



**Report and Recommendations by the Joint Legislative  
Committee on Multi-System Youth**

June 29, 2016



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## II. Committee Members

### Committee Members

**Randy Gardner, Chair**  
*Ohio Senate*

**Sarah LaTourette, Vice-Chair**  
*Ohio House of Representatives*

**Peggy Lehner**  
*Ohio Senate*

**Kris Jordan**  
*Ohio Senate*

**Cecil Thomas**  
*Ohio Senate*

**Michael Skindell**  
*Ohio Senate*

**Jeffery Rezabek**  
*Ohio House of Representatives*

**Dorothy Pelanda**  
*Ohio House of Representatives*

**Denise Driehaus**  
*Ohio House of Representatives*

**Janine Boyd**  
*Ohio House of Representatives*



### **III.**

#### **- STAKEHOLDER ORGANIZATIONS -**

- Autism Society of Ohio
- Begun Center for Violence Prevention Research and Education, Case Western Reserve University
- Center for Community Solutions
- Center for Innovative Practices, Case Western Reserve University
- Children's Defense Fund - Ohio
- County Commissioners Association of Ohio
- Disability Rights Ohio
- Easter Seals Ohio
- Franklin County Family and Children First Council
- Juvenile Justice Coalition
- Mental Health & Addiction Advocacy Coalition
- National Alliance on Mental Illness of Ohio
- Ohio Association of Child Caring Agencies
- Ohio Association of County Behavioral Health Authorities
- Ohio Association of County Boards Serving People with Developmental Disabilities
- Ohio Center for Autism and Low Incidence
- Ohio Children's Hospital Association
- Ohio Council of Behavioral Health and Family Services Providers
- Ohio Family and Children First Coordinators Association
- Ohio Family Care Association
- Ohio Job and Family Services Directors' Association
- Public Children Services Association of Ohio
- Schubert Center for Child Studies, Case Western Reserve University
- The ARC of Ohio
- The George Gund Foundation
- Youth MOVE Ohio





## **The Joint Legislative Committee on Multi-System Youth Recommendations**

### **June 2016**

#### **BACKGROUND**

Based on qualitative and quantitative data reviews where accessible, and testimonies offered, the Joint Legislative Committee on Multi-System Youth offers the following recommendations. The Committee believes that Ohio should strive to eliminate the need for families to relinquish custody of their children to the child protective services system in order to receive the behavioral health and developmental services they need. The following recommendations focus on effective strategies, programs, and services that, taken together, should reduce, and in many cases eliminate, the need for custody relinquishment and help families stay intact. Robust data collection, assessment, and evaluation should be put in place to measure the impact of these initiatives and policy changes. The Legislature should consider forming a task force or joint committee to monitor the implementation of these recommendations and overall progress on meeting the needs of multi-system youth.

A note is made with each category in the next section of this document to connect the recommendations with the charges of the Committee, as outlined in House Bill 64:

1. Identify the services currently provided to multi-system youths and the costs and outcomes of those services;
2. Identify existing best practices to eliminate custody relinquishment as a means of gaining access to services for multi-system youths;
3. Identify the best methods for person-centered care coordination related to behavioral health, developmental disabilities, juvenile justice, and employment;
4. Build a system of accountability to monitor the progress of multi-system youths in residential placement; and
5. Recommend an equitable, adequate, sustainable funding and service delivery system to meet the needs of all multi-system youths.

#### **RECOMMENDATIONS FOR CONSIDERATION**

**1. *Improve data collection and sharing related to multi-system youth to inform state and local decision-making capabilities [Committee goals 1, 2, and 4]***

The Office of Health Transformation (OHT) along with its health and human services sister agencies began work in 2014 to develop interagency (cross-system) process flows and perform “hot spotting” analyses of high-risk, transition age youth.

**Recommendations:**

- Build upon the OHT work referenced above to improve data collection and sharing between systems to better track the resources used to serve and the outcomes achieved by multi-system youth.
- Require the Department of Mental Health and Addiction Services, in its capacity as the Governor’s Chair for the Ohio Family and Children First Cabinet Council, to identify and track the availability of evidence-based services that are particularly important for multi-system youth (a) both before and after OHT’s behavioral health redesign, and (b) both before and after transitioning community behavioral health services into Medicaid managed care.
  - The tracked services should, at a minimum, include intensive community and home based treatment, respite, and crisis services because evidence suggests these services reduce reliance

on congregate care, improving outcomes for youth, and reducing the need for custody relinquishment.

- The tracked information should be made publically available and should be easily searchable.

