experience and as the county’s needs have changed, we have tried to change our Service Coordination Plan accordingly.

For the most part, the main architects of the Service Coordination Plan have been the 5 large County systems: Hamilton County Dept. of Job and Family Services, Hamilton County Community Mental Health Board, Hamilton County Juvenile Court, Hamilton County Board of Mental Retardation and Developmental Disabilities, and Hamilton County Alcoholism and Drug Addiction Services Board. During the formative years of the capitated, managed care program for youth with multiple needs, the Family and Children First Council was integrally involved in its development; however, over the past few years, the County agencies have shaped the program themselves. Periodic reports are still given to the Family and Children First Council on the evolution and progress of the Service Coordination programs.

The basis of the 2005 Service Coordination Plan was developed by the 5 county agencies named above, the Family and Children First Council and a parent. Once the outline was completed, it was shared with 3 focus groups of parents (JFS foster parents, ADAS and Mental Health), members of the Family and Children First Council at a special meeting, Mindpeace, which is a community wide initiative for improved mental health services for children led by Junior League and Children's Hospital, and the FCFC Executive Committee. Revisions to the plan were made after receiving input from each of these groups.

How Service Coordination Mechanism supports Ohio's Commitments to Child Well-Being

Hamilton County offers numerous resources all designed to support and to enhance the overall well being of newborns, school age youth and youth transitioning into adulthood. Many of these existing programs are partnerships between public and private agencies and offer a wide array of services ranging from early intervention and prevention, education to intensive treatment programs. All five county system agencies utilize and work collaboratively with these programs to ensure children and families have access to the most effective, appropriate resources and supports. Help Me Grow, which is administered by the Family and Children First Council, is one such program that focuses on education, early intervention and service coordination to parents of children age birth to three. Another program, the Children First Plan Program, is funded by all of the Council Executive Committee members and provides treatment and prevention services in 11 Hamilton County schools to promote improved school achievement, positive youth development and family involvement. The Transitional Youth Program (TYP) is funded by the Mental Health Board. In this program, services are delivered to youth age 16 to 22 who have significant mental health needs and are transitioning to adult services. Through a collaboration between Lighthouse Youth Services (LYS), St Joseph Orphanage (SJO) and Greater Cincinnati Behavioral Health (GSBH) these youth receive support and direct contact to address needs related to emotional/behavioral health, education, vocation and life skills development. Many other such programs are offered within Hamilton County and are described in the section of this plan that discusses service coordination for youth with less intensive needs.

Service Coordination Mechanism

While most agencies in Hamilton County provide adequate service coordination for youth who can benefit from traditional services, some youth require more intensive, individualized services and a more formalized Service Coordination mechanism. The Intersystem Service Collaboration Committee (ISCC) is the entry gate for line staff and families to the more intensive service coordination and individualized services needed by those multi-system youth and their families who are the target population for this Service Coordination Plan.

The Intersystem Service Collaboration Committee (ISCC) is comprised of representatives from the following agencies: Hamilton County Department of Job and Family Services, Hamilton County Juvenile Court, Hamilton County Community Mental Health Board, Hamilton County Alcohol and Drug Addiction Services Board, Hamilton County Board of Mental Retardation and Developmental Disabilities, Legal Aid Society of Greater Cincinnati, Hamilton County Educational Service Center and Cincinnati Public Schools. These representatives meet regularly for the purpose of case consultation, service planning, information sharing and inter system collaboration. Staff or families who are seeking direction and guidance in locating or obtaining services or a more complex “package” of services/service plan that can’t be accessed in more traditional ways or who have not been able to overcome obstacles within the service systems may refer a youth’s case to this committee for staffing.

Access to ISCC Committee

Referrals to the ISCC can be made directly by contacting the ISCC central phone number, which will be instituted and publicized beginning in January, 2006. The ISCC member who takes the call will typically refer the case to the committee member from the system most closely involved or most likely to be connected with the case. The Committee member will review case information and determine the appropriateness of bringing the case to the committee. If it is not appropriate, the committee member will provide alternative suggestions or direction for the provider or family. If the case is staffed at the ISCC, one Committee member will take the lead and will be responsible for documenting decisions and recommendations that will be shared with the referring individual or the family in follow-up.

Information and the phone number to access the ISCC will be distributed throughout contract agencies and their own systems by the ISCC Committee members. This information will include a description of the committee, its purpose, how to access it and the ISCC central phone number. Agency staff will also be encouraged to attend trainings to assist them to better understand the role and function of the ISCC, such as the annual Family and Children First Council’s Intersystem Training, where the ISCC presents two workshops annually. Printed information about the ISCC from the Inter System Training (which is updated annually) will be distributed to all participants and to staff unable to attend the training. Finally, each agency will offer information about the ISCC on their websites and through links to other websites that describe the role, function and process for access to this committee. The information will also be available on the FCFC website. Information will also be distributed to schools.

