



## **Service Coordination Mechanism 2025**



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I. INTRODUCTION

**Acronym Key**

**CANS-** Child and Adolescent Needs and Strengths

**CME-** Care Management Entity

**CRT-** Community Response Team

**CUCF-** Council for Union County Families

**FCFC-** Family and Children First Council

**FCSS-** Family Centered Services and Supports

**FREDLA-** Family-Run Executive Director Leadership Association

**IHBT-** Intensive Home-Based Treatment

**IOP-** Intensive Outpatient Program

**LOC-** Level of Care

**MRSS-** Mobile Response Stabilization Services

**OCBF-** Operational Capacity Building Fund

**ODM-** Ohio Department of Medicaid

**OFCE-** Ohio Family and Children First

**OHR-** OhioRISE

**ORC-** Ohio Revised Code

**PHP-** Partial Hospitalization Program

**POC-** Plan of Care



## Overview & Purpose

The Council for Union County Families (CUCF) has existed under the Ohio Revised Code (ORC) since 1993 to improve the well-being of children and families. Each county in Ohio has a Family and Children First Council, CUCF is Union County's. As a collaborative of public and private child and family-serving systems, entities, and families, CUCF's board supports initiatives that increase the likelihood that children can grow up safe and strong, surrounded by the support of their families and communities. Since 2018, CUCF has resided under the Mental Health & Recovery Board of Union County who serves as their administrative agent. Union County's Service Coordination Mechanism outlines how families and children with complex needs can access services and supports in our local system of care.

## Mission

The Council for Union County Families is dedicated to collaborative problem solving in order to assure that the local social services for families are planned, developed, and delivered based on a cooperative, coordinated, family-centered, culturally sensitive, and a community-based approach.

## Vision

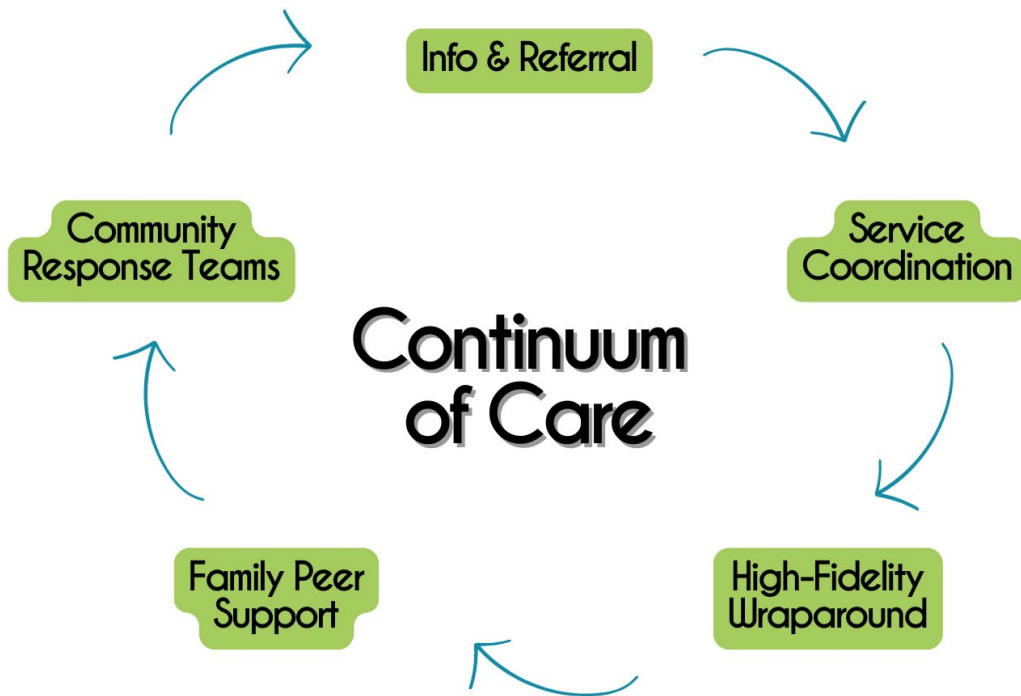
Become a council that efficiently works together to serve the Union County community – keeping families, safe, strong, and intact.

