2010

Service Coordination Mechanism

Family & Children FIRST COUNCIL

Northwest Ohio
Putnam County

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Introduction

The Ohio Family and Children First initiative has been a catalyst for bringing community agencies together to coordinate and streamline services for those families and children needing or seeking assistance. This Service Coordination Mechanism shall serve as a guiding document for coordination of services when a child is referred to Council for assistance and is written in compliance with the guidelines as required in Ohio Revised Code section 121.37.

While reviewing their individual county Service Coordination Mechanisms in the spring of 2010, the Putnam, Defiance, Fulton, Henry and Williams county's Family and Children First Councils determined the revision and blending of their county Service Coordination Mechanisms would improve service delivery to families by avoiding duplication and disruption of services to families that are transient within the region, and would be fiscally responsible. It is with this effort in mind that the five counties worked to align their Service Coordination Mechanisms to the fullest extent possible.

The persons involved in the review and revision of this Mechanism include the Defiance, Fulton, Henry, Putnam and Williams Family & Children First Council Coordinators, their Council Steering Committees, and their respective service providers. For a full list of the Service Coordination Mechanism review and revision participants see (Attachment A).

PURPOSE

The purpose of service coordination is to provide a venue for families requiring services where their needs may not have been adequately addressed in single agency systems. Each system has areas of responsibility, and this Service Coordination Mechanism is not intended to override current agency systems, but to supplement and enhance what currently exists. Service coordination should build upon the strength of services in our communities that are already working for families. The service coordination process will provide access to existing services and supports, both formal and informal, and when appropriate propose new services, supports and/or strategies to be added in order to address unmet needs.

Service coordination is a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex needs. The process is family-focused and strengths-based. It is responsive to the culture, race and ethnicity of the family. Therefore, it results in a unique set of community services and natural supports individualized for the child and family and it is based on the child and family's perceptions of their strengths and needs to achieve a positive set of outcomes. The goal of this process is to assist families in building a system of natural supports so to gradually reduce family reliance on formal systems as it becomes appropriate.

Families, agency personnel and community members can become aware of, and trained in, the county Service Coordination Mechanism by way of a quarterly "Service Coordination 101" training. The trainings will start in 2011 and rotate between the five-county region. Dates will be announced at Family and Children First Council meetings and on their websites.

TARGET POPULATION

The target population includes any child ages 0 through 21 residing in the county with multi-systemic needs whose service and support needs are not being adequately met while working with providers outside of the county's Service Coordination Mechanism.

For children who also receive services under the Help Me Grow (HMG) program, the Service Coordination Mechanism shall be consistent with the laws and rules of Help Me Grow per federal regulations and Ohio Department of Health policy and procedures. When a child is involved in both HMG and service coordination through Family and Children First Council, the main provider of service coordination should be HMG to assure compliance with Ohio Revised Code 3701.61.

Through monitoring and tracking the service coordination process, service gaps will be identified, successful services identified and cross-system coordination analyzed to determine strengths and weaknesses. This information will be reviewed bi-annually by a Continuous Quality Improvement workgroup to guide the Family and Children First Council's decision-making process on how to improve the local service delivery system.

REFERRAL PROCESS (C1)

Any family with a child in the target population may access the county Service Coordination Mechanism through the Family & Children First Council (FCFC). Appropriate referrals to Service Coordination Mechanism include:

- A family whose child is age 0 through 21 and has multiple needs.
- A child/family that is unable to access needed services.
- A child/family is experiencing a problem with the coordination of existing services. It is important that before a referral is made, the lead agency has worked collaboratively with the family and they have attempted to provide the necessary services to help the family meet their goals. If these attempts have not yielded the desired results, then a referral may be made.
- A child who is at-risk of being removed from his/her home or school.
- A child who has been emergently removed from his/her home (see procedure for addressing these children below.)

If one or more of the above criteria is met, an agency, school, juvenile court or family may initiate service coordination by completing a Referral form (Addendum A) and Release & Exchange of Information consent form (Addendum B). Both forms must be given to the Family & Children First Council:

FCFC Coordinator
124 Putnam Parkway, Ottawa, OH 45875
419-523-5951 ext. 3047 / btobe@pm.noacsc.org

The FCF coordinator will determine the appropriateness of the referral and may consult with members of the Family Coordination Team if there are questions/concerns about a referral. Appropriate referrals will be assigned to a Service Coordinator within **three business days,** excluding holidays.

Within **three business days** of receiving the referral, the assigned Service Coordinator will make verbal or written contact with the family to initiate the service coordination process. At this time an initial meeting with the family is scheduled at the earliest mutually convenient time and location, not to exceed **ten business days** from the initial contact, unless other arrangements are made that are satisfactory with the family. The Family & Children First Council Coordinator will issue a Service Coordination Referral Follow-Up form (Attachment C) to the referral source within **seven business days** of the receipt of the referral. If a family has self-referred, a Referral Follow-Up form will not be issued.

(Please note: Referrals for service coordination may be accepted, or denied by the Council. A referral may be denied if parents have not signed a release of information, if there is lack of sufficient involvement by the lead agency or if Family & Children First Council service coordination would be a duplication of effort when there is already a suitable family service plan in place.)

LEVELS OF CARE

The following criteria will be utilized to determine the appropriate level of care.

Level 1 – Information & Referral

Information and referral is an issue-focused level of care. The family is stable with natural and community supports and is seeking short-term/single agency information and referral. Needs of the family can be addressed by traditional services through a single agency. If the FCFC coordinator is able to determine that information and referral is the family's only need, then the coordinator will provide the family with the necessary information, or make an appropriate referral and no other services will be provided.

Level 2 – Service Coordination

Service coordination is a child-focused level of care. The child presents a minimal level of safety risk as identified by the safety assessment (Attachment D) and may need immediate stabilization. The multiple needs of the child require some collaboration among service providers to effectively meet the child's needs by tailoring or modifying an available service. By participating in the Individual Family Service Coordination Plan (IFSCP) process, the family is able to return to their previous level of functioning quickly.

Level 3 – Wraparound (See Attachment E: Wraparound Phases & Guiding Principles)

Wraparound is a family-focused level of care. The family presents a moderate to significant level of safety risk as identified by the safety assessment (Attachment D). The family presents with chronic and unmet needs that require more extensive collaboration among service providers and natural supports. The family requires ongoing, intensive supports that may require significant adaptation or expansion of a current service/support, or the creation of a new service/support. Immediate stabilization and safety planning are

ongoing for the family. The family guides the development of an Individual Family Service Coordination Plan utilizing wraparound principals and works with a consistent team of people over many months or years.

CONFIDENTIALITY (C6)
The confidentiality of the child and family will be protected at all times. All information disclosed in family team meetings and contained in the Individual Family Service Coordination Plan will be protected. Only the parties given authorization on the Release of Information consent form will be permitted to view and hear the family information.

All members of the Child & Family Team and the Family Coordination Team will begin their respective meetings by signing a confidentiality agreement (Child & Family Team Confidentiality Agreement, Addendum C1) and (Family Coordination Team Confidentiality Agreement, Addendum C2) which details that those person(s) present understand all identifying and personal family information disclosed through the Individual Family Service Plan or Child & Family Team meeting is privileged, protected and confidential.

At any time a family may review the information contained in their Individual Family Service Coordination Plan and revoke any release of information previously granted.

Members of a Child & Family Team and members of the Family Coordination Team will at all times consider whether or not services and supports identified in family plans are provided in the least restrictive environment. There is a prompt on the Individual Family Service Coordination Plan that ensures least restrictive environment is considered by the team at all times.

ASSESSING A FAMILY'S STRENGTHS, NEEDS AND CULTURE (C7)
An initial face-to-face meeting will be held for the Service Coordinator and the child/family to become familiar with one another and begin the discovery of strengths, needs and culture. At the Service Coordination Level of Care 2, only the Child Strengths Assessment form (Addendum D1) will be used. At the Wraparound Level of Care 3, the Family Strengths Assessment form (Addendum D2) will also be used to collect and document information. This allows the family to give specific input on their perceptions of problems, strengths, cultural issues, what they hope to change and what services they believe they could gain benefit from. The information gathered on these assessment forms will be used to help complete the Strengths, Needs, Cultural Discovery tool (Addendum D3).