Service Coordination Agency for Multi Need Youth (Target Population)

There are a plethora of programs in Hamilton County designed to serve families and children in Hamilton County. While all these programs stress collaboration and service coordination, most of them do not provide formalized service coordination. Formalized Service Coordination coupled with intensive, specialized programming for high need youth is provided by Hamilton Choices, which is a program that is the third generation of an approach to serve high end multi need youth and their families.

The Hamilton Choices program promotes positive family/child outcomes by developing family focused, strengths based, cost effective community supports for children at risk of long term involvement in Multi-County System Agencies (Hamilton County Job and Family Services, Hamilton County Community Mental Health Board, Hamilton County Juvenile Court, Hamilton County Board of Mental Retardation and Developmental Disabilities, and Hamilton County Drug and Alcoholism Addiction Services Board.).

Choices targets youth between the ages of 7 and 17 who have multiple needs and are at high risk for placement in out of home care settings or institutional placement or are currently placed out of home and who need non-traditional, creative service planning options. All enrollees must have a DSM-IV diagnosis, and a Condition or identified risk that crosses two or more MCSA service systems (MHB, JFS, JC, MRDD and ADAS).

Choices provides an intensive care management program that is strength based and family centered. The core of the program revolves around the role of the individualized wraparound care coordinator who is responsible for facilitating wraparound planning for each child and family. This includes engaging children and families, stakeholders, and community/neighborhood resources in a wraparound planning process that is individually tailored for each child and family. The process includes the development of Child and Family Teams, which include representatives who know the child and family best and are willing to dedicate time and resources to assist the family in building upon strengths and supporting least restrictive living arrangements. The process is family rather than service driven and includes emergency/crisis planning components to teach dedicated adult(s), children, and providers how to respond in crisis situations to avoid restrictive institutional placements. It offers a continuum of services from residential to community based services. The program also dedicates resources to build community/neighborhood capacity and offer culturally competent services.

The guiding principles, values and goals of the program are:

- The needs of the child and family are the most important factors in deciding the types, intensity and duration of services and interventions provided.
- The primary task of the care coordinator is to develop a family team made up of caring people who are imaginative problem solvers and are willing to try non-traditional ideas in meeting needs.
- Family involvement is crucial at all levels (service planning, team meetings, board representation, fostering self sufficiency, identifying needs and solutions)

- The care coordinator guides the Child and Family Team through a process of considering multiple perspectives (including the child's and family's) and implementing Individualized Service Plans building upon strengths, hopes, dreams and other naturally occurring aspects of the lives of children and families.
- Strength based planning means listening to families and engaging them in problem solving and intervention planning.
- Strength based assessments explore significant life domains including: social, cultural, spiritual, educational and vocational needs/resources.
- Community based supported living arrangements are preferable for children who are at risk of placement into or transitioning out of restrictive residential placements. The importance of freedom from restriction shall be emphasized in all service planning activities.
- Achieving the best service outcomes for the lowest cost is a shared responsibility of providers, funders, communities and families. Multi-system funding for multi-need children is an important component of sharing resources collectively to avoid extreme financial burden to any one system.
- Services must respect and respond to the unique culture (such as racial, religious, ethnic, social-economic) of each family.
- Creating a large and diverse provider network, including non-traditional, low-cost-free, and family identified resources will help maintain independence and is critical part of respecting values that are important to individual families.

The Hamilton County Department of Jobs and Family Services (HCDJFS) serves as the Lead Agency in the administration and coordination of this program on behalf of the Multi County System agencies. Administrative functions on behalf of the funders such as: project management, contract administration, referral/clinical oversight, and billing/invoicing services are primarily provided by HCDJFS with additional resources contributed by each of the funding agencies.

The Multi-County System Agency (MCSA) Oversight Committee and Choices carefully review all potential referrals which come to the committee through each member of the Oversight Committee. The Oversight Committee is composed of five representatives, one from each of the funding agencies (JFS, MRDD, Juvenile Court, MHB and ADAS). This committee is responsible for approving all enrollments. In an effort to support program goals and ensure fiscal accountability, the committee strives to maintain a continuum of care that provides a balanced population mix.

Procedures for Family Service Coordination Plan at Choices

A Child and Family Team is the core vehicle for achieving success in Hamilton Choices. The goal of the team is to prepare the family to become the coordinator of services the child needs in the community.