## **2. *Ensure youth and families have access to peer support and peer mentor programs with a consistent funding source [Committee goals 1 and 2]***

Youth, family members, and advocates testified about the need for multi-system youth and their families to engage with peer mentors and peer support services.

- *Youth Peer Support* is provided by youth and young adults who have experienced and successfully managed treatment. Youth peer relationships can serve as an entry point to accessing services by engaging and supporting young adults who are disengaged or disconnected. This type of service adds value to the traditional services available to young adults by providing formal and informal supports, advocacy for services, navigation of complex service systems, and mentorship.
- *Parent Peer Support* uses a model of partnership with parents, guardians, and caregivers to empower families to advocate on behalf of their child or youth with a mental health, substance use, or developmental disorder. This is accomplished by assisting, educating, equipping, and supporting parents as they navigate Ohio's system of care. Parent peer supporters are specially trained parents, guardians, or other caregivers standing in for an absent parent who use their own parenting experience to teach, coach, and mentor other parents until they feel capable of advocating on behalf of their family and their child or youth.
- *Adult Peer Support* is a process of giving and receiving support and education from individuals with shared life experiences. Through the promotion of sharing personal experience and knowledge, individuals engaged in peer support play an active and vital role in laying the foundations for sustained recovery.

### **Recommendations:**

- Develop parent and adult peer support certification programs and a youth peer support or mentoring certification program that would provide support, navigation, and advocacy on behalf of the youth with multi-system needs, their parents and families, and adults with mental illnesses.
- Mentoring and pro social peer support services for youth, parents and families, and adults should be Medicaid reimbursable.

## **3. *Establish a safety net of state level funding for multi-system youth [Committee goals 3 and 5]***

The sole reliance upon local financing leads to inequitable services and outcomes for multi-system youth, and contributes to custody relinquishment to access needed services. The State had safety net funding available once for multi-system youth, known then as "Cluster". Funds were available through FY 2005 (\$6.5 million) to communities that identified and coordinated services on behalf of multi-system youth, but were unable to afford the full cost of obtaining necessary treatment services.

### **Recommendations:**

- Recreate a safety net of state-level funding for multi-system youth to be administered by the Ohio Family and Children First Cabinet Council that could be accessed by county Family and Children First Councils (FCFCs) to help offset the cost of non-reimbursable care or care not covered by insurance for youth and families involved in FCFC service coordination. Updated estimates should be produced to determine the appropriate funding level to help reduce custody relinquishment.

- Allow access to the state-level funding through the use of FCFC service coordination processes, High Fidelity Wraparound (HFWA), if applicable, a uniform Level of Care Tool, and evidence of local financial contribution.
- Ensure funds follow the youth and not the county to ensure the continued availability of funds for youth and their families who may relocate to a different part of the state.
- Explore the possibility of using safety net dollars to incentivize diversion from inappropriate levels of care.
- Safety net dollars should be tracked in order to (a) identify underlying challenges faced by local FCFCs and (b) research how dollars are used.

**4. Ensure youth with moderate to severe needs have access to a High Fidelity Wraparound service [Committee goals 2 and 3]**

HFWA is an intensive, evidence-based service used to engage youth who require services from multiple systems, their families, and support teams, in care management and planning. HFWA takes a holistic approach that requires a high degree of collaboration and coordination among service agencies and organizations in a community. This approach operates at a community level to coordinate the work across multiple local systems. Since 1993 the Ohio Revised Code has required FCFCs to provide service coordination for multi-system youth in their communities.

Ohio has significant experience to build upon, including the Ohio Department of Mental Health and Addiction Services Engage System of Care Grant. The Departments of Medicaid and Mental Health and Addiction Services are committed to including HFWA within the selection of future Medicaid-reimbursable services through OHT's behavioral health redesign project, with work to design the service beginning in Summer 2016.

**Recommendations:**

- HFWA should be available to youth with high-needs, those at risk for becoming multi-system youth, and youth at risk for an out-of-home placement.
- HFWA should be a Medicaid-reimbursable service.
- HFWA should be accessible through the use of a uniform Level of Care Tool to enable consistent evaluation of need statewide.
- Ensure HFWA is offered in an equitable way in communities throughout the state. FCFCs could be a vehicle for implementing HFWA in their communities, but other options may be needed to ensure consistent access and accountability.

**5. Modernize Family and Children First Councils [Committee goals 1, 2, 3, and 5]**

The Committee acknowledges the importance of FCFCs as the foundation of support for multi-system youth. It also values the important role that the Family and Children First Cabinet Council can play in supporting local FCFCs. However, current structural, financial, and local factors cause FCFCs to operate inconsistently throughout the state.