HOW PLANS ENSURE SERVICES ARE RESPONSIVE TO THE FAMILY'S STRENGTHS, NEEDS, CULTURE, RACE AND ETHNICITY AND ARE PROVIDED IN THE LEAST RESTRICTIVE ENVIRONMENT (D3)
The Service Coordinator will explore family strengths, needs, culture, race and ethnicity during the strengths assessment. The Child and Family Team will research access to a comprehensive array of services for the family in designing a plan that is in the least restrictive, least intrusive, and in the most clinically appropriate environment. This takes into consideration not only the safety of the child, the family and the community but also the child's physical, emotional, social and educational needs. Services considered for individual youth will range along a continuum of care. The system will ensure that multiple services are delivered in a coordinated and therapeutic

manner, and that children can move through the system of services in accordance with their changing needs.

NOTIFICATION FOR ALL INDIVIDUAL FAMILY SERVICE COORDINATION PLAN MEETINGS (C2)
After the initial assessment, the Service Coordinator and family will work together to schedule the meeting date/time/location of the first Child and Family Team planning meeting. Consideration of family needs and limitations will be made in determining the date/time/location of the meetings. The Service Coordinator will notify appropriate staff from involved agencies, appropriate school representatives and/or other parties involved. Notification for the initial meeting will be done via a personal phone call which allows the Service Coordinator to answer questions participants may have prior to the first meeting. Notification for all other future meetings will be made via phone, email, or letter, whichever is most appropriate.

HOW A FAMILY CAN INITIATE A MEETING AND INVITE SUPPORT PERSON(S) (C3)
If the family determines they would like to invite a support person(s), parent advocate, mentor or another family member of their choice that is involved with the care of child, it is the parent's responsibility to inform the support person(s) of the date/time/location of their Child and Family Team meeting. A family may initiate additional meeting(s) to continue the development or review of their individual family service coordination plan at any time by contacting their Service Coordinator directly. The family and Service Coordinator will work together to plan the meeting.

PROCESS AND COMPONENTS OF THE IFSCP (III)
The overall description of the process and individual components of the Individual Family Service Coordination Plan (IFSCP) are:

- Referral and Release of Information submitted to FCFC
- Service Coordinator assigned
- Service Coordinator makes initial contact with family; immediate stabilization provided
- Level of care determined
- Child Strengths Assessment and/or Family Strengths Assessment completed
- Strengths, Needs, Cultural Discovery process
- Risk & Protective Factors Checklist Completed (Attachment H)
- Child and Family Team developed
- IFSCP development, including a Youth and Family Safety Plan
- Plan implementation
- Monitor results and review the plan, amending as needed
- Plan for transition
- Discharge

DEVELOPING AN INDIVIDUAL FAMILY SERVICE COORDINATION PLAN (IFSCP) (C8)
Every family identified as appropriate for services within the service coordination mechanism will be a partner in the development of an Individual Family Service Coordination Plan (IFSCP) (Addendum E). As a part of the IFSCP process, the Service Coordinator works with the family to identify formal and informal support person(s) who can be utilized for Child and Family Team composition.

At service coordination level of care 2, the focus of the IFSCP will be goals and objectives specific to the strengths and needs of the child. At wraparound level of care 3, the focus of the IFSCP will be goals and objectives specific to the strengths and needs of the entire family unit.

For IFSCP development, the following process is followed:

- Review and add to the child/family strengths, needs and culture discovery.
- Create a mission statement (goal) that describes what the team hopes to accomplish through the IFSCP process.
- Identify and record needs for the child and/or family members.
- Prioritize needs that will help the child and/or family members to realize their mission statement (goal).
- Brainstorm to find strategies to meet the prioritized needs.
- Develop action steps for the strategies.
- Select team members to follow-up on action steps.
- Set a timeline for completing action steps.
- Identify an outcome/result for each strategy so the team will know when the goal has been met.
- Identify resources needed.
- Identify how and when the IFSCP will be reviewed and amended if needed. Plans will be reviewed at a minimum of once every three months by the Child and Family Team.

INCLUDING CRISIS AND SAFETY PLANS IN IFSCP (D6)
A Youth and Family Safety Assessment (Attachment D) will be done even before the Child and Family Team first meets. This serves as a way for the Service Coordinator to address immediate stabilization of child/family's safety needs. During later phases of planning, the Child and Family Team will revisit the safety assessment and work together to further develop and enhance a Crisis and Safety Plan (Addendum F). The team should identify where its plans seem most vulnerable and what the consequences might be if the safety plan does not function. Alternative safety strategies will be identified. A Youth and Family Safety Plan puts supports in place that are expected to prevent a targeted crisis from happening as well as what action team members will take if the crisis actually occurs. All Child and Family Team members will have a copy of the Youth and Family Safety plan to refer to when needed.

After a crisis occurs, the Child and Family Team will review whether or not the Youth and Family Safety Plan worked, or needs modification. All changes to a plan will be team-driven.

OUT-OF-HOME PLACEMENT (C4)
Once it is known that a child involved in FCFC service coordination or wraparound may be placed outside their home, a Child and Family Team meeting must occur as soon as reasonably possible to assure that all alternatives to out-of-home placement have been explored and exhausted.

If a child is placed outside the home in an emergency situation, a Child and Family Team meeting will take place within 10 days of the placement to review the child's existing Individual Family Service Coordination Plan (IFSCP). It also provides the opportunity to plan for community

supports for the family while the child is in placement and plan for what will be needed when the child returns to the home and community. The Child and Family team is to assure services are being provided in the least restrictive environment and cooperates to locate appropriate placement. Appropriate members of the Family Coordination Team will meet to determine how the county will jointly pay for placement services. During placement, the Child and Family team should continue to meet to review the placement and the youth's progress toward discharge.

(Please note: This requirement applies only to children who are being served by the Family & Children First Council Service Coordination Mechanism. The law provides that a family may refer itself to the Service Coordination Mechanism at any point and time, which includes any time prior to or immediately after an out-of-home placement. Nothing in this document shall be interpreted as overriding or in any way affecting the decisions of a juvenile court regarding an out-of-home placement.)

FAMILY COORDINATION TEAM

All children and families served through this Service Coordination Mechanism will be monitored and tracked by the Family Coordination Team. As a monitoring body, the Family Coordination Team will meet monthly. Team membership may include FCFC Coordinator, FCFC Chair, ADAMhs Board representative, juvenile court representative, children's services representative, Educational Service Center representative and a county school psychologist. Annually each member is asked to participate on the Family Coordination Team and asked to sign a memorandum of understanding (Attachment F) indicating their support. Responsibilities for the Team are as follows:

- Each member is required to attend as many meetings as possible. If he/she will be absent for an extended amount of time, he/she will be asked to send a representative in his/her place. All members of the Family Coordination Team will sign a confidentiality agreement (Addendum C2) at the beginning of each meeting.
- The FCFC Coordinator will be responsible for facilitating all Family Coordination Team meetings. In the Coordinator's absence, he/she will select another individual from the team to facilitate.
- The FCFC Coordinator is responsible for meeting notifications and agendas for Family Coordination Team meetings. Service Coordinators will be asked to provide family updates in a timely manner as needed to prepare the agendas.
- Emergency meetings of the Family Coordination Team will be scheduled as needed. The FCFC Coordinator will determine if and when an emergency meeting is needed and notify other members.
- The FCFC Coordinator will maintain records on all active service coordination cases. The file shall include the following: 1) parental release of information form, 2) completed referral form, 3) Child/Family Strengths, Needs, Culture Discovery, and 4) initial wraparound plan. All other information will be maintained by the Service Coordinator assigned to the family.
- Minutes/notes will be maintained at all Family Coordination Team meetings and kept at the FCFC office.

MONITORING IFSCP PROGRESS AND OUTCOMES (C5)

The monitoring schedule to be followed is as follows:

- All informational and referral (level of care 1) cases are reviewed only between the FCFC Coordinator and involved agency.
- All active service coordination (level of care 2) cases are reviewed at the monthly Family Coordination Team meeting.
- All active wraparound (level of care 3) cases are reviewed at the monthly Family Coordination Team meeting.