The Child and Family Team is made up of five to nine people involved with the child and family on an ongoing basis, including community supports such as extended family, clergy, or neighbors or other important people in the child or family's life. The care

coordinator will keep these extended team members informed about the care coordination plan when their participation is necessary. Additional members may be added and others removed at the discretion of the family, except for public system involvement, which is not optional.

When a family becomes involved in Choices the members of the team are identified, including any community members the family may want to bring. The procedures for development of a family service coordination plan and safety plan are also covered at the time of intake. Emphasis on the child and family's strengths in several life domains is included as the treatment plan is developed and throughout the family's involvement.

The team develops and regularly monitors a set of goals based on the needs and strengths of the child and family. Responsibilities of team members are determined at the meeting and documented in the minutes, which are distributed to each team member. Child and Family Team meetings are held monthly, and family members are notified at the prior meeting and/or in a manner which works best for that participant. Each member also receives a copy of the minutes which includes information about the next meeting.

Choices adheres to the rules of HIPAA confidentiality compliance, and information about confidentiality during the period of service and after disenrollment from Choices is provided to families at intake.

Choices is committed to providing wraparound, community based, least restrictive, and flexible in-home services. A wraparound fidelity measurement process will begin during SFY 2006.

Responsibilities of the Care Coordinator

The care coordinator is responsible for monitoring the implementation of the care coordination plan designed by the child and family team. The care coordinator will work to ensure that all of the services identified in the care coordination plan are available and that all individuals involved with the child are aware of the family's strengths. The care coordinator acts as facilitator at the meeting where the date and time of the next meeting is set. He or she is also responsible for providing a copy of the team minutes to all team members, which includes the date, time, and location of the next meeting.

Child and Family Team meetings are held monthly, and the next meeting is scheduled at that time. If a team member misses a meeting then they are notified in whatever way they have set up with the care coordinator. It could be by phone, email or letter. In addition, each member receives a copy of the meeting minutes which includes the date and time of the next meeting.

A safety plan is developed within 5 days of first contact with Choices, and a family crisis plan is developed at the first Child and Family Team meeting. If there is some reason the crisis plan no longer works and an emergency meeting is necessary it can be initiated by any member of the Child and Family Team through the care coordinator. If an out of home placement occurs unexpectedly the Child and Family Team will meet within 48 hours, and every effort is made to meet before the placement occurs.

Choices adheres to all HIPAA rules concerning confidentiality, which require that information be kept locked and secure. Choices also informs the family that employees are required to keep information confidential, and lets the entire Child and Family Team know that what is discussed is confidential.

The family service coordination plan is developed by the Child and Family Team using the strengths and needs of the family in several life domain areas. The team will develop and regularly monitor a set of goals as a part of the plan.

The family service coordination plan is developed by the Child and Family Team using the strengths and needs of the family in several life domain areas, including but not limited to:

- Mental health
- Family and Relationships
- Home and a place to live
- Medical
- Vocational
- Educational
- Social and recreational
- Crisis and safety
- Cultural and spiritual
- Financial

The team will develop and regularly monitor a set of goals as a part of the plan. The care coordinator is responsible for documenting progress towards the goals during the monthly meetings. Because Choices is targeted as a 12 month program, the attainment of goals within the planned timeframes is essential.

Performance Measurement

Choices prepares an extensive report on outcomes every July. The most recent report is available upon request.

Fiscal Strategies for Supporting Service Coordination

Funds are pooled among the County agencies to pay for the costs of service coordination and services for this high need population. These funds are paid to the MCSA through a contractual arrangement that includes unique aspects such as a per child/per day compensation and a cap on the amount of local Medicaid spending. Each member of the MCSA contributes a predetermined amount to the pooled funding for the project. For state fiscal year 2006 the funding is planned as follows:

| MCSA Agency | SFY 2006 |
|-------------------------------|-------------------------|
| Job & Family Services | \$ 7,455,804.19 |
| Community Mental Health Board | \$ 3,725,129.59 |
| Board of MRDD | \$ 993,399.65 |
| Juvenile Court | \$ 662,878.66 |
| ADAS | \$ 89,893.93 |
| Federal Medicaid | <u>\$ 1,267,987.50</u> |
| Total | <u>\$ 14,195,093.51</u> |

Choices will serve an estimated 375 children through the year and has about 240 enrolled at any point in time.

The continuing emphasis on less restrictive placements and community based treatment results in less spending on residential treatment. These savings are used for mentoring and other flexible community based services which assist the child and family with achieving treatment goals.

The ADAS Board, Mental Health Board, and other child-serving agencies have agreed that the FAST money would be best utilized in this pooled funding project to provide services to multi-system youth. The case surveys and service tracking is being coordinated by the MCSA and Choices, with existing tracking systems and additional forms and survey instruments.