### \*Agencies Involved with Review and Revision

- Council for Union County Families
- Parent Representatives from CUCF
- CUCF Board Members representing the following agencies:
  - Bridges Community Action Partnership
  - LEADS HeadStart
  - Maryhaven
  - Marysville Exempt Village School District
  - Marysville Police Department
  - Mental Health & Recovery Board of Union County
  - North Union Local School District
  - Ohio Department of Youth Services
  - Union County Board of Developmental Disabilities
  - Union County Commissioner's Office
  - Union County Health Department
  - Union County Human Services
  - Union County Juvenile Court



II. LEVELS OF CARE & CRITERIA



**Information and Referral**

The least restrictive service through CUCF is “information and referral.” Parents of youth who are residents of Union County, ages 0-21, youth ages 18-21, or providers can contact CUCF and request information on community resources or to be referred to professional services. Typically, information and referrals occur over the phone but can take place face-to-face in the office or community. These informal meetings connect clients and providers to services. If eligible, the director may refer the client to additional CUCF services.

**Service Coordination**

Service coordination is a youth and family-driven team planning process which uses a family’s existing strengths and resources to develop a plan for youth that have complex needs. The purpose of this coordination is to decrease duplication of services, increase service delivery efficiency, and ultimately improve the quality of services provided. At this point in the continuum, the youth is typically receiving services from multiple county partners.

**High-Fidelity Wraparound**

The most intensive CUCF service is the high-fidelity wraparound process. Wraparound is a planning process to help families with complex needs meet their full potential. This approach is a multi-phase intensive planning process that uses a family’s strengths and existing resources to address unmet needs. A youth and family team is developed of service providers and natural supports. Natural support might include family members, friends, teachers, neighbors, or mentors. These supports surround the



family and remain after the wraparound process concludes. This is an evidence-based process that has been tested internationally with families and produced significantly effective outcomes.

### **Family Peer Support (FPS)**

Family peer support is a service that provides caregiver-to-caregiver support to families raising children, youth or young adults with behavioral health or substance use challenges. Providers use their lived experience to partner with families to identify and access services, navigate systems, and remove barriers. CUCF utilizes the FREDLA Parent Peer Support Practice model, this meets the training requirement for FPS certification in Ohio.

### **Community Response Team (CRT)**

CUCF collaborates with local agencies to assist at-risk youth and families using a collaborative problem-solving team meeting structure. CRTs are used to divert youth from further system involvement and ultimately prevent out-of-home and out-of-school placement by creating alternative solutions. CRTs also help regulate the number of families referred to the Service Coordination/Wraparound Process to avoid overuse/abuse of the model while still meeting the needs of the family. CRTs develop a brief service coordination plan that can be referred into more intensive service coordination/wraparound if needed.

### **OhioRISE Collaboration (OHR)**

OhioRISE is a specialized managed care program for youth with complex behavioral health and multisystem needs in the state of Ohio. OHR provides insurance coverage for behavioral health services and offers a Medicaid waiver program that helps families prevent custody relinquishment. OHR also offers Tier I, II, and III care coordination, depending on a youth's Child and Adolescent Needs and Strengths (CANS) assessment score. In Union County, Tier I care coordination is provided through Aetna and Tier II and Tier III are provided by Harbor, our designated care management entity (CME). All eligible youth can be enrolled in OHR benefits, families can utilize "voice and choice" and determine if OHR care coordination is the best fit for their family. CUCF and Harbor collaborate monthly to ensure all referred families receive high-quality care.

1. If a youth has not been assessed for eligibility for OHR and is interested in obtaining the additional insurance coverage, CUCF can refer the family or help the family take this step themselves. For the next steps, refer to steps 2 and/or 3.
2. If a youth has previously been found eligible for OHR at Tier II or Tier III and wishes to stay with their local FCFC for service coordination, the family is provided the contact information at Harbor and encouraged to put in writing their request to be moved to Tier I for care coordination through Aetna. Families will continue to be served during this process and will see no delay due to waiting for the CME to follow through.
3. If a youth has been found eligible for OHR at Tier II or III and wishes to stay with their local CME for care coordination, CUCF will make sure they have the appropriate contact information for their care coordinator and will close out the referral as noted above.