**Recommendations:**

- Require the Ohio Family and Children First Cabinet Council to study and make recommendations to the legislature by January 1, 2017 on:
  - How to address variances that exist between local FCFCs across the state;
  - Structural and financial changes needed to modernize the Ohio Family and Children First Cabinet Council and local FCFCs; and

- The estimated fiscal cost to accomplish these changes.
- The education system is most likely the first touchpoint to children with complex needs. The Ohio Department of Education, as a statutory member of the Ohio Family and Family Children First Cabinet Council, should explore how the department can provide written guidance to local school districts, represented on the local FCFCs, in identifying these children and working with the county FCFCs to coordinate the delivery of services.

**6. Create a Children’s Congregate Care Study Committee [Committee goal 4]**

The Committee heard testimony from a number of parties, including families, providers, and child protective services staff, about the challenges of accessing appropriate residential care, particularly for aggressive youth. While there is more work to be done in this area, the Committee is encouraged by the efforts of OHT’s behavioral health redesign in considering children’s residential services as well as the recent Request for Information by the Department of Developmental Disabilities to determine the number, location and capacity of providers willing to pilot a project in central Ohio to expand residential services to youth with complex support needs. In light of these efforts, and given the prominence of residential issues presented before the Committee, it would be prudent to conduct an assessment and gather data related to the complex issues associated with congregate care needs and options for youth in Ohio.

**Recommendation:**

- The Legislature should consider providing funds for an independent study to research congregate care settings and report to the legislature and Governor. The study should include, but is not limited to, research on the following topics:
  - Financing mechanisms to sustain residential facilities for complex, multi-system youth;
  - Ability for youth to access appropriate levels of care (in home, residential, step down, acute, chronic, etc.); and
  - Availability of facilities that can manage a wide range of multi-system youth issues such as behavioral health, developmental disabilities, and criminogenic.

## V. Public Hearings

The Committee held seven public hearings. All agendas, testimonies, and additional information are available through the Chair's Office.

| Date    | Presenter  | Topic   |
|---------|--|---|
| 1.19.16 | <b>Gayle Channing Tenenbaum</b> , Consultant to Center for Community Solutions   | Organizational meeting, explanation of the charge of the legislative committee,   |
| 2.16.16 | <b>Mary Wachtel</b> , PCSAO  | Testimony from a panel of youth.  |
|         | <b>Angela LaRiviere</b> , YouthMove<br><b>Raphael Weston</b> , Self<br><b>Rebecca McGovern</b> , Self<br><b>Braxton DeVault</b> , Self   |   |
| 3.8.16  | <b>Angela Sausser</b> , PCSAO  | Testimony from parents of youth who have struggled to access appropriate treatment when more than one system is involved. Local case workers and care managers role in helping families access services at the local level. |
|         | <b>Pamela Harris</b> , Parent<br><b>The Mohler Family</b> , Parents<br><b>Shawna Poe</b> , Parent  |   |
| 3.16.16 | <b>Erin Davies</b> , Juvenile Justice Coalition  | Testimony on evidenced-based treatment.   |
|         | <b>Dr. Rick Shepler and Patrick Canary</b> , Case Western Reserve University   |   |
|         | <b>Jane Whyde</b> , Franklin County Family and Children First Council Director   |   |
| 3.30.16 | <b>Christian Roman</b> , Self<br><b>Malcom Hazelton</b> , Self<br><b>Marla Root</b> , Parent<br><b>Stewart Kemper</b> , Parent<br><b>Kathy Stanley</b> , Parent<br><b>Cynthia Weiskittle</b> , Cuyahoga County Division of Children and Family Services<br><b>Amy Jean Rippel-Elton</b> , Parent<br><b>Jill Koenig</b> , Program Director PEP Connections<br><b>Chip Spinning</b> , Executive Director of Franklin County Children Services<br><b>Mark Mecum</b> , Association of Child Caring Agencies<br><b>Sean Reilly</b> , UMCH Family Services | Open public testimony.  |

|         |  |  |
|---------|--|--|
|         | <b>Yvetta Collins, Parent</b><br><b>Doug Shoemaker, Magistrate</b><br>Franklin County Court of Common<br>Pleas, Domestic Relations and<br>Juvenile Division<br><b>Kimberly Clark, Parent</b><br><b>Jamie Steffan, Parent</b> |  |
| 5.3.16  | <b>Director Tracy Plouck</b><br>Ohio Department of Mental Health<br>and Addiction Services<br><b>Director John McCarthy</b><br>Ohio Department of Medicaid   | Testimony from the Ohio Department of<br>Medicaid and Ohio Department of Mental<br>Health and Addiction Services                                     |
| 6.15.16 | <b>Director Harvey Reed</b><br>Ohio Department of Youth Services<br><b>Maureen Corcoran, Vorys Health</b><br>Care Advisors   | Testimony from the Ohio Department of<br>Youth Services as well as a presentation on<br>what other states are doing to serve multi-<br>system youth. |

## **VI. Statutory Authority**

### *SECTION 701.80. JOINT LEGISLATIVE COMMITTEE ON MULTI-SYSTEM YOUTH*

(A) As used in this section, "multi-system youth" is a youth that is in need of services from two or more of the following:

- (1) The child welfare system;
- (2) The mental health and addiction services system;
- (3) The developmental disabilities services system;
- (4) The juvenile court system.

