

2013

**Service Coordination
Mechanism**



Family & Children
FIRST COUNCIL

Defiance County

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INTRODUCTION

The Ohio Family & 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.

The persons involved in the review and revision of this Mechanism include the Defiance County Family & Children First Council Coordinator and the Defiance County Family & Children First Council Steering Committee.

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 traditional 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 community 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 children and 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 process by way of 'Service Coordination Mechanism 101' training. Scheduled trainings will be announced at Defiance County Family & Children First Council meetings and on their website.

TARGET POPULATION

The target population includes any child age 0 through 21 with multi-systemic needs who is a Defiance County resident and whose service and support needs are not being adequately met while seeking assistance outside of the Service Coordination Mechanism.

If the needs for other interventions can be identified prior to court involvement, services are put in place to meet those needs.

Through monitoring and tracking the service coordination process, service gaps will be identified, successful services identified and cross-system coordination analyzed to determine both strengths and weaknesses. This information will be reviewed annually by the Defiance County Family & Children First Steering Committee to guide Defiance County Family & Children First Council's decision-making process on how to improve the local service delivery system.

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 policies, procedures and rules. When a child is involved in

both HMG and service coordination through Family & Children First Council, the main provider of service coordination should be HMG to assure compliance with Ohio Revised Code 3701.61.

REFERRAL PROCESS

Any family with a child in the target population may access the county Service Coordination Mechanism through Defiance County Family & Children First Council (FCFC). This includes, but is not limited to, agencies, schools, juvenile justice and families voluntarily seeking services.

To initiate the service coordination process, a complete Service Coordination Referral form (Addendum A) and Informed Consent for Release & Exchange of Information (Addendum B1) must be made to the Family & Children First Council Coordinator. The Family & Children First Council Coordinator's contact information is as follows:

Defiance County Family & Children First Council Coordinator
Julie Voll
1300 East Second St., Suite 100, Defiance, OH 43512
419-782-6934
jvoll@defiance-county.com

The following are appropriate referrals to Service Coordination Mechanism:

- 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 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 the family. If these attempts have not yielded the needed 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 the referral meets one or more of the above listed criteria, an agency and/or family may make a referral to the Family & Children First Council (FCFC) Coordinator, who will determine the appropriateness of the referral.

If a referral is received from an agency, the FCFC Coordinator will communicate the appropriateness of the referral to that agency within 48 hours (excluding weekends and holidays) of referral receipt. The referral agency will be assigned as the lead agency. The lead agency will make verbal or written contact with the family within three business days of assignment to notify them of referral acceptance. To begin the process of determining the appropriate level of care, an initial family meeting will be established at the earliest mutually convenient time and location, not to exceed ten business days from the lead agency's notification of referral acceptance with the family, unless other arrangements are made that are satisfactory with the family.

If a family self-refers, the FCFC Coordinator will communicate the appropriateness of the referral to the family within 48 hours (excluding weekends and holidays) of referral receipt. The FCFC Coordinator will be assigned as the temporary lead agency. The FCFC Coordinator will make verbal or written contact with the family within three business days of assignment. To begin the process of determining the appropriate level of care, an initial family meeting will be established at the earliest mutually

convenient time and location, not to exceed ten business days from the lead agency's initial contact with the family, unless other arrangements are made that are satisfactory with the family.

***Please note:** Defiance County Family & Children First Council may accept or deny referrals for service coordination. 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 Defiance County 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

An information and referral level of care is issue-focused. The family is stable with natural and community supports and they are seeking short-term/single agency information and referral. The issues presented by the family can be resolved by traditional services through a single agency.

Level 2 – Service Coordination

The focus of the service coordination level of care can be the child or family. The child and/or family presents a minimal, moderate or significant level of safety needs as identified by the safety assessment (Addendum F) and may need brief crisis stabilization. The multiple needs of the child and/or family require collaboration among service providers to effectively meet their needs by tailoring or modifying an available service, significantly adapting or expanding a current service or the creation of a new service or support.