The funds for youth with non-behavioral health needs will be allocated to the Inter System Service Collaboration Committee (ISCC) by FCFC. As noted above, individual cases that require more than traditional services are referred to this committee for consultation, service coordination and/or collaboration. The ISCC will apply these funds to individual cases when needed for non behavioral health needs of youth and families who come to the attention of the ISCC.

Service Coordination and Services for Youth with Less Intense Needs

As referenced earlier, there are many programs in Hamilton County designed for youth and families who have multiple and cross system needs. While these programs do not offer formalized service coordination of the type offered by Choices, they all provide some form of service coordination and inter system work. If families are not aware of which program they need, there are 4 centralized information, referral and in some cases intake programs that families or line staff can contact who will get them to the program most able to provide appropriate services for them. Those programs are:

- *The Family LinkLine* is a 24/7 phone line that provides information, referral, direct linkage to emergency services and phone counseling to families in crisis, regardless of the “origin” of their crisis. The number is widely publicized throughout Hamilton County.
- *Mental Health Access Point (MHAP)* is the centralized access point for all public mental health services in Hamilton County. MHAP takes calls from providers, public and private entities and the general public, screens for service need and

refers the child and family to the proper provider(s) for service. MHAP has connection responsibility for many of the services provided in the mental health system. For kids who are deemed “unruly” or “at risk of being unruly,” the mental health system offers a comprehensive range of services which begin with a diagnostic assessment and determination of level of care needs. Once the initial eligibility as a child with a severe emotional disturbance (SED) is determined, MHAP connects the child to the appropriate community based service. MHAP also has connection responsibility for those “high end” services, e.g. inpatient, crisis stabilization, mobile crisis response, and respite services, and may choose to connect the child to an appropriate level of treatment if needed. For kids who have not benefited from a traditional array of services, MHAP can work with providers to develop a unique “service package” designed to meet the specific needs of the child and family.

- *Recovery Health Access Center (RHAC)* is a centralized point to facilitate access to alcohol and other drug treatment, prevention, and information. RHAC offers information and referral, clinical screening services, clinical assessment services, level of care recommendations, referral for treatment, and transitional support for those awaiting admission to treatment. RHAC offers services 24 hours a day, seven days a week.
- *The United Way 211 Helpline* provides information and referral for the general public for all kinds of social services in Hamilton County and the greater Cincinnati region.

Programs that are designed to serve multi need children and families in Hamilton County include:

- *ACT Case Management* is provided by St. Joseph Orphanage and offers intensive community based services to severely emotionally disturbed children and families who reside in Hamilton County. Case managers design a comprehensive service plan that will fit the child and family needs and coordinate with other health and social service agencies in the community to achieve goals through networking, advocacy, teaching and direct service. ACT teams are caring professionals who are specially trained to assist families with children and are comprised of psychiatrists, psychologists, substance abuse specialists, education specialists, individual/family/group therapists, case managers, and case aides. Average length of stay in this program is 12 to 15 months. ACT works in conjunction with the Mental Health Access Point to ensure linkage to services.
- *Adolescent and Family Treatment Initiative* is provided by Crossroads. The program provides services for youth age 12 to 18 who have co-occurring mental health and substance abuse disorders. Services include referrals, linkages and coordination, Family System based assessment, in home and community based individual counseling and family counseling, case management, psychological and psychiatric evaluations.
- *Alternatives* is a 22-bed residential treatment facility for male adolescents, ages 12-17, who have experienced problems with chemical dependency. These youth are at very high risk for becoming unruly. The program consists of a 90 day structured residential treatment program with a chartered school educational

component, followed by intensive outpatient, outpatient and aftercare. Alternatives is designed to address substance abuse, criminality, poor problem solving skills, inappropriate expression of feelings, family dysfunction, lack of successful participation in the school and community, and lack of positive male role models. All treatment services are based on the cognitive-behavioral model utilizing the corrective thinking curricula. The program is operated by Talbert House.