Service coordination will be a standing agenda item on all FCFC meetings where family outcomes will be reported at least quarterly in order for the Council to continually evaluate and prioritize services, fill service gaps and invent approaches to achieve better results for children and families. Confidentiality of the families in the service coordination process will be protected at all times; only outcomes, no family identifying information, will be shared.
Data to be collected will include:

- For children living in their home:
  Demographics, safety plans, risk and protective factors (semi-annually), and use of Family Centered Services & Supports funds. This information will be used to identify gaps trends, gaps in services and to track state and local resource usage.
- For children living outside their home:
  Progress toward identified goals, appropriateness of placement and treatment, education, and transition plans near the time of transitioning back to their home or community to ensure appropriate arrangements have been made for housing, treatment and education. This information is to be collected by the placing agency that is involved in the child's treatment team meetings and the information will be reported monthly to the Family Coordination Team.
- **Upon request, service coordination data will be submitted to the state for the purposes of evaluation.**

ESTABLISHING TIMELINES FOR COMPLETING FAMILY TEAM GOALS (D5)

All Individualized Family Service Coordination Plans (IFSCP) will include timelines to review progress toward meeting the family team goals. Child and Family Team members will jointly determine a timeline for achieving each goal in the IFSCP since timelines will vary for each goal. Barriers and progress toward the team goals will be discussed at the regularly scheduled Child and Family Team meeting. At a minimum, all IFSCP's will be reviewed at least once every 8 weeks.

DESIGNATING SERVICE/SUPPORT RESPONSIBILITIES (D1)

The Child and Family Team will develop the Individualized Family Service Coordination Plan (IFSCP) and will clearly identify and define the responsibilities for provision of services by all parties involved including timelines to be followed. If the identified services and supports are not presently available, the plan will outline what efforts will be undertaken to address the service gaps. The service coordinator will be responsible for monitoring the implementation of the IFSCP and will reconvene the group as needed to update or modify the plan. The service coordinator and

team works collaboratively with other systems' case workers and managers who may be assigned to the case.

If necessary, as a part of the IFSCP, a Child and Family Team may identify fiscal or other resources required to support service plan implementation, transitional services and service activity tracking. The Family Coordination Team will then help identify appropriate funding or other requested resources.

SELECTING THE CHILD AND FAMILY TEAM MEMBER TO TRACK PROGRESS, SCHEDULE & FACILITATE MEETINGS (D2)

In order to encourage family confidence and genuine participation in the service coordination planning process, the family will have a voice in choosing and approving the person who facilitates their team. Typically, it is the Service Coordinator who facilitates the Child and Family Team. However, the family may choose another person on the Child and Family Team to serve as their facilitator.

The facilitator's responsibilities include: scheduling child and family team meetings, facilitating child and family team meetings, ensuring team participation, tracking progress, monitoring timelines and ensuring progress updates are made to the FCFC Coordinator in time for the monthly Family Coordination Team meetings.

USING SERVICE COORDINATION TO DEAL WITH ALLEGED UNRULY CHILDREN, INCLUDING JUVENILE COURT SYSTEM DIVERSION (D4)

Early identification and intervention is recognized as a critical factor in preventing a child from becoming involved with the juvenile court system. The following process will be used to identify and intervene with these children:

Any child serving agency (including but not limited to the schools, children's services and mental health providers) that suspects a child may be identified as alleged/unruly but is not yet involved with the juvenile court system should conduct a meeting with child, parents and other interested parties to determine appropriate methods for diversion. Services that may be included are parenting education, short-term respite, alternative education programs and juvenile court diversion programs. As a result of the diversion process, the child/family creates a contract

If, after this process has been completed and the child is still not responding, the child should then be referred to services described in the county service coordination mechanism.

TRANSITION PLANNING & DISCHARGE

When the Child and Family Team reaches consensus that the family's mission statement and goal(s) are close to being completed, or completed, it is time to transition the family from service coordination. The Service Coordinator will work with the family to develop a transition and discharge plan (Attachment G) to summarize progress made toward their mission and goals, determine if ongoing community services are needed, determine if referrals for other services are needed and document the total amount of funds allocated to the family through Family & Children First Council. The Child and Family Team will review the transition plan and the family keeps a copy in the event they need to reenter system of care. At this time the family is

transitioned out of services. The service coordinator will make phone contact with the family three months following their transition and if no needs are present at that time, they are discharged from services.

FISCAL STRATEGIES (IV)

Service Coordination administration in Putnam County is funded through local braided funding from the ADAMhs Board, Family & Children First Council and United Way of Putnam County.

Fiscal or other resources required to support IFSCP implementation or transitional services are first considered by the Child and Family Team, and then brought to the Family Coordination Team. Funding to meet the needs identified in an IFSCP will be determined on a case-by-case basis. Potential funding sources that can be tapped may include, but are not limited to: Children's Community Behavioral Health funds, Family Centered Services and Supports funds, Help Me Grow, United Way, Job & Family Services PRC, Bureau for Children with Medical Handicaps, Medicaid, insurance, parental contributions, individual agency funds, and utilization of county shared funding.

All available county resources will be considered including sharing, blending or braiding resources to meet the needs of the child and family. This improves funding flexibility and allows the county to be fiscally responsible and maximize local, state and federal funds.

Unfunded needs that are identified through the IFSCP process can be considered for Children's Community Behavioral Health (CCBH) funding if a child meets the state requirements including: child(ren) and youth must be ages 0-17, have intensive behavioral health needs and/or be at risk of removal from their homes or communities due to behavioral health issues. CCBH funds can be used to provide clinical intervention and treatment and clinical programs that address gaps in treatment services. CCBH funds can also be used for "out of home treatment" in therapeutic or treatment foster care in a residential treatment facility licensed by ODMH or in a psychiatric hospital. The CCBH guidance document will be used to help in determining program guidelines and requirements.

Unfunded needs that are identified through the IFSCP process can be considered for Family Centered Services and Supports (FCSS) if they meet the state requirements including: child(ren) or youth must be ages 0-21 and have multi-systematic needs. The FCSS funds will be used for community-based services which promote the stability and well-being of children and families and must be used for services/supports identified in their IFSCP. These funds may not be used for clinical or treatment services, or to supplant existing funds allocated to support the multiple needs of children and families. The FCSS guidance document will be used to help in determining program guidelines and requirements.

While the long-term vision is to reallocate funds away from institutional services and to community-based, preventative and family-centered services, this is not currently in practice in the county because it has not developed a feasible method of tracking method to show savings realized when families participate in the service coordination mechanism

QUALITY ASSURANCE OF SERVICE COORDINATION MECHANISM (V)

The monitoring of the Service Coordination Mechanism is the responsibility of the Putnam County FCFC membership. The Council will use Continuous Quality Improvement (CQI) principals to monitor fidelity and provide valuable input to the service coordination mechanism process. Monitoring will be done to ensure consistent implementation and to measure outcomes and the progress of the service coordination process.

Annually during its October meeting, the Council will review the Service Coordination Mechanism to ensure children and families are receiving care consistent with Family & Children First Council obligations in ORC 121.37. The Council will instruct the FCFC Coordinator to make necessary changes to the Mechanism when appropriate.

PUBLIC AWARENESS

This Service Coordination Mechanism will go into effect July 21, 2010. The mechanism will be shared in a formal manner at least semi-annually with personnel from child and family serving entities at 1) the county's "Opening Day Meeting" attended by all ESC staff, special education teachers and supervisors, all public school administrators and school guidance counselors each August and 2) at the council's annual retreat during which time council members may bring other appropriate staff from their agencies along to attend. An "at a glance" document is also being prepared to serve as a handout at various community events, Wraparound 101 trainings and other places as needed. The mechanism will also be posted on the FCFC website which is now under development.

DISPUTE RESOLUTION PROCESS (C9)

The county Family & Children First Council serves to utilize the recommendations of all parties, including that of the parent or guardian to promote the well being of the child(ren) in regards to the provision of services for child(ren). If there is significant and unresolved conflict regarding any aspect concerning the provision of the services by any participant (individual or agency) in the service coordination mechanism process, the Family & Children First Council will make every attempt to rectify the concerns, questions, misunderstandings or problems through direct discussions of an informal manner among the persons involved. If this attempt cannot resolve the problem, the dispute resolution process can be initiated.

The dispute resolution process shall be used to: 1) resolve disputes with Part C early intervention Help Me Grow services; 2) 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; 3) resolve disputes between a child's parents or custodians and the Family and Children First Council regarding service coordination mechanism process, including children and families eligible for Help Me Grow, but not eligible for Part C early intervention services.