***Please note:** Less intensive or intrusive options may be available and more appropriate and these community options/supports will be pursued before service coordination is initiated. The Service Coordination Mechanism will support the least intrusive response, while still adequately addressing a family's needs.*

CONFIDENTIALITY

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 Informed Consent for Release & Exchange of Information (Addendum B1 & B2) will have consent 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; Family Coordination Team Confidentiality Agreement Addendum C2) which details an agreement that persons present understand all identifying and personal family information disclosed through the Individual Family Service Plan or Child & Family Team meeting discussion 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.

ASSESSING A FAMILY'S STRENGTHS, NEEDS AND CULTURE

An initial face-to-face meeting will be held for the lead agency (temporary or permanent) to become familiar with the child and/or family and to begin the discovery of strengths, needs and culture. Either the Child Strengths Assessment or Family Strengths Assessment form (Addendum D1 or Addendum D2) will be used to collect and document child and/or family strengths, needs, and cultural 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. The information gathered in Child Strengths Assessment and/or Family Strengths Assessment form will be used to complete the Strengths, Needs, Cultural Discovery tool (Addendum D).

HOW A FAMILY CAN INITIATE A MEETING AND INVITE SUPPORT PERSON(S)

If the family determines they would like to invite a support person(s) (parent advocate, mentor or another family member 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. If the family would like to initiate an additional meeting(s) to continue the development or review of their individual family service coordination plan, they may do so by contacting their lead agency.

NOTIFICATION FOR ALL INDIVIDUAL FAMILY SERVICE COORDINATION PLAN MEETINGS

After the initial assessment, the lead agency and family will work together to schedule the meeting date/time/location of the first team planning meeting. Consideration of family needs and limitations will be made in determining the location of the meetings. The lead agency will notify agency staff, school representatives and/or other parties involved in the Child & Family Team meeting.

If the family has self-referred, a lead agency other than the FCFC will be identified and assigned at the first team planning meeting.

DEVELOPING AN INDIVIDUAL FAMILY SERVICE COORDINATION PLAN (IFSCP)

Every family identified as appropriate for service coordination 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 lead agency works with the family to identify formal and informal supports that can be utilized for Child and Family Team composition.

To develop an IFSCP, the following process is followed:

- Review and add to the child/ family strengths, needs and culture discovery.
- Create a team mission statement that describes what the team hopes to accomplish through the IFSCP process.
- Identify and record needs statements for child or individual family members.
- Prioritize needs that will help the child and/or family team realize their mission statement.
- Brainstorm for strategies to meet the chosen needs.
- Develop action steps/solutions to meet the strategies.
- Select team members to follow-up on action steps.
- Identify an outcome/result for each strategy.
- Identify resources needed.

OUT-OF-HOME PLACEMENT

A Child and Family Team meeting must occur as soon as reasonably possible once it is known that a child in service coordination may be placed outside their home to assure that all alternatives to out-of-home placement have been explored and exhausted.

If a child is in emergency placement, a Child and Family Team meeting will take place within ten days of the placement to review the child's existing Individual Family Service Coordination Plan (IFSCP) or to create a plan if there is not one already in place. It also provides the opportunity to plan for community supports for the family while the child is in placement and plan for community supports needed for when the child returns to the home and community. The Child and Family Team is to assure services are being

parent will be responsible for monitoring the implementation of the IFSCP and will reconvene the group as needed to update or modify the plan. The Team Facilitator works collaboratively with other systems' case 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 FAMILY TEAM MEMBER TO TRACK PROGRESS, SCHEDULE & FACILITATE MEETINGS

The lead agency typically facilitates the Child and Family Team. 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 their facilitator. However if the family objects, the Child and Family Team will work with the family to select an appropriate facilitator.

The facilitator's responsibilities include tracking progress, assigning responsibilities and scheduling meetings. They will assure progress updates are made to the FCFC Coordinator for the monthly Family Coordination Team meetings.

HOW PLANS ENSURE SERVICES ARE RESPONSIVE TO THE FAMILY'S STRENGTHS, NEEDS, CULTURE, RACE AND ETHNICITY AND ARE PROVIDED IN THE LEAST RESTRICTIVE ENVIRONMENT

The lead agency 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.