## Eligibility

Youth who are residents of Union County, ages 0 through 21, with complex needs that are not being adequately met are eligible for services. Typically, these youth have reached a level of urgency requiring additional support and are eligible for service coordination or wraparound. A CANS and intake meeting help guide which level of care (LOC) is appropriate.

Youth must be involved in two (2) or more of the following systems within the past 90 days:

- Enrolled in a Union County school system with a 504 plan or IEP
- Local behavioral health agency
- Juvenile Court or Probation
- Union County Board of Developmental Disabilities
- Department of Job and Family Services
- Child Protective Services or Adoption/Foster Care
- Early Intervention/Help Me Grow

Service coordination or wraparound programs may also be considered for single-system youth who are at imminent risk of out-of-home placement in a more restrictive setting as determined by an initial and ongoing assessment.

Family peer support (FPS) can be provided to caregivers in combination with service coordination and wraparound or as a standalone service. To qualify for FPS, a caregiver must be the primary caregiver for a youth with mental health or substance use issues. The family must reside within Union County.

### **Child and Adolescent Needs and Strengths (CANS)**

The Child and Adolescent Needs and Strengths (CANS) is a tool CUCF uses to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. It gathers information on the youth and family's needs and strengths through a conversation with the facilitator. Domains address how the youth functions in everyday life, specific emotional or behavioral concerns, risk behaviors, and strengths. There is also a domain that asks about the family's culture, beliefs, preferences, and about general family concerns. This information helps develop a picture of where intensive or immediate action are needed. This, along with the youth and family's area of concern, begin to form a plan of care (POC).

Each youth receiving service coordination or wraparound services must receive a CANS assessment. Family members along with other providers are encouraged to participate to include multiple perspectives. The CANS can be administered by the CUCF director, facilitators, or family peer support provider. If a child has received a CANS by another agency in the last 90 days, the parent can grant CUCF permission to access this through the state portal.



### III. PROCEDURES

#### **Referral Process**

##### Service Provider Referrals

Referrals for service coordination or wraparound in combination with FPS are submitted on CUCF's website ([www.cucfuc.org](http://www.cucfuc.org)) by clicking "Make a CUCF Referral" on the main page. If a provider is unable to locate a form, they can call CUCF at any time to obtain a form or make a referral. The director will contact the family within 3-5 business days to discuss the youth's needs, a brief history of services and match for services. At this time availability for an intake session will be collected and/or scheduled.

Referrals for family peer support are submitted on The Mosaic Project website ([www.mosaicu.org](http://www.mosaicu.org)). There are tabs under Family Resources for parents and caregivers or youth-serving professionals to make referrals. A link is also available on the CUCF main page. These are received by the Mental Health & Recovery Board of Union County and routed to the appropriate agency.

Referrals to CUCF can come from a variety of service providers including but not limited to:

- Local school systems
- Behavioral health agencies
- Juvenile Court or Probation
- Union County Board of Developmental Disabilities
- Department of Job and Family Services
- Child Protective Services or Adoption/Foster Care
- Early Intervention/Help Me Grow
- Medical doctors or health clinics
- Any other youth serving agency

##### Family or Youth Referral

Families and youth in transition (ages 18-21) have the right to refer themselves to services. Families can submit an online referral, call CUCF by phone, or request a face-to-face meeting.

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#### **CUCF Service Coordination Processes**

##### Determining a Facilitator

If a youth is determined eligible for CUCF services they are matched with a facilitator. This decision is based on family need, facilitator/family match, and facilitator capacity.