Each family will be notified in writing of their right to utilize the dispute resolution process (Attachment K). Parents who choose to utilize an advocate or mentor are encouraged to include those representatives in the process.

Service Coordination is defined as a process of service planning that provides family-centered, individualized services and supports to families. The unique strengths and needs of each child and family guide the types and mix of services provided. The purpose of Service Coordination is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems. Each agency system has areas of responsibility and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems.

If the dispute does not pertain to service coordination, parents or custodians shall use existing local agency grievance procedures to address disputes. This process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. **While the dispute resolution process or court proceedings are pending, each agency represented on the Family and Children First Council providing services, or funding for services, shall continue to provide services and funding for services identified in the family's plan, with no interruption, until a final decision is rendered that resolves the dispute.** If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

These rights shall not be interpreted as overriding or affecting decisions of a juvenile court regarding children on probation or in out-of-home placement, long-term placement, or emergency out-of-home placement.

HELP ME GROW EARLY INTERVENTION SERVICES DISPUTES

As the lead agency, the Ohio Department of Health (ODH) has developed procedural safeguards for the timely resolution of complaints regarding the provision of Help Me Grow Part C early intervention core services as referred to earlier in this section including 1) evaluation and assessment 2) identification 3) eligibility determination 4) development of an IFSP 5) procedural safeguards and 6) service coordination. The entire Help Me Grow Procedural Safeguards Policy can be found at ohiohelpmegrow.org.

If a dispute is initiated regarding the provision of Help Me Grow early intervention services, the following procedure and timeline will be utilized:

1. An individual or an organization may file a complaint in writing with the county Family & Children First Council (FCFC) regarding the provision of HMG early intervention services within the county. The Putnam County HMG Project Director will be immediately notified of the complaint and provided with a copy of the complaint. The alleged violation must have occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was received. The FCFC Coordinator is designated as the Council's liaison for the receipt of complaints; the FCFC Coordinator's contact

information is: Putnam County Family & Children First Council, 124 Putnam Parkway, Ottawa, OH 45875, 419-523-5951.

2. The FCFC Coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or fax) within seven (7) calendar days of the receipt of the complaint.

3. The FCFC Coordinator will provide a copy of the procedural safeguards to the individual or organization filing the complaint.

4. The FCFC Coordinator and/or HMG Project Director will explain the options available for dispute resolution, which include:

   a. Filing a complaint with the county Family & Children First Council (FCFC), and/or
   b. Filing a complaint with the Ohio Department of Health, and/or
   c. Requesting mediation, and/or
   d. Requesting an administrative hearing with the Ohio Department of Health, or
   e. Filing a complaint with the provider of Part C services, if the provider has a dispute resolution process.
      If the provider has a resolution process for complaints, the provider of Part C services must notify ODH and the FCFC of the complaint in writing (via email or U.S. mail or fax) within seven (7) calendar days of receipt of the complaint. The provider of part C services must issue a written decision to the complainant, the FCFC and ODH within thirty (30) calendar days from the receipt of the complaint.

5. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.

6. The FCFC Steering Committee will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.

7. The investigation of the complaint will include at least the following:

   - Conduct an on-site investigation as determined necessary by ODH;
   - Interview the complainant and give complainant an opportunity to submit additional information, either orally or in writing about the allegation;
   - Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the allegation; and
   - Review all relevant information and make an independent determination as to whether there has been a violation.

8. The assigned investigator(s) will submit their findings in writing to the FCFC Coordinator. The FCFC Steering Committee will issue a written decision to the complainant within

thirty (30) calendar days from the receipt of the complaint. The written decision shall address each allegation in the complaint and shall include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH.

If the complaint is not resolved within thirty (30) calendar days, ODH will notify the complainant, the FCFC and the provider, if applicable, that the complainant may select other courses of action. Those being:

a. To have ODH investigate the complaint in accordance with Rule 3701-8-08 (C) (4). If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the FCFC or provider received the complaint; and
b. To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (C) (3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty (30) days from receipt of the request for mediation and/or administrative hearing. "Mediation" means a collaborative problem solving process, which provides a trained impartial party who facilitates a negotiation process between parties who are unable to reach agreement. The request for mediation shall be in writing and include the facts alleged in the dispute, and shall be mailed to:

Appeals Request
Ohio Department of Health, Office of the General Counselo
P.O. Box 118
Columbus, OH 43266-0118

9. If the FCFC determines there was a violation, FCFC will ensure that corrective actions are implemented within 45 days or sooner of the written final decision. A copy of the corrective action plan will be provided to the complainant and ODH. ODH will monitor the corrective action plan to ensure corrective actions are implemented.

   If the complainant is not satisfied with FCFC's findings or corrective action plan, the complainant may file a complaint with ODH in accordance with their procedural safeguards policy. ODH will investigate the complaint and issue a written decision within thirty (30) days from receipt of the complaint. If the written complaint is also the subject of an administrative hearing, the complaint investigation or any part of the complaint investigation that is being addressed in the administrative hearing must be set aside until the conclusion of the hearing. However, any part of the complaint that is not part of the administrative hearing must be resolved within the established time lines.

   If an issue is raised in a complaint filed under this procedure that has previously been decided in an administrative hearing process involving the same parties, the hearing decision is binding and the ODH will notify the complainant of such.

DISPUTES BETWEEN AGENCIES

When disagreements arise between agencies as to the services or funding of services a child and/or family is to receive, any agency represented on Council may initiate the local dispute resolution process established in the county service coordination mechanism applicable to the Council. If a dispute is initiated between agencies, the following procedure and timeline will be utilized:

1. Within 7 calendar days of the disagreement/dispute the disputing agency must submit a Dispute Resolution Request (Attachment I) to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. The agency should submit the dispute request and supporting documentation to the Family & Children First Council Coordinator.
2. Upon receipt of the agency request to utilize dispute resolution, a meeting between the FCFC Steering Committee and the disputing agency will be convened within 15 calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the disputing agency and the FCFC Steering Committee. The disputing agency will prepare information for the FCFC Steering Committee regarding the nature of the dispute, the specific issues that are requested to be resolved, and a proposed solution. This presentation can be made by the director of the agency or an approved representative. Each FCFC Steering Committee member must vote on the proposed solution. A majority vote will determine resolution of the dispute. The FCFC Coordinator will act as facilitator in the process, but will abstain from voting. The FCFC Steering Committee will be responsible for preparing the responses to the disputing agency and the FCFC Coordinator will issue a written response in regards to the decision to that agency within 3 calendar days.
3. If the dispute involves any agency represented on the FCFC Steering Committee, the representatives from that agency will be excused from the dispute resolution process for his/her own agency. In his/her place, one, or more, other mandated member(s) of the Council will be selected to participate in the dispute resolution process.
4. If the disputing agency disagrees with the decision of the FCFC Steering Committee, the disputing agency has the right to request that the dispute be reviewed by the final arbitrator, the presiding Juvenile Court Judge. The disputing agency must submit in writing a request to the FCFC Coordinator to move to the final stage of the dispute resolution process within 5 calendar days of receiving the FCFC Steering Committee decision. Upon receipt of this request, the FCFC Coordinator will submit within 5 calendar days all documentation regarding the dispute, (including, but not limited to) the request for dispute resolution and supporting documentation, the Dispute Resolution Review form (Attachment J), responses made by the FCFC Steering Committee, treatment information, and other relevant information to the presiding Juvenile Court Judge. The court shall hold a hearing as soon as possible, but no later than 90 days after the motion or complaint is filed. At least 5 days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose of the court hearing. This decision will direct one or more agencies represented on the council to provide services or funding for services to the child. The determination shall include a plan of care governing the manner in which the services or funding are to provided. The presiding Juvenile Court Judge shall

utilize the plan or care on the family service coordination plan developed as part of the county's service coordination mechanism and evidence presented during the local dispute resolution process in making the determination. The presiding Juvenile Court Judge may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency.

5. While the dispute resolution process or court proceedings are pending, each agency represented on the Family and Children First Council that is providing services, or funding for services, shall continue to provide services and funding for services identified in the family's plan, with no interruption, until a final decision is rendered that resolves the dispute.