(B) There is hereby created the Joint Legislative Committee on Multi-system Youth consisting of the following members:

(1) Five members appointed by the President of the Senate, three from the majority party and two from the minority party;

(2) Five members appointed by the Speaker of the House of Representatives, three from the majority party and two from the minority party.

(C) The Committee shall:

(1) Identify the services currently provided to multi-system youths and the costs and outcomes of those services;

(2) Identify existing best practices to eliminate custody relinquishment as a means of gaining access to services for multi-system youths;

(3) Identify the best methods for person-centered care coordination related to behavioral health, developmental disabilities, juvenile justice, and employment;

(4) Identify a system of accountability to monitor the progress of multi-system youths in residential placement; and

(5) Recommend an equitable, adequate, sustainable funding and service delivery system to meet the needs of all multi-system youths.

(D) The Committee, in the performance of its duties, may consult with any of the following:

(1) The Directors of the following:

(a) Office of Health Transformation;

(b) Department of Youth Services;

(c) Department of Mental Health and Addiction Services;

(d) Department of Medicaid;

(e) Department of Developmental Disabilities;

(f) Department of Job and Family Services;

(g) Office of Human Services Innovation;

(h) Ohio Family and Children First Cabinet Council;

(i) Department of Insurance.

(2) The Superintendent of Public Instruction;

(3) Representatives of any of the following organizations:

(a) Public Children Services Association of Ohio;

(b) Ohio Association of Child Caring Agencies;

(c) National Alliance on Mental Illness of Ohio;

(d) Autism Society of Ohio;

(e) Ohio Association of County Boards Serving People with Developmental Disabilities;

- (f) Ohio Council of Behavioral Health and Family Services Providers;
- (g) Ohio Association of County Behavioral Health Authorities;
- (h) Juvenile Justice Coalition;
- (i) Children's Defense Fund-Ohio;
- (j) Ohio Family Care Association;
- (k) Ohio Children's Hospital Association;
- (l) County Commissioners Association of Ohio;
- (m) Center for Innovative Practices;
- (n) Disability Rights Ohio;
- (o) The ARC of Ohio.

(E) Appointments to the Committee shall be made not later than fifteen days after the effective date of this section. Appointments to fill vacancies shall be filled in the same manner as the original appointments.

(F) Meetings of the Committee shall take place at the call of the chairperson, and the first meeting shall occur not later than forty-five days after the effective date of this section. At the first meeting, the Committee shall elect a chairperson and vice-chairperson.

(G) The departments listed in division (D)(1) of this section and the Department of Education shall cooperate with the Committee and provide, upon request, any information that will assist the Committee in the performance of its duties.

(H) Not later than December 31, 2015, the Committee shall prepare a report of its findings and recommendations and submit the report to the General Assembly and the Governor. Upon submission of its report, the Committee shall cease to exist.



## VII. Appendix 1: Family and Children First Statute

### Ohio Revised Code 121.37 Ohio family and children first cabinet council.

(A)

(1) There is hereby created the Ohio family and children first cabinet council. The council shall be composed of the superintendent of public instruction, the executive director of the opportunities for Ohioans with disabilities agency, the medicaid director, and the directors of youth services, job and family services, mental health and addiction services, health, developmental disabilities, aging, rehabilitation and correction, and budget and management. The chairperson of the council shall be the governor or the governor's designee and shall establish procedures for the council's internal control and management.

The purpose of the cabinet council is to help families seeking government services. This section shall not be interpreted or applied to usurp the role of parents, but solely to streamline and coordinate existing government services for families seeking assistance for their children.