##### Team Meetings

Once a facilitator is established, an intake session is conducted to complete a CANS and develop a plan





of care. This plan is family-centered, the family is encouraged to include any natural supports or professionals they would like to attend the meetings. Some families may prefer that the facilitator only meet with the family members or friends. Others may prefer that the facilitator meet with the providers to organize services and reach goals. The structure of service coordination is personalized to meet family needs intuitively and creatively. Either way, the family should participate in all meeting decisions throughout the process. The following is a suggested flow of service coordination:

- Assigned facilitator makes phone contact with family to schedule an intake meeting.
- Assigned facilitator and family meet to complete the CANS, discuss goals and desired outcomes and to develop a family service coordination plan.
- Assigned facilitator engages with providers as needed and facilitates meetings with the entire team (including the family) as needed.
- Once communication is functioning among team members and short-term goals have been accomplished, the assigned facilitator begins to discuss transition plans with the family.
- During final contact, an evaluation is filled out and family is informed that service coordination is available as needed.

### **CUCF High-Fidelity Wraparound Services**

#### Determining a Facilitator and Team Membership

The CUCF director places the family with the appropriate facilitator. The family helps to develop the team by inviting both professional and natural supports that they would like at the meetings. Any team member invited throughout the process should be permitted by the family to attend.

#### Notification of Team Meetings

The team facilitator is responsible for informing all identified team members of meetings in email or writing, within a week prior to each scheduled team meeting. The notification will be sent to professional and natural supports. Team members will be informed of the meeting date, time and location that accounts for the family's needs. Best practice is to schedule the following meeting at the end of team meetings when everyone is present and has their schedule available. When an emergency meeting is needed, a phone call will be sufficient. Documentation of a phone call to the team members should be made and placed in the electronic health record.

#### Wraparound Phases

Once a family is determined appropriate for High-Fidelity Wraparound, they are contacted by the facilitator to begin the Wraparound process. To begin the family participates in an intake session to complete the CANS. Union County follows the four stages of Wraparound:

##### *1. Engagement and Team Preparation*

This phase is designed to begin building trust as a team. The family is informed of their integral role on the team and legal/ethical issues are addressed. Phase one can be seen as a "Wraparound Orientation" and should be informative while not overwhelming the family.

##### *2. Initial Plan Development*

In this phase, the family team continues to build trust as they collaborate to develop a plan of care. Family voice should be evident in this meeting. The family and youth should voice their



desire of what they want in the plan and how they want it implemented. This planning process should not take more than 2 meetings and should be completed within 1-2 weeks.

### 3. *Implementation*

After the plan is developed, the team is ready to implement the plan. This implementation should be continually evaluated, adjusted, and repeated until the goals are reached. This phase should continue until the formal wraparound process is no longer needed.

### 4. *Transition*

The final phase of Wraparound is designed to help families transition out of formal wraparound services. The family should have both natural and professional supports in place throughout the transition. Additionally, transition should be considered from the beginning in the initial plan development. During the transition stage, families are informed that they can reach out to CUCF and/or Wraparound as needed for youth 0-21 after transitioning out of formal wraparound services.

## Reciprocal Transitioning from Service Coordination

It is important that at any level of service the facilitator assesses the level of care throughout involvement with families through CANS reassessments every 90 days. If a family is involved in service coordination but it does not appear their goals will be accomplished without comprehensive support, then the family may be appropriate for high-fidelity wraparound. This transition should be discussed with the family and processed with the facilitator before an official transition is made. If the family has been in high-fidelity wraparound and have completed their goals but would benefit from linkage to service coordination to help further transition, the facilitator will speak with the family about transitioning to a less intensive level of care (i.e. less frequent team meetings, contacts and professional supports involved). The intent is that families receive individualized, seamless service coordination.

## **CUCF Family Peer Support**

The FREDLA Parent Peer Support Practice Model provides a framework for the essential functions of a Family Peer Support provider, offering training and practicing of skills across the 6 phases of parent peer support: Connect, Discover, Support, Empower, Prepare and Take Care. Each of the phases has a specific focus and accompanying skill sets:

1. *Connect* - Presenting self as peer and establishing role with family
2. *Discover* - Understanding family level of need, strengths, and goals
3. *Support* – Support of family across systems, including developing and implementing a support plan with tasks and building collaborative relationships
4. *Empower* - Empowering families and informing systems around family perspective, family voice and choice, and family-driven services
5. *Prepare* – Transitioning from formal support, including the development of ongoing plan for support and acknowledging skills learned
6. *Take Care* - FPS provider self-care and maintaining role



CUCF provides FPS for caregivers whose youth are enrolled in service coordination or wraparound. This service can start simultaneously or be added at a later time. CUCF also offers early childhood focused FPS to all of Union County. Each school district has a designated FPS provider, North Union is housed at CUF, Marysville and Fairbanks are housed at Wings Support & Recovery.