NON-EMERGENT DISPUTES BETWEEN PARENT/GUARDIAN AND FCFC

A non-emergent dispute will be defined as a dispute that does not require an immediate response due to the safety or well-being of the child(ren). If a non-emergent dispute is initiated by a parent or guardian, the following procedure and timeline will be utilized:

1. Within 7 calendar days of the disagreement/dispute the family will submit a Dispute Resolution Request form (Attachment I) to the FCFC Coordinator indicating that they have tried to resolve the dispute informally with their service coordinator, but have been unable to do and now desire to utilize the formal dispute resolution process. The request and supporting documentation concerning the dispute should be submitted to the Family & Children First Council Coordinator.
2. Upon receipt of the family request to utilize dispute resolution, a meeting with the Family Coordination Team will be convened within 15 calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the family and the Family Coordination Team. The family will prepare information for the Family Coordination Team regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the family, an advocate, or with help from the Service Coordinator.
3. A Dispute Resolution Review form (Attachment J) will be completed by the Family Coordination Team and the family to provide historical and current information relevant to the dispute and to specifically identify the issues sought to be resolved. The Family Coordination Team will meet in closed session after the family's presentation to draft a written response of the proposed resolution. The next business day, the FCFC coordinator will submit the proposed resolution in writing to the FCFC Steering Committee regarding the issues identified in the dispute.
4. FCFC Steering Committee will meet within 7 days of Family Coordination Team meeting to review the responses drafted to the family. The FCFC Steering Committee will either approve or reject the responses in writing. In the event that the FCFC Steering Committee approves the responses of the Family Coordination Team, a letter addressing the disputes will be immediately issued to the family by mail. In the event that the FCFC Steering Committee rejects the responses of the Family Coordination Team the FCFC Steering Committee becomes responsible for preparing the responses to the family. These responses will be written the day of the FCFC Steering Committee meeting and mailed immediately to the family. The FCFC Coordinator will be used as a neutral facilitator in this meeting and will be responsible for the written responses to the family.

5. If the dispute involves any agency that is represented on the FCFC Steering Committee, the representatives from that agency will not participate in the dispute resolution process. One, or more, other mandated member(s) of the Council will be selected to participate in the dispute resolution process.
6. When the provision of services cannot be resolved through the designated dispute resolution process, the final arbitrator will be a Juvenile Court Judge. The complainant must file a request with the Juvenile Court within 7 calendar days of the receipt of the response to have the dispute decided upon by the court. Upon the request of the complainant, the FCFC coordinator will assist in gathering all documentation regarding the dispute (including, but not limited to, the request for dispute resolution, the Dispute Resolution Review Form, responses made by the Family Coordination Team and FCFC Steering Committee, treatment information, and other relevant information. The presiding Juvenile Court Judge will issue a written, binding ruling. The entire process shall be completed in no more than 60 days.
7. While the dispute resolution process or court proceedings are pending, each agency represented on the Family and Children First Council that is providing services, or funding for services, shall continue to provide services and funding for services identified in the family's plan, with no interruption, until a final decision is rendered that resolves the dispute.

EMERGENT DISPUTES BETWEEN PARENT/GUARDIAN AND FCFC

An emergent dispute will be defined as a dispute that requires an immediate response due to the safety or well-being of the child(ren). In these instances, the immediate decision is made collaboratively with the parents or guardians and any immediate accessible staff available. FCF will work to address the emergency in as timely and effective means possible. If an emergent dispute is initiated by a parent or guardian, the following procedure and timeline will be utilized:

1. Within 3 calendar days of the disagreement/dispute the family will submit a Dispute Resolution Request form (Attachment I) to the FCFC Coordinator indicating that they have tried to resolve the dispute informally with their service coordinator, but have been unable to do and now desire to utilize the formal dispute resolution process. Supporting evidence or documentation concerning the dispute should be submitted with this request. This request should be submitted to the Family & Children First Council Coordinator; their contact information is located in Attachment B.
2. Upon receipt of the family request to utilize dispute resolution, a meeting with the Family Coordination Team will be convened within 5 calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the family and the Family Coordination Team. The family will prepare a presentation for the Family Coordination Team regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the family, an advocate, or the County Service Coordinator.
3. A Dispute Resolution Review form (Attachment J) will be completed by the Family Coordination Team and the family to provide historical and current information relevant to the dispute and to specifically identify the issues sought to be resolved. The Family Coordination Team will meet in closed session after the family's presentation to draft written responses of the proposed resolution. The next business day, the FCFC Coordinator will submit the proposed resolution in writing to the FCFC Steering Committee regarding the issues identified in the dispute.

The following requirements must be met BEFORE the county dispute case can be reviewed:

1. The involved family must sign a release to have its information shared with the OFCF Service Coordination Committee and the Cabinet Council.
2. The family must have been referred to and accepted into some level of the county council service coordination process. Two exceptions to this requirement are:
    a. When a family was referred to the county FCFC service coordination, either by itself or by another party, and was not accepted into the county service coordination. In this circumstance, an administrative review will be granted, if the fact of not being accepted into service coordination is the matter being disputed.
    b. If the dispute is regarding service being provided through Help Me Grow for a Part C eligible child.
3. The county council must verify that the county council dispute resolution process has been completed without satisfactory resolution as determined by the concerned parties.
4. The county council must request the Cabinet Council review and submit requested documents pertaining to the dispute.
5. The county juvenile court judge may be the county's final arbiter of the county service coordination disputes.
6. The CC will not review cases for which the complainants have sought a juvenile court ruling. The CC administrative review must be requested and completed PRIOR to seeking resolution through the county juvenile court as final arbiter of the dispute.

Approved: 9/13/10

Revised: 01/19/11
04/11/12

Addendums

Family & Children FIRST Council

Addendum A

Service Coordination Referral Form

Date of Referral: _____

Child's Name: _____ DOB: _____ Gender: M F

Address: _____ City, State, Zip: _____

School District: _____ School Attending: _____ Grade: _____

Father: _____ Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Mother: _____ Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Legal Custodian: _____ Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Siblings in the home: _____

_____

Referring Agency: _____ Person Referring: _____

Phone: _____ Fax: _____ Email: _____

Reason(s) for referral:

☐ Child is age 0-21 and has multiple needs.
☐ Child/family is unable to access needed services.
☐ Child/family is experiencing a problem with coordination of existing services.
☐ Child is at-risk of being removed from his/her home or school.

Description of Issues/Safety Concerns: _____

_____

	Check all that apply:	Providers/Agencies	Contact Number
	Children age 5 & under in the family? ☐ Yes ☐ No		
	Behavioral Concerns? ☐ Yes ☐ No		
	Mental Health Needs? ☐ Child ☐ Parent		
	Receiving Mental Health Services ? ☐ Child ☐ Parent		
	History of Alcohol or Drug Abuse? ☐ Child ☐ Parent		
	Physical/Sexual/Emotional Abuse? ☐ Child ☐ Parent		
	Child Protective Services Involvement? ☐Yes ☐No Caseworker		
	Placement Concerns? ☐Yes ☐No Foster/Relative Provider:		
	Housing Concerns? ☐ Yes ☐ No		
	Educational Concerns? ☐Truancy ☐ ED ☐ on IEP ☐ Expulsion		
	Domestic Violence Issues? ☐ Child ☐ Parent		
	Juvenile Court Involvement? ☐Yes ☐No		
	Medicaid eligible? ☐Yes ☐No		
	Other:		

OFFICE USE ONLY: Date Referral Received _____

Service Coordinator's Checklist:	Reason for Referral:	Action Taken
Release of Information Signed?	Service Coordination	Information & Referral
Parent Advocate Offered?	Wraparound	Service Coordination initiated
Parent Advocate Referral?		Wraparound initiated

Family & Children FIRST Council

Addendum B

Informed Consent for Release & Exchange of Information

I herby give permission to release and exchange information regarding those individuals listed below for whom I have legal authority to act.

Printed Name	Date of Birth	Social Security Number

I hereby give the Putnam County Family Coordination Team and my Child & Family Team permission to release or exchange information with the following agencies for the sole purpose of the development of a service coordination plan or obtaining funding for services. I understand designated representatives from some of these agencies may attend Putnam County Family Coordination Team meetings and my Child & Family Team meetings and by their participation they will have access to information regarding the individuals listed above. I understand these agency representatives are also required to sign a confidentiality of agreement. ***Agencies listed in bold are represented on the Family Coordination Team.**

				Center for Child & Family Advocacy

The following information may be released and exchanged. Please initial each line below.