(2) In seeking to fulfill its purpose, the council may do any of the following:

(a) Advise and make recommendations to the governor and general assembly regarding the provision of services to children;

(b) Advise and assess local governments on the coordination of service delivery to children;

(c) Hold meetings at such times and places as may be prescribed by the council's procedures and maintain records of the meetings, except that records identifying individual children are confidential and shall be disclosed only as provided by law;

(d) Develop programs and projects, including pilot projects, to encourage coordinated efforts at the state and local level to improve the state's social service delivery system;

(e) Enter into contracts with and administer grants to county family and children first councils, as well as other county or multicounty organizations to plan and coordinate service delivery between state agencies and local service providers for families and children;

(f) Enter into contracts with and apply for grants from federal agencies or private organizations;

(g) Enter into interagency agreements to encourage coordinated efforts at the state and local level to improve the state's social service delivery system. The agreements may include provisions regarding the receipt, transfer, and expenditure of funds;

(h) Identify public and private funding sources for services provided to alleged or adjudicated unruly children and children who are at risk of being alleged or adjudicated unruly children, including regulations governing access to and use of the services;

(i) Collect information provided by local communities regarding successful programs for prevention, intervention, and treatment of unruly behavior, including evaluations of the programs;

(j) Identify and disseminate publications regarding alleged or adjudicated unruly children and children who are at risk of being alleged or adjudicated unruly children and regarding programs serving those types of children;

(k) Maintain an inventory of strategic planning facilitators for use by government or nonprofit entities that serve alleged or adjudicated unruly children or children who are at risk of being alleged or adjudicated unruly children.

(3) The cabinet council shall provide for the following:

(a) Reviews of service and treatment plans for children for which such reviews are requested;

(b) Assistance as the council determines to be necessary to meet the needs of children referred by county family and children first councils;

(c) Monitoring and supervision of a statewide, comprehensive, coordinated, multi-disciplinary, interagency system for infants and toddlers with developmental disabilities or delays and their families, as established pursuant to federal grants received and administered by the department of health for early intervention services under the "Individuals with Disabilities Education Act of 2004," 118 Stat. 2744, 20 U.S.C.A. 1400, as amended.

(4) The cabinet council shall develop and implement the following:

(a) An interagency process to select the indicators that will be used to measure progress toward increasing child well-being in the state and to update the indicators on an annual basis. The indicators shall focus on expectant parents and newborns thriving; infants and toddlers thriving; children being ready for school; children and youth succeeding in school; youth choosing healthy behaviors; and youth successfully transitioning into adulthood.

(b) An interagency system to offer guidance and monitor progress toward increasing child well-being in the state and in each county;

(c) An annual plan that identifies state-level agency efforts taken to ensure progress towards increasing child well-being in the state.

On an annual basis, the cabinet council shall submit to the governor and the general assembly a report on the status of efforts to increase child well-being in the state. This report shall be made available to any other person on request.

(B)

(1) Each board of county commissioners shall establish a county family and children first council. The board may invite any local public or private agency or group that funds, advocates, or provides services to children and families to have a representative become a permanent or temporary member of its county council. Each county council must include the following individuals:

(a) At least three individuals who are not employed by an agency represented on the council and whose families are or have received services from an agency represented on the council or another county's council. Where possible, the number of members representing families shall be equal to twenty per cent of the council's membership.

(b) The director of the board of alcohol, drug addiction, and mental health services that serves the county, or, in the case of a county that has a board of alcohol and drug addiction services and a community mental health board, the directors of both boards. If a board of alcohol, drug addiction, and mental health services covers more than one county, the director may designate a person to participate on the county's council.

(c) The health commissioner, or the commissioner's designee, of the board of health of each city and general health district in the county. If the county has two or more health districts, the health commissioner membership may be limited to the commissioners of the two districts with the largest populations.

- (d) The director of the county department of job and family services;
- (e) The executive director of the public children services agency;
- (f) The superintendent of the county board of developmental disabilities or, if the superintendent serves as superintendent of more than one county board of developmental disabilities, the superintendent's designee;
- (g) The superintendent of the city, exempted village, or local school district with the largest number of pupils residing in the county, as determined by the department of education, which shall notify each board of county commissioners of its determination at least biennially;
- (h) A school superintendent representing all other school districts with territory in the county, as designated at a biennial meeting of the superintendents of those districts;
- (i) A representative of the municipal corporation with the largest population in the county;
- (j) The president of the board of county commissioners or an individual designated by the board;
- (k) A representative of the regional office of the department of youth services;
- (l) A representative of the county's head start agencies, as defined in section 3301.32 of the Revised Code;
- (m) A representative of the county's early intervention collaborative established pursuant to the federal early intervention program operated under the "Individuals with Disabilities Education Act of 2004";
- (n) A representative of a local nonprofit entity that funds, advocates, or provides services to children and families.

Notwithstanding any other provision of law, the public members of a county council are not prohibited from serving on the council and making decisions regarding the duties of the council, including those involving the funding of joint projects and those outlined in the county's service coordination mechanism implemented pursuant to division (C) of this section.