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

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 types of cases:

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 not yet involved with the juvenile court system should take the following actions:

- 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.

The agency filing the complaint will be responsible for the above process. If, after this process has been executed and exhausted, the child is still not responding, the child should then be referred on to the above-cited service coordination mechanism referral process. Any child at-risk for becoming involved with the juvenile justice system is also at-risk of being removed from the home as juvenile detention facilities pose a constant risk for removal.

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 to children who are involved in service coordination (level of care 2) under the Defiance County 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 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 and 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 required to sign a memorandum of understanding (Attachment A) 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 their 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. Lead agencies 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 and FCFC Chair will determine if and when an emergency meeting is needed and notify other members.
- The FCFC Coordinator will maintain a file 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 & Mission Information form, and 4) initial Individual Family Service Coordination Plan (IFSCP). All other family information will be maintained by the lead agency assigned to the family.
- Minutes/notes will be maintained at all meetings and kept at the FCFC office.
- Lead agencies will be asked to provide requests for funding in a timely manner as needed to prepare the agenda.
- Each request for funding will be reviewed by the FCFC Coordinator to ensure the funding request aligns with a goal on the family IFSCP.

PROCESS AND COMPONENTS OF THE IFSCP

The overall description of the process and individual components of the Individual Family Service Coordination Plan (IFSCP) are:

- Referral and Informed Consent for Release & Exchange of Information submitted

- Initial contact with family; immediate crisis plan developed
- Level of care determined
- Family Strengths Assessment and Child Strengths Assessment completed
- Strengths, Needs, Cultural Discovery process
- Risk & Protective Factors Checklist completed (Attachment B)
- Child and Family Team developed
- IFSCP development, including a Youth and Family Safety Plan
- Plan implementation
- Monitor and assess the plan, making adjustment when needed
- Plan for transition
- Discharge

MONITORING IFSCP PROGRESS AND OUTCOMES

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.

Service coordination will be a standing agenda item on all Defiance County Family & Children First Council meetings. Family outcomes will be reported annually 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 includes:

- Children in-home
Lead agencies will be asked to provide data to the FCFC Coordinator in a timely manner as needed to prepare the annual report. The FCFC Coordinator will submit an annual report (encompassing the state fiscal year, July-June) to the Defiance County Family & Children First Council including the following data: total families served, family advocate usage, age range of indentified child enrolled, intake needs, linkage to primary care physician, utilization of Family Centered Services & Supports funding (including service category), out-of-home placements and exit summary.
- Children out-of-home
Progress toward identified goals, appropriateness of placement and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education are monitored and tracked. 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.

DESIGNATING SERVICE/SUPPORT RESPONSIBILITIES

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 Team Facilitator and/or

ESTABLISHING TIMELINES FOR COMPLETING FAMILY TEAM GOALS

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.

INCLUDING CRISIS AND SAFETY PLANS IN IFSCP

An immediate Youth and Family Safety Plan (Addendum F) will be developed even before the Child and Family Team first meets. During later phases of planning, the Child and Family Team will work together to develop an effective safety plan which also addresses who can help the family in times of crisis. 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 easily refer to when needed.

After each 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, and all members who are not present must be informed immediately.

TRANSITION PLANNING & DISCHARGE

When the Child and Family Team reaches consensus that the family's long range mission and goal(s) are close to being completed, or completed, it is time to transition the family from services. The lead agency will work with the family to develop a transition and discharge plan (Attachment C) 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 the total amount of funds allocated to the family through Family & Children First Council. The transition plan is shared with the Child and Family Team and a copy is given to the family for reference if future reentry into a system of care is needed. At this time the family is discharged. The lead agency will make phone contact with the family three months following discharge.

FISCAL STRATEGIES

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 or transitional services. The lead agency will bring the request for fiscal or other resources to the Family Coordination Team. Funding may include, but is not limited to: 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 shared funding.