- *Community Integrated Training and Education (CITE)* provides in home behavior management services to children with developmental disabilities who may be deemed “unruly.” The Hamilton County Board of MRDD contracts with The Resident Home Corporation to provide CITE services. CITE teams support children and families in their homes to teach the family how to manage the child’s behavior. Staff provides support based on the service request of the family to enable children with disabilities to experience success behaviorally and socially. The CITE staff listens to the requests of the family and team members and collaborates with them to develop strategies/supports to help children with disabilities become more successful and learn new skills.
- *Family Access Partnership (FAP)* Family Access Partnership (FAP) was created by the Hamilton County Job and Family Services (JFS) and the Hamilton County Community Mental Health Board (MHB) in 2004 in order to serve a shared core population of children and families with overlapping child welfare and mental health needs. The overall goal of the partnership is to ensure that children and families receive timely, effective mental health services. Services are provided in collaboration with child welfare professionals to ensure positive clinical outcomes and increased protective factors for children and families. Services are initiated through the JFS caseworker. Two triage clinicians, who are housed within JFS, provide needs-based assessments and coordinate services according to the unique strengths and individual needs of each child and family. FAP staff work closely with child welfare staff to ensure that outpatient services are aligned with co-existing child welfare needs for safety, permanency and well being.
- *Legal Aid Society of Greater Cincinnati – Individual Case Advocacy Related to Children:* The Legal Aid Society provides civil legal services for low income individuals and families. Legal Aid evaluates each case on an individual basis. Generally, there are four categories of cases that Legal Aid accepts for representation relating to children in public schools:
 - Students proposed for expulsion.
 - Students with special needs who have problems such as discipline, IEP, evaluation, or securing appropriate educational services.
 - Students who are having a problem with access to or enrollment in school.
 - TeamChild Cases – Children referred by Juvenile Court who are court-involved through the delinquency system and for whom advocacy related to their education or another facet of their lives will increase their stability and reduce their risk of re-offending.

In certain instances, Legal Aid may refer a case regarding a child involved in multiple systems to the ISCC.

- *Passages* is a residential treatment facility for female adolescents ages 12 to 17 who have experienced problems with chemical dependency. The program consists of a 3 to 6 month structured residential treatment program with a chartered school educational component, followed by intensive outpatient, standard outpatient and aftercare. *Passages* is designed to address substance abuse, criminality, poor problem solving skills, inappropriate expression of feelings, family dysfunction, and lack of successful participation in the school and community. Treatment services are based on the cognitive-behavioral model utilizing the corrective thinking curricula. The *Passages* treatment model includes gender specific relationship based programming. The program is operated by Talbert House.
- *Project Interface* is provided by the Cincinnati Center for Developmental Disorders. The program offers services to children and adults who have, or are suspected to have, a dual diagnosis of developmental disability/mental health disorder (MR/MH). *Interface* provides assistance with diagnostic assessment behavior management, consultation, training for MR/DD and mental health professionals, and inter-agency collaboration.
- *Transition Youth Program* is an intensive community support service designed to assist in the successful transition of youth ages 16 to 22 with mental illness into adulthood. This program represents a collaborative effort between Greater Cincinnati Behavioral Health Services (formerly QC/M and CRI), St. Joseph's Orphanage, and Lighthouse Youth Services. Services are developed with the youth and families to address mental health housing, education, vocational, and life skills as part of an integrated model of care. Referrals to the program are made through Mental Health Access Point and must meet specified criteria.

Services for Unruly Youth

Unruly youth can be referred to Hamilton Choices by Juvenile Court or any of the public child serving systems with which they may be involved, and/or their case can be referred to the Intersystem Service Collaboration Committee for additional assistance in service planning.

Besides Choices, other behavioral health initiatives existing in the community to divert unruly youth through provision of case management and therapeutic treatment include:

- *Attendance Program (Truancy Courts)* is a collaborative effort between the Juvenile Court, Family Service of Cincinnati, the Family and Children First Council and the Cincinnati Public Schools to address student absenteeism. A number of inner city schools participate in the program. The Attendance Clerk and Visiting Teacher identify students with poor attendance and make efforts to address underlying issues without Court involvement. When these efforts fail to produce positive results the student and parent(s) are cited to Court. Such hearings are held on a weekly basis in the targeted schools. The hearing process, be it informal or official, focuses on the root problems contributing to absenteeism. The ultimate goals are to increase attendance, provide support to

families and interrupt a pattern that could lead to delinquency. The resources of the Court, school and community are utilized to support the families in their effort to correct the problem. The Case Manager, provided by Family Services and funded by the Family and Children First Council in most truancy courts, works closely with selected families by providing direct services and arranging adjunctive programming/support. The Juvenile Court provides a Magistrate and Case Presenter for hearings. All of the ten schools that participate in the collaboration have shown improved daily attendance and parent participation.

- *The Bridge* is a Mental Health/Juvenile Justice Residential Treatment Facility offered through Talbert House for juvenile offenders with co-occurring mental health/behavioral health issues. The program offers a secure and highly specialized twelve (12) bed residential treatment facility for male juveniles who committed felony or violent misdemeanor offenses. The program has four major goals:
 1. To provide a treatment environment that is safe for youth and staff.
 2. To improve the functioning of the youth through treatment.
 3. To prepare the youth for the re-integration into a less structured environment and/or family and the community.
 4. To reduce risk to the community as these youth complete their treatment and return to the community.