_____ All case information, including but not limited to identifying information plus privileged health and medical information, social history, treatment/service history, psychological evaluations, IEP's, transition plans, vocational assessments, grades and attendance, financial and parenting information, performance/attendance history and other personal information held by any of the agencies providers regarding those individuals listed above.

_____ Substance abuse diagnosis and treatment.

I understand I am under no obligation to sign this authorization form. I have signed this form voluntarily in order to document my wishes regarding the use and/or disclosure of the information described below. The information released is for professional purposes only. Only the minimum amount of information needed to achieve the purpose may be disclosed. Information may not be provided in whole or in part to any other agency, organization or person other than those stated above. I understand the Defiance County Family Coordination Team and my Child & Family Team cannot guarantee the recipient will not disclose my health information to a third party, and that the recipient may not be subject to Federal laws governing privacy of health information. However, if the disclosure consists of treatment information about alcohol or drug abuse treatment, the recipient is prohibited from re-disclosure under Federal law (42 CFR Part 2). See note below.

I understand I have 1) the right to revoke or restrict the authorization in writing at anytime and revocation will be effective except to the extent that certain actions reliant on my authorization have already been taken by the Defiance County Family Coordination Team and/or my Child & Family Team, 2) the right to inspect or copy the health information to be used or disclosed, 3) the right to receive a copy of this authorization.

I have been offered Parent Advocacy Services, which is a mandatory offer for service coordination services. My choice is to ☐ accept or ☐ decline.
_____ Please initial.

I have had the opportunity to review this informed consent form and understand its contents. By signing this informed consent form, I am confirming it accurately reflects my wishes. This authorization will remain in effect for 180 days, unless I revoke it in writing prior to the 180 day term.

_____ _____ _____
Parent/Guardian Printed Name, Signature, Relationship to Child | Witness | Date

I hereby revoke this authorization effective as of this date._____.

_____ _____ _____
Parent/Guardian Printed Name, Signature, Relationship to Child | Witness | Date

NOTE: This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. ORC 5122.31, 45 CFR Part 2, and/or ORC 3701.243 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, their authorized representative or as otherwise permitted by law. A general authorization for release of information is NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Family & Children FIRST Council

Addendum C1

Child & Family Team Confidentiality Agreement

Child's Name: _____ Facilitator: _____

As a participant in the Service Coordination System, I will have access to client protected health information. I understand that client information shared during the Child and Family Team meeting is private and confidential. I understand that any violation of the confidentiality of client protected health information will constitute a violation of HIPPA. Also, I understand I am subject to the civil and criminal penalties defined under HIPPA if I am found to be in violation of the client protected health information. Lastly, I understand that by signing this form, I will be held to this agreement regardless of the status of my participation in the Child and Family Team meetings. We the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending Juvenile Court or other Court action. A written summary of this meeting will be distributed to all participants upon request.

Print Name	Signature Agreeing to Confidentiality	Email Address Phone Number	Relationship to Family (Agency)	Date	Date	Date	Date	Date	Date

Family & Children First Cabinet

Addendum C2

Family Coordination Team Confidentiality Agreement

I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, findings, evaluations, and/or actions taken during today's meeting are **CONFIDENTIAL**. Except as required to carry out the duties of my employment, this information is not subject to disclosure – pursuant to Ohio Revised Code chapters 2305, 2317, 4757, and 5122. I further understand that any breach of this confidentiality is subject to disciplinary action, and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited, and are binding on me even after my involvement with this Family Coordination Team.

Printed Name	Agency	Signature	Date

Family & Children FIRST Council

Addendum D1

Child Strength Assessment

Child's Name: _____

Date of Referral: _____ Date Completed: _____

1. My favorite inside activities are:

2. My favorite outside activities are:

3. My hobbies are:

4. People I look up to are:

5. Thing(s) about me that I'm proud of are:

6. Thing(s) about my heritage or culture that I'm proud of are;

7. Thing(s) that I value:

8. Our family traditions are:

9. Thing(s) I would like to do better are:

10. My favorite TV programs are:

11. What I like about school:

12. What I dislike about school:

13. Tell me about your friends:

14. My favorite time of day, or time of the week is:

15. My favorite music is:

16. My favorite things to read are:

17. Things I do to help my family members:

Family & Children FIRST

Addendum D2

Family Strength Assessment

Family Name: _____

Assessment Date : _____

1. The things that I like most about my children are:

2. My life/my family would be better six months from now if:

3. Tell me about some of your strengths; some things you do well:

4. When was a time in your life when you felt most happy:

5. What activities do you and your family enjoy together? What are some of your best times together?

6. Name some rules that your family has:

7. Who are the people that you call when you need help and/or trust to be there when you need them?

8. What are your family traditions? In which cultural events does your family participate?

9. Are there any special values or beliefs that are important to you?

10. Does your family belong to any part of a faith community? In what way? Would you like to be connected with one?

11. Are you active in your community (social, recreational, civic clubs, volunteer)?

Notes:

Family&Children FIRST Council

Addendum D3

Strengths, Needs & Cultural Discovery

Discovery Date: _____

Child: _____ Parent/Guardian: _____

Household Members:

Full Name	Date of Birth	Relation to Client	School/Employer	Grade

Child & Family History:

Education	
Medical	
Behavioral	
Mental Health Needs	
Court Involvement	
Abuse/Neglect	
Domestic Violence	
Alcohol/Drug Abuse	

Family&Children FIRST Council

Addendum D3

Domain	Strengths	Needs
Family		
Friends		
Emotional		
Medical		
Safety		
Educational		

Family & Children FIRST Council

Addendum D3

Domain	Strengths	Needs
Spiritual		
Cultural (values/traditions and routines)		
Financial		
Legal		
Leisure/Fun		
Housing		

Family&Children FIRST Council

Addendum D3

Mental Health Information

Person	Mental Health Providers	Diagnoses	Medications

Other System Involvement:

Person	System Involved	Contact	

Potential Team Members: (Family, Friends, School, Faith-Based Community, Community Members, agency staff etc.)

Person	Relationship	Contact	

Family&Children FIRST COUNCIL

Addendum D3

Describe why this child/family has been brought to the attention of Service Coordination:

Develop a long range mission: What do you (child/family) need to have a better life? This would be a statement of how a youth and family want their life to be different in the mid to long term (e.g., "We want Bob to remain in school and be included in community and family activities.") The long-range vision should be jointly determined by the youth and the family.

Paperwork Completed:

Date		Date	
	Referral		Strengths, Needs, Culture Discovery
	Release of Information		Receipt of Dispute Resolution Process
	Family Strength Assessment		Safety Plan
	Child Strength Assessment		Individual Family Service Coordination Plan

Family & Children FIRST Council

Addendum E

Individual Family Service Coordination Plan

Family: _____

Service Coordinator: _____

Initial Plan Completion Date: _____

Plan Amendment Dates: _____ _____ _____

_____ _____ _____

Team Members:	
Long Range Mission:	
Need: Short Term Goal #___	Matching Strengths:
Plan for Action/Solution - Responsible Team Member- Timeline	
Ways To Monitor Results:	Resources Needed:

Family & Children FIRST Council

Addendum E

Need: Short Term Goal #___	Matching Strengths:
Plan for Action/Solution - Responsible Team Member-Timeline	
Ways To Monitor Results:	Resources Needed:

Need: Short Term Goal #___	Matching Strengths:
Plan for Action/Solution - Responsible Team Member-Timeline	
Ways To Monitor Results:	Resources Needed:

Family&Children FIRST Council

Addendum E

Need: Short Term Goal #___	Matching Strengths:
Plan for Action/Solution - Responsible Team Member-Timeline	
Ways To Monitor Results:	Resources Needed:

Are the services and supports identified in this plan provided in the least restrictive environment? _____

Comments: _____

_____

_____

_____

_____

Family & Children First Council

Addendum E

Individual Family Service Coordination Plan Signature Page

The following members of the Child and Family Team agree to the following:

1. We agree with the content of this plan.
2. We agree that all non-emergency, out-of-home placements of children receiving care in this plan will occur only after a Child and Family Team meeting has occurred.
3. We agree that in the event of an emergency, out-of-home placement of a child receiving care in this plan, the family will immediately notify the Service Coordinator and the Service Coordinator will initiate a Child and Family Team meeting within 10 days in order to ensure community supports are in place for the family, and to begin planning for the child's return to the home and community.