The cabinet council shall establish a state appeals process to resolve disputes among the members of a county council concerning whether reasonable responsibilities as members are being shared. The appeals process may be accessed only by a majority vote of the council members who are required to serve on the council. Upon appeal, the cabinet council may order that state funds for services to children and families be redirected to a county's board of county commissioners.

The county's juvenile court judge senior in service or another judge of the juvenile court designated by the administrative judge or, where there is no administrative judge, by the judge senior in service shall serve as the judicial advisor to the county family and children first council. The judge may advise the county council on the court's utilization of resources, services, or programs provided by the entities represented by the members of the county council and how those resources, services, or programs assist the court in its administration of justice. Service of a judge as a judicial advisor pursuant to this section is a judicial function.

(2) The purpose of the county council is to streamline and coordinate existing government services for families seeking services for their children. In seeking to fulfill its purpose, a county council shall provide for the following:

- (a) Referrals to the cabinet council of those children for whom the county council cannot provide adequate services;
- (b) Development and implementation of a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children;

(c) Participation in the development of a countywide, comprehensive, coordinated, multi-disciplinary, interagency system for infants and toddlers with developmental disabilities or delays and their families, as established pursuant to federal grants received and administered by the department of health for early intervention services under the "Individuals with Disabilities Education Act of 2004";

(d) Maintenance of an accountability system to monitor the county council's progress in achieving results for families and children;

(e) Establishment of a mechanism to ensure ongoing input from a broad representation of families who are receiving services within the county system.

(3) A county council shall develop and implement the following:

(a) An interagency process to establish local indicators and monitor the county's progress toward increasing child well-being in the county;

(b) An interagency process to identify local priorities to increase child well-being. The local priorities shall focus on expectant parents and newborns thriving; infants and toddlers thriving; children being ready for school; children and youth succeeding in school; youth choosing healthy behaviors; and youth successfully transitioning into adulthood and take into account the indicators established by the cabinet council under division (A)(4)(a) of this section.

(c) An annual plan that identifies the county's interagency efforts to increase child well-being in the county.

On an annual basis, the county council shall submit a report on the status of efforts by the county to increase child well-being in the county to the county's board of county commissioners and the cabinet council. This report shall be made available to any other person on request.

(4)

(a) Except as provided in division (B)(4)(b) of this section, a county council shall comply with the policies, procedures, and activities prescribed by the rules or interagency agreements of a state department participating on the cabinet council whenever the county council performs a function subject to those rules or agreements.

(b) On application of a county council, the cabinet council may grant an exemption from any rules or interagency agreements of a state department participating on the council if an exemption is necessary for the council to implement an alternative program or approach for service delivery to families and children. The application shall describe the proposed program or approach and specify the rules or interagency agreements from which an exemption is necessary. The cabinet council shall approve or disapprove the application in accordance with standards and procedures it shall adopt. If an application is approved, the exemption is effective only while the program or approach is being implemented, including a reasonable period during which the program or approach is being evaluated for effectiveness.

(5)

(a) Each county council shall designate an administrative agent for the council from among the following public entities: the board of alcohol, drug addiction, and mental health services, including a board of alcohol and drug addiction or a community mental health board if the county is served by separate boards; the board of county commissioners; any board of health of the county's city and general health districts; the county department of job and family services; the county agency responsible for the administration of children services pursuant to section 5153.15 of the Revised Code; the county board of developmental disabilities; any of the county's boards of education or governing boards of educational service centers; or the county's juvenile court. Any of the foregoing public entities, other than the board of county commissioners, may decline to serve as the council's administrative agent.

A county council's administrative agent shall serve as the council's appointing authority for any employees of the council. The council shall file an annual budget with its administrative agent, with copies filed with the county auditor and with the board of county commissioners, unless the board is serving as the council's administrative agent. The council's administrative agent shall ensure that all expenditures are handled in accordance with policies, procedures, and activities prescribed by state departments in rules or interagency agreements that are applicable to the council's functions.

The administrative agent of a county council shall send notice of a member's absence if a member listed in division (B)(1) of this section has been absent from either three consecutive meetings of the county council or a county council subcommittee, or from one-quarter of such meetings in a calendar year, whichever is less. The notice shall be sent to the board of county commissioners that establishes the county council and, for the members listed in divisions (B)(1)(b), (c), (e), and (l) of this section, to the governing board overseeing the respective entity; for the member listed in division (B)(1)(f) of this section, to the county board of developmental disabilities that employs the superintendent; for a member listed in division (B)(1)(g) or (h) of this section, to the school board that employs the superintendent; for the member listed in division (B)(1)(i) of this section, to the mayor of the municipal corporation; for the member listed in division (B)(1)(k) of this section, to the director of youth services; and for the member listed in division (B)(1)(n) of this section, to that member's board of trustees.