### **Safety & Crisis Plans**

If safety concerns arise at any time during CUCF services, a risk assessment is completed. The family and facilitator will develop a crisis and safety plan. A copy is given to the family and included in the clients' records. This plan is reviewed and updated weekly until the concern has been resolved. All families are given the MOSAIC Line information upon referral, this is a 24-hour hotline for families experiencing difficulties or a crisis with their child. Between the hours of 8:00am and midnight a Mobile Response & Stabilization Services (MRSS) team can be dispatched to the child's location if needed, typically the home, within 60 minutes. This service is free for any Union County family funded through the Mental Health & Recovery Board of Union County in partnership with Maryhaven.

### **Outcome Measures**

CUCF updates CANS and POCs every 90 days to evaluate and measure outcomes with service coordination and wraparound. The facilitator completes a CANS update with input from the entire team. POCs are discussed and updated during team meetings. Additionally, there are mid and post-surveys provided to all families to collect qualitative data. Within FPS, pre- and post-surveys are utilized to gather qualitative data. All client and partner feedback is considered valuable in efforts to serve families and the community.

### **Exit from CUCF Services**

There is no time limit on CUCF services, but the intent is to support families to access and navigate services independently. Service coordination typically lasts between six to eight months while wraparound typically last between twelve to eighteen months. These are guidelines and vary by each youth and family's needs. As a youth begins to reach their goals in their plan of care, the facilitator will begin to discuss a transition plan. This highlights accomplishments and skills learned during services, a plan of which providers will continue with the family, and a future plan if issues arise.

When referrals are made to CUCF, the director attempts to contact caregivers via telephone and/or email 2 times over the course of 2 weeks then send a 14-day letter letting them know how to contact the office if they want future services. Likewise, if a family stops participating in services, the facilitator will attempt to make contact over the course of two weeks then send a 14-day letter notifying caregivers that services will end without further contact. During this process the director or facilitator will attempt to contact the referrer or other members of the team to receive and update and brainstorm other ways to engage the family.

### **Mechanism Education and Evaluation**

CUCF provides informal, one-on-one information sessions for new county employees or group education presentations to departments upon request. The director can supply CUCF literature along with agency specific information about the populations they serve. CUCF's website houses an electronic copy of the Service Coordination Mechanism, referral information, and services offered. Everyone in the Union County community has the right to be informed of the Service Coordination Mechanism through marketing initiatives and by request. To make requests please contact CUCF.



## Service Coordination Mechanism

CUCF collaborates on a regular basis with partners to collect quantitative and qualitative data. The director and CUCF family representatives review the Service Mechanism annually in December to ensure information is up to date with available services and funding streams. This helps monitor the overall functioning of the Service Coordination Mechanism.



## IV. PARENTIAL RIGHTS & INVOLVEMENT

### **Communication of Client Rights to Service Coordination**

Union County parents and youth in transition (ages 18-21) have the right and ability to refer themselves to service coordination. Multiple avenues of communication are used to market CUCF programs which may include: social media, CUCF website, distribution through schools and council partners. Each client can receive a hard copy of their rights upon request in the form of a brochure or other similar document. Included will be the different levels of service coordination, the process for clients to request a family team meeting (or Wraparound meeting as applicable), and how a client can initiate the dispute resolution process. Additionally, parents will be informed of their right to invite a family advocate, mentor, or other support to participate in any service coordination team meeting.

### **Confidentiality**

CUCF utilizes a release of information form allowing for seamless service provider and team member communication. This release of confidential information allows caregivers to select information that is permitted to be shared among identified team members. This is completed at the start of services and can be updated to add or remove agencies as services progress.