Funding to meet the needs identified in an IFSCP will be determined on a case-by-case basis. All available county resources will be considered including sharing, blending or braiding resources to meet the needs of the child and family. This improves flexibility and allows the county to be fiscally responsible and maximize local, state and federal funds.

While our long-term vision would be to reallocate funds from institutional services to community-based, preventative and family-centered services, this is not currently in practice because there is not a realistic tracking method.

Family Centered Services and Supports (FCSS) funding is designed to meet the unique needs of children and families identified in their Family & Children First Council service coordination plan. Children and youth can be considered for FCSS funding 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. These dollars cannot be used for clinical services, or to supplant existing funds allocated to support the multiple needs of children and families. The current fiscal year FCSS guidance document will be used to help in determining program guidelines and requirements.

QUALITY ASSURANCE OF SERVICE COORDINATION MECHANISM

The monitoring of the Service Coordination Mechanism will be performed annually by the Defiance County Family & Children First Steering Committee to consistently monitor fidelity and provide valuable input to the service coordination mechanism process. This will ensure children and families are receiving care consistent with Family & Children First Council obligations in ORC 121.37. Any necessary changes to the Mechanism will be recommended to Council when appropriate.

DISPUTE RESOLUTION PROCESS

The Defiance 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, every attempt is made to resolve that conflict with the individual or agency. If this attempt cannot resolve the dispute, the dispute resolution process can be initiated.

The dispute resolution process shall be used to: 1) resolve disputes with early intervention Help Me Grow services; 2) resolve disputes among the agencies represented on the Defiance County Family & Children First 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 Defiance County Family & Children First Council regarding Service Coordination Mechanism process, including children and families eligible for Help Me Grow, but not eligible for early intervention services.

Each family will be notified in writing of their right to utilize the dispute resolution process (Attachment D or HMG state issued form). 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. Each agency represented on the Defiance County Family & Children First Council (FCFC) that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process. These rights shall not be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

HELP ME GROW EARLY INTERVENTION SERVICES DISPUTES

Parents of infant or toddlers (hereinafter: parent) have the right to file a complaint about HMG early intervention services from the time of program referral throughout participation in HMG early intervention.

Parents have the following two choices to make a complaint:

1. Contact Defiance County Family & Children First Council (FCFC) regarding Defiance County early intervention services
2. Contact the Ohio Department of Health (ODH)

If the parent chooses to make a complaint through FCFC regarding the provision of Defiance County Help Me Grow early intervention services, the following procedure will be utilized:

1. Submit a complete complaint. The complaint must include the following information to be considered complete.
 - The name of the child and the name of the early intervention provider serving the child.
 - A written statement describing the nature of the complaint and the facts on which the statement is based.
 - Contact information of parent.
 - Signature of parent.
 - A proposed resolution of the complaint.
2. Submit a complete complaint. The Defiance County FCFC Coordinator is designated as the Council's liaison for the receipt of complaints; the FCFC Coordinator's contact information is as follows:

Defiance County Family & Children First Council
Julie Voll
1300 East Second St., Suite 100, Defiance, OH 43512
Phone: 419-782-6934
Fax: 419-782-5091
jvoll@defiance-county.com

3. Defiance County FCFC Coordinator will notify the Ohio Department of Health (ODH), Bureau for Children with Developmental & Special Health Care Needs, of the complaint in writing (via email or fax) within 7 (seven) calendar days.
4. Defiance County 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.
5. The investigation of the complaint will include at least the following:
 - Conduct an on-site investigation as determined necessary;
 - 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.
6. The assigned investigator(s) will submit their findings in writing to the FCFC Coordinator. Defiance County 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.

7. If Defiance County FCFC determines there was a violation, Defiance County 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.

The parent has the right to make a complaint to the Ohio Department of Health at any time during the resolution process with Defiance County FCFC.

If the parent chooses to make a complaint through the Ohio Department of Health, Ohio Administrative Code rule 3701-8-10 will be followed. The parent may request an investigation, mediation or due process hearing to resolve the complaint. To file a complaint through the Ohio Department of Health, the parent may contact Ohio Department one of following ways.