The administrative agent for a county council may do any of the following on behalf of the council:

(i) Enter into agreements or administer contracts with public or private entities to fulfill specific council business. Such agreements and contracts are exempt from the competitive bidding requirements of section 307.86 of the Revised Code if they have been approved by the county council and they are for the purchase of family and child welfare or child protection services or other social or job and family services for families and children. The approval of the county council is not required to exempt agreements or contracts entered into under section 5139.34, 5139.41, or 5139.43 of the Revised Code from the competitive bidding requirements of section 307.86 of the Revised Code.

(ii) As determined by the council, provide financial stipends, reimbursements, or both, to family representatives for expenses related to council activity;

(iii) Receive by gift, grant, devise, or bequest any moneys, lands, or other property for the purposes for which the council is established. The agent shall hold, apply, and dispose of the moneys, lands, or other property according to the terms of the gift, grant, devise, or bequest. Any interest or earnings shall be treated in the same manner and are subject to the same terms as the gift, grant, devise, or bequest from which it accrues.

(b)

(i) If the county council designates the board of county commissioners as its administrative agent, the board may, by resolution, delegate any of its powers and duties as administrative agent to an executive committee the board establishes from the membership of the county council. The board shall name to the executive committee at least the individuals described in divisions (B)(1)(b) to (h) of this section and may appoint the president of the board or another individual as the chair of the executive committee. The executive committee must include at least one family county council representative who does not have a family member employed by an agency represented on the council.

(ii) The executive committee may, with the approval of the board, hire an executive director to assist the county council in administering its powers and duties. The executive director shall serve in the unclassified civil service at the pleasure of the executive committee. The executive director may, with the approval of the executive committee, hire other employees as necessary to properly conduct the county council's business.

(iii) The board may require the executive committee to submit an annual budget to the board for approval and may amend or repeal the resolution that delegated to the executive committee its authority as the county council's administrative agent.

(6) Two or more county councils may enter into an agreement to administer their county councils jointly by creating a regional family and children first council. A regional council possesses the same duties and authority possessed by a county council, except that the duties and authority apply regionally rather than to individual counties. Prior to entering into an agreement to create a regional council, the members of each county council to be part of the regional council shall meet to determine whether all or part of the members of each county council will serve as members of the regional council.

(7) A board of county commissioners may approve a resolution by a majority vote of the board's members that requires the county council to submit a statement to the board each time the council proposes to enter into an agreement, adopt a plan, or make a decision, other than a decision pursuant to section 121.38 of the Revised Code, that requires the expenditure of funds for two or more families. The statement shall describe the proposed agreement, plan, or decision.

Not later than fifteen days after the board receives the statement, it shall, by resolution approved by a majority of its members, approve or disapprove the agreement, plan, or decision. Failure of the board to pass a resolution during that time period shall be considered approval of the agreement, plan, or decision.

An agreement, plan, or decision for which a statement is required to be submitted to the board shall be implemented only if it is approved by the board.

(C) Each county shall develop a county service coordination mechanism. The county service coordination mechanism shall serve as the guiding document for coordination of services in the county. For children who also receive services under the help me grow program, the service coordination mechanism shall be consistent with rules adopted by the department of health under section 3701.61 of the Revised Code. All family service coordination plans shall be developed in accordance with the county service coordination mechanism. The mechanism shall be developed and approved with the participation of the county entities representing child welfare; mental retardation and developmental disabilities; alcohol, drug addiction, and mental health services; health; juvenile judges; education; the county family and children first council; and the county early intervention collaborative established pursuant to the federal early intervention program operated under the "Individuals with Disabilities Education Act of 2004." The county shall establish an implementation schedule for the mechanism. The cabinet council may monitor the implementation and administration of each county's service coordination mechanism.

Each mechanism shall include all of the following:

(1) A procedure for an agency, including a juvenile court, or a family voluntarily seeking service coordination, to refer the child and family to the county council for service coordination in accordance with the mechanism;

(2) A procedure ensuring that a family and all appropriate staff from involved agencies, including a representative from the appropriate school district, are notified of and invited to participate in all family service coordination plan meetings;

(3) A procedure that permits a family to initiate a meeting to develop or review the family's service coordination plan and allows the family to invite a family advocate, mentor, or support person of the family's choice to participate in any such meeting;

(4) A procedure for ensuring that a family service coordination plan meeting is conducted for each child who receives service coordination under the mechanism and for whom an emergency out-of-home placement has been made or for whom a nonemergency out-of-home placement is being considered. The meeting shall be conducted within ten days of an emergency out-of-home placement. The meeting shall be conducted before a nonemergency out-of-home placement. The family service coordination plan shall outline how the county council members will jointly pay for services, where applicable, and provide services in the least restrictive environment.