Parent/Guardian Signature	Relationship to Child	Date
Parent/Guardian Signature	Relationship to Child	Date
Service Coordinator Signature	Agency	Date
Team Member Signature	Agency	Date
Team Member Signature	Agency	Date
Team Member Signature	Agency	Date
Team Member Signature	Agency	Date
Team Member Signature	Agency	Date

Family & Children FIRST Council

Addendum F

Youth & Family Crisis & Safety Plan

Client's Name: _____ Date: _____

Crisis team members: Who is available to help	
Name	Contact Number
Lead	
Other	
Other	
Other	
MH Agency	
Crisis Agency	
Police	

Plan Specify actions to be taken; roles and responsibilities	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	

Monitoring Plan	
Staff member(s)	
Frequency of monitoring	
Type: phone/in person	

_____ _____

Parent/Guardian Signature - Date Youth Signature -Date

_____

Worker Signature - Date

Attachments

Family & Children First Council

Attachment A

Service Coordination Mechanism Review & Revision Participants

Five County Participants

Defiance County Family and Children First Council Coordinator	Julie Voll
Fulton County Family and Children First Council Coordinator	Karen Pennington
Henry County Family and Children First Council Coordinator	Katie Baden
Putnam County Family and Children First Council Coordinator	Amy Sealts
Williams County Family and Children First Council Coordinator	Melissa Rupp
Four County Family Center, Service Coordinator Supervisor	Tonie Ott
Four County ADAMhs Board, CEO	Les McCaslin
Four County Family Center, Director	Kathy Short
Putnam County ADAMhs Board, Executive Director	Michael Ruhe
Putnam County, Pathways Counseling, Director	Robert Williams

Putnam County FCFC Participants

Putnam County FCFC Chair/Dept. Job & Family Services, supervisor	Jennifer Horstman
Putnam County FCFC Vice Chair/Putnam County Board of DD, Superintendent	William Clifford
Family Representative	Cheri Verhoff
Putnam County Help Me Grow, Project Director	Marcie Osborn
Pathways Counseling Center, Director	Robert Williams
Putnam County ADAMhs Board, Executive Director	Michael Ruhe
Putnam County Juvenile Court	Judge Daniel Gerschutz
Putnam County Educational Service Center, Superintendent	Dr. Jan Osborn
Putnam County Health Commissioner	Dr. David Woodruff

Family & Children FIRST Council

Attachment C

Service Coordination Referral Follow-Up Form

Thank you for contacting the Putnam County Family & Children First Council on behalf of your client. We offer the following information regarding your recent referral to service coordination:

Today's Date: _____ Date of Referral: _____

ATTN: _____

Name of child who was referred: _____

Name of child who was referred: _____

Name of child who was referred: _____

Name of Parent(s)/Guardian: _____

Service Coordinator assigned: _____ Date assigned: _____

Service Coordinator contact information: _____

Referral Outcome:

- ☐ Eligible for Service Coordination
- ☐ Eligible for Wraparound
- ☐ Not Eligible
- ☐ The family requested information only at this time.
- ☐ The family was contacted and declined services.
- ☐ We have been unable to reach the family.
- ☐ The family was referred to another agency: _____

Comments:

Signature: _____

Thank you !

Youth and Family Safety Assessment Attachment D

Client Name_____ Date_____

Current Family Members	
Name	Relationship

Medications	Secured	
	☐ Yes	☐ No
	☐ Yes	☐ No
	☐ Yes	☐ No
	☐ Yes	☐ No

Identify Safety Concerns	
Suicide Ideation, Gestures, Attempts	
Violence to others or property	
Self Injurious Behaviors	
Personal Safety (running away)	
Other:	
Other:	

Safety Checklist	
Item (weapons; medications; harmful objects; drugs; ingestible, etc.)	Safety Measures Taken

What might trigger a safety concern?	
Drugs/ Alcohol	
Medication	
Family Conflict	
Trauma	
Peers	
Other	

Supports: (Who and what is helpful?)
1)
2)
3)
4)
5)

Family & Children First Council

Attachment E

Wraparound Phases & Guiding Principles

Fidelity to the wraparound process requires effort on the part of the team to intentionally engage in activities that are consistent with the ten guiding principles and four phases of the wraparound process. We adopt the application of the wraparound process from the National Wraparound Initiative and the following ten principles and four phases are referenced from their work.

Ten Principles of Wraparound

1. Family Voice and Choice
   Child and family perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

2. Team Based
   The Child & Family Team consists of individuals agreed upon by the family and committed to them through informal, formal and community support and service relationships.

3. Natural Supports
   The Child & Family Team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The Individual Family Service Coordination Plan reflects activities and interventions that draw on sources of natural support.

4. Collaboration
   Child & Family Team members work cooperatively and share responsibility for developing, implementing, monitoring and evaluating the Individual Family Service Coordination plan. The plan reflects a blending of team members' perspectives, mandates and resources. The plan guides and coordinates each team member's work toward meeting the team's goals.

5. Community-based
   The Child & Family Team implements service and support strategies that take place in the most inclusive, most responsive, most accessible and least restrictive settings possible; and that safely promote child and family integration into home and community life.

6. Culturally competent
   The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture and identity of the child and family and their community.

Family & Children FIRST Council

Attachment E

Wraparound Phases & Guiding Principles

7. Individualized
   To achieve the goals laid out in the Individual Family Service Coordination Plan, the team develops and implements a customized set of strategies, supports and services.

8. Strengths Based
   The wraparound process and the Individual Family Service Coordination Plan identify, build on and enhance the capabilities, knowledge, skills and assets of the child and family, their community and other team members.

9. Persistence
   Despite challenges, the Child & Family Team persists in working toward the goals included in the Individual Family Service Coordination Plan until the team reaches agreement that a formal wraparound process is no longer required.

10. Outcome Based
    The Child & Family Team ties the goals and strategies of the Individual Family Service Coordination Plan to observable or measurable indicators of success, monitors progress in terms of these indicators and revises the plan accordingly.

Four Phases of Wraparound

Phase One: Engagement & Team Preparation
The Service Coordinator meets with the family to discuss the wraparound process and listen to the family's story. The family discusses their concerns, needs, hopes, dreams and strengths. The family describes their vision for the future. The family identifies people who care about their family as well as people they have found helpful for each family member. An agreement is reached between the Service Coordinator and the family about who will come to a meeting to develop a plan and where the meeting should take place.

Phase Two: Initial Plan Development
The first Child & Family Team meeting is held with the family, Service Coordinator and people who are providing services to the family as well as people who are connected to them in a supportive role. The team will:

- Create a mission statement about what will be worked on together.
- Look at the family's needs.
- Come up with several different ways to meet those needs that match up with the family's strengths.
- Different team members will take on different tasks that are agreed on.

At the conclusion of the first meeting, everyone will leave knowing what they have to do and how to contact other team members.

Phase Three: Plan Implementation

Family & Children First Council

Attachment E

Wraparound Phases & Guiding Principles

Based on the planning meetings, the team has created a written plan of care (Individual Family Service Coordination Plan). The Child & Family Team has committed to some actions steps, team members are committed to do the work and the team comes together regularly. When the Child & Family Team meets, they do the following four things:

- Review their accomplishments (what has the team done and what's been going well);
- Assess whether the plan has been working to achieve the goals;
- Adjust things that are not working within the plan;
- Assign new tasks to team members.

Phase Four: Transition

Even though transition happens throughout the process, there is a point when the Child & Family Team will no longer need to meet regularly. Completion will involve a final meeting of the Child & Family Team. The Service Coordinator will prepare a record of what was done as well as a list of what worked and delivers this to the family. A plan for the future is created, including who the family can call on if they need to re-convene their Child & Family Team.

Family & Children FIRST Council

Attachment F

Family Coordination Team Memorandum of Understanding

I hereby agree to be a member of the Putnam County Family Coordination Team for the period July 1, 2010 to June 30, 2011. By doing so I agree to attend and participate in the monthly Family Coordination Team meetings for the purpose of monitoring the needs, progress and resource requests of families being served through the Family & Children First Council's County Service Coordination Mechanism. If I am unable to participate in meetings for an extended amount of time, I will work with the director of my agency to find a suitable replacement for my role on the Family Coordination Team. I understand that client-specific, confidential information pertaining to the child and/or family will be shared during these meetings and that my knowledge of, or receipt of this information, must be kept confidential at all times.