All personal family information and confidential paperwork for service coordination and wraparound families is kept digitally on Ohio Automated Service Coordination Information System (OASCIS), the state database for FCFC. Personal family information and confidential paperwork for family peer support is kept in the office on secure computers. This information is only accessible to CUCF staff members serving the youth and family.

### **Least Restrictive Environment and Services**

In respect of a family's privacy and autonomy, the least restrictive approach should be the first approach when intervening through CUCF. There are times when more intensive services are used right away, but generally council employees and partners should attempt to provide services that occur in the most natural setting for the family. Similarly, the least invasive service should be used to accomplish a goal prior to the more intensive options unless it is clinically suggested otherwise or there is suspicion of child abuse and neglect by which all mandated reporters are required to report to local the CPS. A Qualified Residential Treatment Program (QRTP) or other out-of-home placement for a youth are a last resort for the treatment team. Least restrictive services, including community and natural, must be utilized before QRTP is considered and must be clinically recommended by a licensed professional. The least restrictive philosophy is best practice for multiple reasons:

- Encourages family voice/choice
- Gives the family the ability to become or maintain self-sufficiency
- Requires providers and families to focus on local creative resources
- Encourages responsible use of funding
- Brings out natural supports
- Gives context to family strengths and family needs
- Supports the idea of behavioral and mental health care advocacy/parity



CUCF seeks to provide options for families with the understanding that there is no “one size fits all” service nor is it possible that a family needs every service available. If there are more options for families to choose from, there is a higher likelihood that families can thrive. Providing options in the community helps shift the focus from a reactionary approach to a preventative approach in bolstering already existing strengths. Community options include but are not limited to:

- Outpatient Counseling (family and individual)
- Partial Hospitalization Program (PHP)
- Intensive Home-Based Treatment (IHBT)
- Intensive Outpatient Program (IOP)
- Respite (brief or overnight)
- Natural support (family, friends, neighbors, coaches, etc.)
- Community supports (school, library, local YMCA, 4-H, sports, etc.)

### **Dispute Resolution**

The Dispute Resolution Protocol for CUCF allows for an opportunity for all parties; the family, the service providers, and/or team members to meet in a neutral and impartial setting for purposes of problem solving and satisfactory resolution of the issue. Issues involving disputes with a particular agency that is not related to service coordination must be addressed through the local agency grievance procedures.

CUCF supports timely resolutions and will work through the following steps in the quickest way possible, not to exceed a period of two weeks. At no time will services to the family be disrupted. The following steps will be taken to resolve disputes between the family/child and the service provider(s) or the service plan:

1. The family files a request for grievance assistance with CUCF by providing:
  - A statement of the action being grieved including facts, arguments and the family wishes for actions to be considered, and
  - Copies of all relevant documentation.
2. CUCF holds a Team Meeting within 3 business days to include both:
  - The family/child and agency representatives who have provided service for the family/child, and
  - Additional providers at the wishes of the family/child.
3. In an emergency dispute situation, CUCF convenes Team Meeting within 24 hours by initiating a dispute response team to include both:
  - The family/child and agency representatives who have provided service for the family/child, and
  - Additional providers at the wishes of the family/child.
4. Upon facilitation of the Team meeting, if the parent/guardian is still not satisfied with the outcome/decision, a formal meeting may be requested by the parent/guardian.



5. When warranted, the CUCF Chair will appoint an Ad Hoc Dispute Resolution Committee of mandated members within 3 business days, comprised of no fewer than three (3) and no more than (5) members, including at least one Parent Representative. The role of the Ad Hoc Dispute Resolution Committee includes:
  - Review of the grievance process to date
  - Suggesting problem solving strategies
  - Tracking progress toward resolution
6. When the provision of service or funding cannot be resolved through the designated dispute resolution process, the final arbitrator is the Ohio Family and Children First (OFCF) State Committee. The CUCF director assists the parent or custodian in filing the case with the OFCF State Committee within seven days of the failed dispute resolution process. The CUCF director assists the family in providing assessment and treatment information for the OFCF State Committee.
7. On the occasion when one agency disagrees with another agency or the service plan, the disputing agency shall write up their grievance and submit it to CUCF. The Council convenes an Ad Hoc Committee following steps 4 and 5. If the disputing agency/agencies are still not satisfied, they have seven days to appeal to the Union County Juvenile Court for final resolution. This step is initiated by a formal written request from the disputing agency/agencies to the CUCF director, who secures action from the court. Interagency assessment or treatment information shall be submitted to the court. The agency/agencies cited in the formal appeal are be notified of the appeal process.