Ohio Department of Health
Bureau for Children with Developmental & Special Health Care Needs
Help Me Grow
246 N. High St., Columbus, OH 43215
Phone: 614-644-8389
beis@odh.ohio.gov

Regardless of which option the parent chooses to file a complaint, the complaint must allege a violation occurred not more than one year prior to the date the complaint is received. During the resolution process, the child shall continue to receive early intervention services which were being provided at the time of the complaint, unless the service provider and the parent agree to an alternative, which would be documented in a written statement.

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 Defiance County Family & Children First Council may initiate this local dispute resolution process. 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 E) to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute should be submitted with this request.
2. Upon receipt of the agency request to utilize dispute resolution, a meeting between the Defiance County 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 Defiance County FCFC Steering Committee. The disputing agency will prepare a presentation for the Defiance County 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 of that agency. Each Defiance County 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 Defiance County 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. When the provision of services cannot be resolved through the designated dispute resolution process, the final arbitrator will be a Juvenile Court Judge. Or, if the disputing agency disagrees with the decision of the Defiance County Family & Children First Council Steering Committee, the disputing agency has the right to request the dispute be reviewed by the Juvenile Court Judge as the final arbitrator. The complainant must file a request with the Juvenile Court within 7 calendar days of receipt of the responses to have the dispute to be decided upon by the final arbitrator. Upon the request of the complainant, the FCFC Coordinator will assist in gathering all documentation regarding the dispute, including, but not limited to the Dispute Resolution Request and supporting documentation, responses made by the Defiance County FCFC Steering Committee, treatment information, and other relevant information. The presiding Judge will issue a written, binding ruling.

NON-EMERGENT DISPUTES BETWEEN PARENT/GUARDIAN AND FCFC

A non-emergent dispute is 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 E) to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute should be submitted with this request.
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 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 or an advocate.
3. At the meeting with the Family Coordination Team, the family will present information regarding the nature of the dispute and identify specific issues that are requested to be resolved. A Dispute Resolution Intersystem Assessment form (Attachment F) 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 written response to the Defiance County FCFC Steering Committee regarding the issues identified in the dispute.
4. Defiance County FCFC Steering Committee will meet within 7 days of Family Coordination Team meeting to review the responses drafted to the family. The Defiance County FCFC Steering Committee will either approve or reject the responses in writing. In the event that the Defiance County 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 Defiance County FCFC Steering Committee rejects the responses of the Family Coordination Team the Defiance County FCFC Steering Committee becomes responsible for preparing the responses to the family. These responses will be written the day of the Defiance County 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. 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 receipt of the responses to have the dispute to be decided upon by the final arbitrator. Upon the request of the complainant, the FCFC

Coordinator will assist in gathering all documentation regarding the dispute, including, but not limited to the Dispute Resolution Request and supporting documentation, the Intersystem Assessment form, responses made by the Family Coordination Team and the Defiance County FCFC Steering Committee, treatment information, and other relevant information. The presiding Judge will issue a written, binding ruling.

EMERGENT DISPUTES BETWEEN PARENT/GUARDIAN AND FCFC

An emergent dispute is 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. Defiance County FCFC Steering Committee 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 E) to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute should be submitted with this request.
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 or an advocate.
3. At the meeting with the Family Coordination Team, the family will present information regarding the nature of the dispute and identify specific issues that are requested to be resolved. A Dispute Resolution Intersystem Assessment form (Attachment F) 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 written response to the Defiance County FCFC Steering Committee regarding the issues identified in the dispute.
4. Defiance County FCFC Steering Committee will meet within 3 days of Family Coordination Team meeting to review the responses drafted to the family. The Defiance County FCFC Steering Committee will either approve or reject the responses in writing. In the event that the Defiance County 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 Defiance County FCFC Steering Committee rejects the responses of the Family Coordination Team, the Defiance County FCFC Steering Committee becomes responsible for preparing the responses to the family. These responses will be written the day of the Defiance County 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. 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 receipt of the responses to have the dispute to be decided upon by the final arbitrator. Upon the request of the complainant, the FCFC Coordinator will assist in gathering all documentation regarding the dispute, including, but not limited to the Dispute Resolution Request and supporting documentation, the Intersystem Assessment form, responses made by the Family Coordination Team and the Defiance County

FCFC Steering Committee, treatment information, and other relevant information. The presiding Judge will issue a written, binding ruling.