Name	Agency/Role	Signature

Family & Children First Council

Attachment G

Service Coordination Transition & Discharge Plan

Youth: _____ Discharge Date: _____

Completed by: _____

Long Range Vision:

_____

_____

Summary of progress toward identified needs/goals:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

4. _____

_____

_____

Are ongoing community services needed? Y or N
If so, where was the family referred?

_____

_____

What, if any, were the barriers impeding the family from meeting their needs/goals?

_____

_____

Total budget spent through Family & Children First Council: $ _____
Resources purchased: _____

_____

Comments/Notes:

Family&Children FIRST COUNCIL

Attachment H

Risk and Protective Factors Checklist

Child's Name: _____ Date: _____

Coordinator's Name: _____ County: _____

1) Is the youth currently in home?

Yes No

2) Has the youth been maintained in the home since completion of the previous Risk and Protective factors checklist?

Yes No

3) If no, was the child placed in:

- ☐ Foster Care
- ☐ JDC
- ☐ DYS
- ☐ Other _____

4) What were the dates that the child was not living in their home/community?

From: _____ To: _____

Family & Children FIRST Council

Attachment H

Risk and Protective Factors Checklist

Child's Name: _____ Date: _____

	Risk Factors	Protective Factors
Individual	☐ Aggressive interactions ☐ High impulsivity ☐ Trauma history ☐ Lacks future orientation ☐ Poor self-regulation skills (anger, emotion, etc) ☐ Low harm avoidance; risk & sensation seeking ☐ Previous self harm ideation or behaviors ☐ Drug use: favorable attitudes/early use ☐ Physical Health Concerns (diabetes, etc) ☐ Developmental Concerns (autism spectrum disorders, learning disabilities, etc) ☐ Medication (non-compliance, no psychiatric)	☐ Giving back to the community ☐ Futures orientation ☐ Hopefulness ☐ Motivated to change ☐ Effective communication skills ☐ Conflict resolution; mediation skills ☐ Emotional regulation skills ☐ Knowledge of triggers & relapse preventions skills ☐ Physically healthy & active ☐ Abilities & talents _____ ☐ Medication compliant
	☐ **Individual Risk Factors Total**	☐ **Individual Protective Factors Total**
Family	☐ Low parental monitoring & supervision ☐ Parental substance use ☐ Parental mental health issues ☐ Family violence ☐ High family conflict ☐ Low family bonding ☐ Lack of rules, structure, accountability ☐ Inconsistent or harsh discipline ☐ Basic needs unmet (housing, food, utilities, etc) ☐ Lack of physical or emotional safety	☐ High monitoring, supervision, structure ☐ Supportive relationships & strong bonds ☐ Positive communication ☐ Realistic expectations & accountability ☐ Clear rules and consistent consequences ☐ Available & accessible family supports ☐ Adequate resources ☐ Regular family activities ☐ Stable housing ☐ Physical & emotional safety ensured
	☐ **Family Risk Factors Total**	☐ **Family Protective Factors Total**
Peers & Activities	☐ Negative peer influences (drug use, gangs) ☐ Weak conventional ties (schools/community) ☐ Unsupervised, unstructured time and activities ☐ No positive activities	☐ Pro-social peers ☐ Peers attend school/community events ☐ Organized activities with adult supervision ☐ Asset-enhancing activities
	☐ **Peers Risk Factors Total**	☐ **Peers Protective Factors Total**
School	☐ Poor attendance/truancy ☐ Failure in school/poor school performance ☐ Unrealistic/unachievable expectations (school) ☐ Lack of positive connections in school ☐ Behavioral problems at school ☐ Lack of school credits (falling behind) ☐ Low commitment to school ☐ School placement does not meet educational needs	☐ Positive youth & parental involvement ☐ Accommodations matched to need ☐ Positive & caring school climate ☐ Realistic & achievable expectations (school) ☐ Clear rules & consequences ☐ On schedule to graduate ☐ Good fit with school placement ☐ Positive relationships with school
	☐ **School Risk Factors Total**	☐ **School Protective Factors Total**
Community	☐ Poverty ☐ Restricted opportunity for positive involvement ☐ Density of delinquent peers ☐ Violence in neighborhood ☐ Drug use/selling in neighborhood	☐ Positive adult role models (mentors, etc) ☐ Faith connections ☐ Opportunities to give back ☐ Neighborhood monitoring & supports ☐ Structured & monitored activities available
	☐ **Community Risk Factors Total**	☐ **Community Protective Factors Total**
Totals	☐ **Risk Factors Total**	☐ **Protective Factors Total**

Family&Children FIRST Council

Attachment I

Service Coordination Dispute Resolution Request

County: _____ Date: _____

Date of Dispute: _____

Type of Dispute: _____ Agency/Agency
_____ Family/FCFC-Service Coordinator
_____ Family/Agency

Level of Dispute: _____ Emergent (file form within 3 days of dispute)
_____ Non-emergent (file form within 7 days of dispute)

Name of Service Coordination Consumer: _____

Person completing form: _____ Agency/Role: _____

Phone: _____ Relationship to family: _____

Involved Agencies:

_____ _____

_____ _____

_____ _____

Specific Complaint: _____

_____

_____

_____

Proposed Solution: _____

_____

_____

_____

Action previously taken toward resolution: _____

_____

_____

_____

Family&Children FIRST Council

Attachment I

Service Coordination Dispute Resolution Request

Date form submitted to FCFC Coordinator: _____

Return completed form to: Amy Sealts, Putnam County Family and Children First Council Coordinator
124 Putnam Parkway, Ottawa, OH 45875
Phone: 419-523-5951 Fax: 419-523-6126

FCFC Coordinator Completes the Following

Date of Family Coordination Team Review: _____

Date of FCFC Steering Committee Review: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Complaint Resolution: _____

_____

_____

_____

Date written resolution issued to family/agency: _____

Family & Children FIRST COUNCIL

Attachment I

Service Coordination Dispute Resolution Request

Unresolved Complaint/Juvenile Court Referral: The decision of the presiding Juvenile Court Judge is considered the final step in the Dispute Resolution Process.

Date referred to Juvenile Court (with supporting documentation): _____

Ruling (attach documentation): _____

_____

_____

_____

_____ _____

FCFC Coordinator Signature Date

Family&Children FIRST Council

Attachment J

Dispute Resolution Review

County: _____ Date: _____

Child's Name: _____ Date of Birth: _____ Gender: M F

School District: _____ School Attending: _____ Grade: _____

Parent/Guardian: _____

Address: _____ City, State, Zip: _____

Medicaid Eligible: _____ Yes _____ No Medicaid Provider: _____

Current Child and Family Team Members	Relationship (Agency/Organization)

Team Functioning Barriers/ Limitations: _____

Mental Health Diagnosis: _____

Mental Health Assessment attached: _____ Yes _____ No

Date Completed: _____ Agency: _____

Other Assessments Completed: _____

Current Medications: _____

Physician/Psychiatrist: _____

Physical/Medical Concerns: _____

Family & Children First Council

Attachment J

Dispute Resolution Review

Current services being received: _____

_____

_____

_____

Exhausted Community Resources: _____

_____

_____

Current Needs of Youth/Family: _____

_____

_____

Available Resources: _____

_____

_____

Barriers for the Youth/Family: _____

_____

_____

Desired Outcome for the Youth/Family: _____

_____

_____

Placement History

Dates of Placement	Location of Placement	Provider(s) of Funding

Family & Children First Division

Attachment J

Dispute Resolution Review

Criminal History: _____

_____

_____

Mental Health Treatment History: _____

_____

_____

Educational History: _____

_____

_____

Other significant information: _____

_____

_____

Family Coordination Team Recommendations: _____

_____

_____

FCFC Coordinator Completes the following

Date of FCFC Steering Committee Review: _____

FCFC Steering Committee Recommendations: _____

_____

_____

_____

Date written resolution issued to family/agency: _____

_____ _____

FCFC Coordinator Signature Date

Family&Children FIRST COUNCIL

Attachment K

Family Rights in the Dispute Resolution Process

Child's Name: _____ DOB: _____

Initial

_____ I have received a copy of the Putnam County Family & Children First Council's Service Coordination Dispute Resolution Process and it has been explained to me so that I know what to do if I have a concern with my service coordination process.

_____ _____

Parent/Guardian Signature Relationship to Child

_____ _____

Witness Date