\*CUCF may also seek mediation services available in Union County.



## V. FUNDING

### **Fiscal Support**

There are several avenues of funding that CUCF uses to support families and council needs. Funding is provided at both the state and local levels which means that the CUCF interacts with both the county (calendar year) and state (July-June) fiscal timelines. However, it is important to acknowledge that funding is not the primary function of CUCF. The most important aspect of CUCF is to collaborate and coordinate the resources that already exist. Communication is the centerpiece for multi-system youth receiving helpful and quality services within the community. Service coordination and wraparound processes are fundamentally designed to streamline services efficiently in partnership with the family where a need is not being met.

#### Operational Building Capacity Funding (OBCF)

This funding source can be used to support CUCF employees' salary, office space for employees, parent representative stipends, and other administrative needs. OBCF provides these funds via their inclusion in the state's biennium budget. These are meant to be a supplement to other funds and do not fully support the administrative needs of councils.

#### Family Centered Services and Supports (FCSS)

The FCSS funding is a combination of both federal and state dollars and can be used for multiple supports within a certain criterion. FCSS is meant to be flexible funding to meet the goals and unique needs of youth and families. FCSS allocates money based on county child population, demographics, and poverty indices. FCSS allocates a 25% advance of the total allocation amount to counties and the rest is on a reimbursement basis. The following are examples of what FCSS can be used for:

- Non-clinical in-home parenting/child coaching
- Non-clinical parent support groups
- Parent education
- Mentoring
- Respite Care
- Transportation
- Social/recreational activities
- Safety and adaptive equipment
- Structured activities to improve family functioning
- Parent advocacy
- Service Coordination (unit rate)

\*OBCF does not allow county FCFCs to use FCSS funding for youth in the custody of Child Protective Services or in other out-of-home placements per federal guidelines associated with this funding.

#### Local Pooled Funding

Family and Children First Councils can request partners to pool funding, which may efficiently impact multi-system youth in their community. This flexible approach to funding at the local level allows for community, family, and youth-specific needs to be met using local resources and services. Union County has strong partners that contribute to council initiatives based on their organization's budget





capacity.

### Multi-System Youth (MSY) Funding

CUCF and OHR may seek MSY custody relinquishment funding through a grant agreement with the ODM. Funding may only be requested to support children and youth who are at risk for custody relinquishment or have already been relinquished and need services and/or supports to transition to community and/or non- custody setting. Complete applications that meet all the requirements outlined in the State guidance document will be vetted by a multi-system team composed of child/youth serving state agencies, and funding will be authorized (or not authorized) by ODM. Authorized funding will be subject to the terms of ODM's executed grant agreement with each County FCFC. The CUCF director tracks, monitors, and reports progress to the state team.

CUCF also receives MSY funding as General Restricted Pooled Funds. These funds are based on a percentage of the MSY General Restricted line item allocated to the Union County Department of Jobs and Family Services. In State Fiscal Year 2024 we received a 12% allocation. These funds are to be used for similar purposes as above with the intent of preventing custody relinquishment.

### Mental Health & Recovery Board of Union County

The Mental Health & Recovery Board of Union County provides funding to CUCF to support service coordination, wraparound, and FPS through both state and federal grant awards.

### **Accessing Funds**

If anyone has questions concerning CUCF's funding abilities, they can call or email the CUCF director. Ultimately, the board makes final decisions on funding. The Director is not a voting member though carries out the initiatives of the CUCF including processing funding requests, making purchases for initiatives, and assuring that the budget and funds are well-kept. The director has discretion over the FCSS grant funds within the general guidelines of the fiscal year budget. It is important to note CUCF is not a funding source but a service, youth and families must have an unmet need not supported by another entity to access funding.