Potential candidates for this program are identified through Juvenile Court and must meet criteria as specified.

- *Hamilton County Program for Re-entry of ODYS Youth* is a collaboration between the Hamilton County ADAS Board, Hamilton County Juvenile Court, the Southwest Regional Office of the Ohio Department of Youth Services, and various community treatment agencies to provide linkages to appropriate treatment services for youthful offenders between the ages of 12 and 21 re-entering the Hamilton County area. These youth have typically been involved in the juvenile justice system due to their abuse/dependency of alcohol and other drugs. The overall goals of the project are to provide youth with appropriate referrals to community-based alcohol and drug treatment, assist them in achieving or maintaining abstinent lifestyles, and a reduction in the recidivism rate of the adolescent participants.
- *Hamilton County Treatment Accountability for Safer Communities (TASC)* is funded by a grant through ODADAS and the Hamilton County ADAS Board. TASC provides an effective bridge between the criminal justice system and the alcohol and drug treatment community for juveniles who are involved in the Hamilton County Criminal Justice System due to alcohol and/or drug related offenses. TASC provides alcohol/drug assessments, comprehensive case management services, and referrals to appropriate treatment services.
- *I.N.P.A.C. Program* offers child tours of the Hamilton County Juvenile Court Youth Center (detention facility). The program targets parents and children who are experiencing problems at home, due to the child's inappropriate behavior such as runaways, incorrigibility, and truancy. The program is held at the detention center several times a month and the child is able to view lockup consequences first hand. The child is told about what happens within a 24 hour stay in the

- detention center, i.e. meals, bathing, visitation, phone calls, school, unit chores, shutdown and search procedure. The parents have a separate session where they are informed of the Court process as to what happens when a charge is signed and what parents can expect after charges are filed. Parents are provided a list of community resources to assist them with their problems.
- *Juvenile Court Diversion Team* is provided by Lighthouse Youth Services, who has collaborated with the Juvenile Court to provide a Diversion Team to divert youth from the Juvenile Justice system. The program provides assessment and follow-up services with temporary shelter care for youth who are eligible for non-secure release from the Youth Detention Center but who cannot return home for one reason or another, often due to familial problems. This program was originally developed and administered by the Family and Children First Council as part of the Family Stability Incentive Fund. It was so successful that the Court chose to use its own funds to continue this program when the Family Stability Incentive Funds were depleted. Services provided include crisis counseling, mental health evaluations including assessment of risk for suicide and risk for violence, educational assessment to identify developmental disabilities, social history on the youth and family, and a medical screening. Emergency services essential to the youth are identified during intake, after which provisions to meet the needs are made directly or with the assistance of the appropriate community agency. The youth's parents or guardians are then contacted and the staff works to reunite the family. The information collected is summarized in an individual report presented to the Juvenile Court Magistrate at the time of the youth's court hearing. Youth and their families are invited to participate in ongoing counseling and case management services for a period of up to six months following intake.
 - *Juvenile Court Intervention Unit* is a special department within Juvenile Court Services. The unit assists families in crisis with children exhibiting unruly or minor delinquent behavior by providing a diversionary process as an alternative to the Juvenile Justice System. Families are empowered with an understanding or new perspective of their child's behavior. This allows them to pursue solutions through their own resources, with a family counselor at the Intervention Unit or with the assistance of a community agency. Youth are referred by magistrates as well as directly by a parent or Probation Officer. Licensed clinicians provide intervention, short term counseling services, and parent support groups free to referred youth and their families. The Intervention Unit received 1269 cases through the 2003 calendar year.
 - *Juvenile Mental Health Court* is a community collaborative model of service delivery which utilizes an interdisciplinary and integrated team approach to treatment for youth with serious emotional disorders involved in Juvenile Court's individualized disposition docket. Those youth require specialized community-supported care in order to remain in the community. The model of service focuses on providing assertive comprehensive psychiatric interventions to assist and empower the family in achieving individualized goals.

The primary goal of this program is to adequately serve severely emotionally disturbed youth involved in the juvenile justice system by providing a plan of care

to address the mental health and related behavioral management needs of the youth and family. The focus on an integrated service model supports and strengthens the family's ability to manage their lives, thus eliminating or greatly reducing the frequency and severity of the youth's behavior, stabilizing ongoing mental health symptoms, and maintaining youth in their home, school, and community environments with success.

This program serves youth ages 12-17 who are identified by the Juvenile Court as needing a comprehensive package of community based mental health services, which address the mental health needs of the youth and stabilize the family environment, thus decreasing or eliminating negative behaviors that lead to court involvement and serves as a diversion to more restrictive legal and/or mental health treatment options.