(5) A procedure for monitoring the progress and tracking the outcomes of each service coordination plan requested in the county including monitoring and tracking children in out-of-home placements to assure continued progress,

appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment, and education ;

(6) A procedure for protecting the confidentiality of all personal family information disclosed during service coordination meetings or contained in the comprehensive family service coordination plan;

(7) A procedure for assessing the needs and strengths of any child or family that has been referred to the council for service coordination, including a child whose parent or custodian is voluntarily seeking services, and for ensuring that parents and custodians are afforded the opportunity to participate;

(8) A procedure for development of a family service coordination plan described in division (D) of this section;

(9) A local dispute resolution process to serve as the process that must be used first to resolve disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. The local dispute resolution process shall comply with sections 121.38, 121.381, and 121.382 of the Revised Code. The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. The county council shall inform the parents or custodians of their right to use the dispute resolution process. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code.

The cabinet council shall adopt rules in accordance with Chapter 119. of the Revised Code establishing an administrative review process to address problems that arise concerning the operation of a local dispute resolution process.

Nothing in division (C)(4) of this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

(D) Each county shall develop a family service coordination plan that does all of the following:

(1) Designates service responsibilities among the various state and local agencies that provide services to children and their families, including children who are abused, neglected, dependent, unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services;

(2) Designates an individual, approved by the family, to track the progress of the family service coordination plan, schedule reviews as necessary, and facilitate the family service coordination plan meeting process;

(3) Ensures that assistance and services to be provided are responsive to the strengths and needs of the family, as well as the family's culture, race, and ethnic group, by allowing the family to offer information and suggestions and participate in decisions. Identified assistance and services shall be provided in the least restrictive environment possible.

(4) Includes a process for dealing with a child who is alleged to be an unruly child. The process shall include methods to divert the child from the juvenile court system;

(5) Includes timelines for completion of goals specified in the plan with regular reviews scheduled to monitor progress toward those goals;

(6) Includes a plan for dealing with short-term crisis situations and safety concerns.

(E)

(1) The process provided for under division (D)(4) of this section may include, but is not limited to, the following:

(a) Designation of the person or agency to conduct the assessment of the child and the child's family as described in division (C)(7) of this section and designation of the instrument or instruments to be used to conduct the assessment;

(b) An emphasis on the personal responsibilities of the child and the parental responsibilities of the parents, guardian, or custodian of the child;

(c) Involvement of local law enforcement agencies and officials.

(2) The method to divert a child from the juvenile court system that must be included in the service coordination process may include, but is not limited to, the following:

(a) The preparation of a complaint under section 2151.27 of the Revised Code alleging that the child is an unruly child and notifying the child and the parents, guardian, or custodian that the complaint has been prepared to encourage the child and the parents, guardian, or custodian to comply with other methods to divert the child from the juvenile court system;

(b) Conducting a meeting with the child, the parents, guardian, or custodian, and other interested parties to determine the appropriate methods to divert the child from the juvenile court system;

(c) A method to provide to the child and the child's family a short-term respite from a short-term crisis situation involving a confrontation between the child and the parents, guardian, or custodian;

(d) A program to provide a mentor to the child or the parents, guardian, or custodian;

(e) A program to provide parenting education to the parents, guardian, or custodian;

(f) An alternative school program for children who are truant from school, repeatedly disruptive in school, or suspended or expelled from school;

(g) Other appropriate measures, including, but not limited to, any alternative methods to divert a child from the juvenile court system that are identified by the Ohio family and children first cabinet council.

(F) Each county may review and revise the service coordination process described in division (D) of this section based on the availability of funds under Title IV-A of the "Social Security Act," 110 Stat. 2113 (1996), 42 U.S.C.A. 601, as amended, or to the extent resources are available from any other federal, state, or local funds.

Amended by 130th General Assembly File No. 25, HB 59, §101.01, eff. 9/29/2013.

Amended by 129th General Assembly File No.28, HB 153, §101.01, eff. 6/30/2011.

Amended by 128th General Assembly File No.9, HB 1, §101.01, eff. 10/16/2009.

Amended by 128th General Assembly ch.9, SB 79, §1, eff. 10/6/2009.

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**Related Legislative Provision:** See 129th General Assembly File No.39, SB 171, §4