- *Team Child* is a new, three-year pilot program of the Legal Aid Society of Greater Cincinnati. It serves children from low-income families who have been referred to Legal Aid by Hamilton County Juvenile Court. The goal of TeamChild is to help stabilize a child to return to school, remain in school, and avoid further Juvenile Court trouble through individual legal assistance and advocacy. Legal Aid will intervene on behalf of a child to explore and respond to the underlying reasons for a child's delinquent act, with an eye to increasing the child's likelihood of success in school. Issues addressed through TeamChild advocacy include expulsions, special education needs, medical and mental health services, and custody matters.
- *Theft Prevention Program* is a community diversionary program sponsored by the Hamilton County Juvenile Court Probation Department for youth who have issues related to shoplifting/stealing. The youth sees a movie and hears a lecture about the consequences for this behavior as a deterrent from further acting out behavior. Parents can contact the program leaders directly to sign their child up for the one-hour class, which is offered once a month. The classes are typically full, and the youth who come are not on probation nor have they been charged officially with a delinquency charge in most cases.
- *Unofficial Court* is a part of the Citizen's Committee on Youth Service Bureau Program. It utilizes a Court Liaison who serves as an unofficial hearing officer and referral agent to link unofficial unruly and minor misdemeanor youth to community services. This program was initially established in 1975 and continues today. Supervision of the program is handled jointly by the Citizen's Committee on Youth and the Director of Docketing and Case Management Department, Hamilton County Juvenile Court. During 2003, a total of 1,858 youth were served by the Unofficial Hearing Officer and diverted from the official system. This hearing officer is located at the main Juvenile Court facility. Additionally, the Juvenile Court appoints "Volunteer Magistrates" (attorneys) to hear unofficial cases of a minor nature within the youth's own community. Cases are referred by local businesses, schools, police and citizens. Generally the cases are heard in the evening, as it is more convenient for all the parties to participate. There is high visibility of the child for enforcing house arrest, work details and other measures of discipline. In 2003, a total of 806 juveniles were handled

unofficially and diverted from the official system. A total of 31 communities throughout Hamilton County participate in this program.

Public Awareness of Service Coordination Mechanism

The process and the phone number for accessing the ISCC, who will be assuming the “front door” function for service coordination beyond what is traditionally provided, will be put on all the County agency websites and the FCFC website. A brief summary sheet describing the process and giving the ISCC phone number will also be distributed to all contract agencies of each of the County agencies for distribution to line staff. A similar description will be included in a brochure given to all families upon entering service in any of the programs described within this Service Coordination Plan. The procedures for accessing service coordination will also be presented at the FCFC annual Inter System Training and an informational sheet about the ISCC will be distributed to all participants. Given the turnover rate among Children’s Services caseworkers workers, they will be particularly encouraged to attend this training so that they can all be familiar with the process, as well as with the many specialized services and programs described in this Service Coordination Plan.

Dispute Resolution Policy

All county systems have their own grievance procedures and dispute resolution processes for families receiving services from their own systems. Those procedures will remain intact.

For families wishing to obtain specialized services that have been denied or who have complaints about their services or Service Coordination plans that cannot be resolved through the normal grievance procedures, the dispute resolution process will be as follows:

If the family is not satisfied after having completed the agency grievance procedure, the family may submit a written account of their complaint to the Inter System Collaboration Committee, who will convene an ISCC meeting. The complaint should be directed to the central ISCC phone number; the case will then be assigned to the ISCC member from the system with which the family has had primary involvement. The IS member will then be responsible for convening and coordinating the meeting and distributing written material to Team members. The family and any support persons or family advocates of their choosing will be invited to attend the meeting by the IS member responsible. The Team will review the case within 10 working days and render a decision, which shall be sent to the family.

If the family is still dissatisfied, the family can appeal to the Family and Children First Council. The family will send the written description of the complaint to the Family and Children First Council Executive Director, who will forward it to the County agency directors (i.e. Hamilton County Juvenile Court, Hamilton County Board of MRDD, Hamilton County Alcohol and Drug Addiction Services Board, Hamilton County Department of Jobs and Family Services, and Hamilton County Community Mental Health Board), along with case information from appropriate systems. The IS member

who was originally responsible for the case will be responsible for collecting all appropriate records and materials for the FCFC director to send to the County agency directors prior to the meeting. The FCFC Director will convene a meeting with all system directors within 15 working days to discuss the complaint. The family will be notified of the meeting date and will be invited to attend if they so desire. The directors will review the situation and make a determination about disposition. Resolution of the issues will be decided by a majority vote of the five system directors. The Executive Director of FCFC will issue a written determination of the findings of the system directors to the family within 10 days of the meeting. The determination will include a plan of care governing the manner in which the services or funding are to be provided.

The dispute resolution process as described above will not take longer than 60 days from the time a family initiates a complaint until a written disposition is received from the County system directors.

If a family is still not satisfied with the decision of the system directors, they may file a complaint with Juvenile Court within 7 days. Juvenile Court shall hold a hearing as soon as possible, but not later than 90 days after the motion or complaint is filed. The IS team member (as identified above) will be responsible for supplying the Court with an interagency assessment and treatment information and any other relevant information to the Court. The decision of the court will be final and binding. The procedures will follow those specified in Section 121.38 in H.B. 66.

An agency or system that disagrees with decisions made by the ISCC committee or other funders concerning services or funding may also initiate the local dispute resolution described above. If the agency who is initiating the dispute is on the ISCC they may submit the appropriate written materials directly to the FCFC director who will convene a meeting of the System Directors. Resolution of the issues will be decided by a majority vote of the five system directors. If the agency is still not satisfied, they may also file with Juvenile Court. Time frames for each stage of the dispute resolution process will be those described above.

Each agency that is providing services or funding for services that are the subject of the dispute resolution process shall continue to provide those services and the funding for those services during the dispute resolution process.

The dispute resolution process described here is aligned with the Help Me Grow dispute resolution process, which is very similar to the process described here. For HMG, the dispute resolution process is as follows:

Parents or guardians who have a grievance should first submit that grievance in writing to the HMG provider that provides their service coordination services. If the parent/guardian and the HMG funded agency are unable to resolve the matter, the parent/guardian can submit the grievance in writing to the Hamilton County HMG Executive Council. If the parent/guardian is still not satisfied, a grievance can be filed with the Hamilton County Family and Children First Council, who will utilize the HMG

Steering Committee (made up of Executive Committee members) to review the grievance and make a ruling within 15 days of hearing the dispute. Their decision will be final. However, at any point that the parent/guardian is not satisfied, they have the right to submit a written appeal to the Ohio Department of Health, Bureau of Early Intervention Services. The decision of the Ohio Department of Health will be final. Parents are notified of this process and their rights in a brochure that is distributed to them upon entering the Help Me Grow program.

How Parents are informed of Dispute Resolution Process

A brochure describing the dispute resolution process and parents' rights to avail themselves of the dispute resolution process will be given to all families who receive services from one or more of the Service Coordination agencies listed above upon entry to the program. At the time of the writing of this brochure, the Ohio Federation for Children's Mental Health is developing a brochure for families to understand the basic fundamentals of family voice and empowerment inherent in HB 66. The process of self referral, principals of service coordination, access to parent advocates and different avenues to resolve system/service/family problems will be described in the brochure. These brochures will be available to counties/agencies through the Federation by late October, 2005. The brochures will have a blank page so that customized information for counties can be included. Once that brochure is developed, Hamilton County will add a section that details the process of how to access service coordination, the ISCC committee and the process for dispute resolution for families in Hamilton County. This brochure will be distributed to every family who enters service in any of the aforementioned programs.

Quality Assurance: Procedure for Monitoring and Tracking Out of Home Placements

Part of the monitoring of the Service Coordination Plan is an annual examination of the number of children in out of home placement. Choices tracks and monitors out of home placements made within its program and produces both monthly and annual reports that analyzes and tracks levels of care, length of stays, and outcomes. Placements are also tracked and monitored externally by the members of the Oversight Committee, comprised of the various child-serving agencies (MCSA) which fund this program. .

In addition, there also are a number of different efforts among the child-serving systems to track and monitor other youth in out-of-home placement. Each of these agencies has its own way of tracking numbers of youth, and each has a protocol for monitoring the progress, clinical appropriateness of level of care, and outcomes for these youth. This is done via multi-system teams in most instances, and various clinical tools are used to ensure standards are met. Some of these tools include the Ohio Scales, the CAFAS, and the CANS-Hamilton County Partnership.

The Intersystem Service Collaboration Committee (ISCC), which holds oversight responsibilities for the multi-system collaborative efforts within the Service Coordination Plan, will gather on an annual basis total numbers of multi-system youth in out of home care. Additionally, the youth that are staffed within this committee will be tracked via a database that will include plans and final dispositions for those youth. Those numbers, as

well as brief descriptions of how each agency tracks and monitors youth, will be reviewed by the ISCC and shared in report form annually with the Family and Children First Council and its Executive Committee. These numbers will also be available to the state annually upon request.