OHIO FAMILY & CHILDREN FIRST CABINET COUNCIL INVOLVEMENT IN DISPUTE RESOLUTION

When requested, the Ohio Family & Children First (OFCF) Cabinet Council (CC) will provide an administrative review of unresolved local disputes regarding conflicts among parents, agencies, and/or councils pertaining to the county council service coordination process or decisions made during the individual family service coordination process. The dispute must be concerning a decision made or a process proposed or implement during a phase of the county service coordination process regarding a family or child who is formally involved in the county Family & Children First service coordination. This includes a disagreement regarding the denial of acceptance of a family into the county service coordination process. Agencies, providers, or parent/legal guardians who have participated on a family service coordination plan team may request a dispute resolution review. The OFCF Service Coordination Committee will review such requests and make recommendations to the CC for its review and approval. With CC approval, the OFCF will respond, in writing to the county council requests for dispute resolution review within 30 days of the receipt of the request by the State Service Coordination Committee.

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 early intervention 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.



Defiance County Service Coordination Referral Form

FCFC to complete: Date of Referral: _____

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

Address: _____ City, State, Zip: _____

School District: _____ School Attending: _____ Grade: _____

Child's Diagnoses: _____

Father: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Mother: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Legal Custodian: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Siblings in the home/ages: _____

Referring Agency: _____ Person Referring: _____

Phone: _____ Fax: _____ Email: _____

Reason(s) for referral:

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

Presenting Issues/Safety Concerns: _____

Child's need(s) as of referral date (check all that apply):

- Alcohol/Drug
- Delinquent
- Physical Health
- Unruly
- Autism Spectrum Disorder
- Developmental Disabilities
- Poverty
- Child Abuse
- Help Me Grow
- Primary Care Physician (PCP-not established with)
- Child Neglect
- Mental Health
- Special Education

If PCP not checked above, who is PCP? _____ Date last seen for well-check? _____

Child & Family Concerns; check all that apply:	Provide information for all checked areas. <small>Indicate family member concern applies to.</small>
Other children age 5 & under in the family (How many)	
History/Current Alcohol Abuse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
History/Current Drug Abuse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
Mental Health Issues <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
Child involved in counseling (Where)	
Other family members involved in counseling (Who/where)	
Physical/Sexual/Emotional Abuse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver	
Domestic Violence (Explain concerns)	
Placement Concerns <input type="checkbox"/> Foster <input type="checkbox"/> Relative (Explain concerns)	
Housing Concerns (Explain concerns)	
Educational Concerns <input type="checkbox"/> Truancy <input type="checkbox"/> SED <input type="checkbox"/> IEP/504 <input type="checkbox"/> Expulsion	
Behavioral Concerns (Who/explain concerns)	
Child Protective Involvement (Caseworker)	
Juvenile Court Involvement (Charges)	
Child is Medicaid eligible	



Informed Consent for Release & Exchange of Information Defiance County

I hereby give permission to release and exchange information regarding those individuals listed below for whom I have legal authority to act. The purpose of this release and exchange of information is for referral to Family & Children First Council for service coordination.

Printed Name	Date of Birth

I hereby give permission to release or exchange information with the two following agencies for the purpose outlined above.

	Defiance County Family and Children First Council
	Referring Agency:

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 above authorized 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. The information released is for professional purposes only. Only the minimum amount of information needed to achieve the stated purposes 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 Family Coordination Team in the county selected above 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 Family Coordination Team in the county selected above 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 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.

Informed Consent for Release & Exchange of Information Defiance County

I hereby give permission to release and exchange information regarding those individuals listed below for whom I have legal authority to act. The purpose of this release and exchange of information is for the following functions of Defiance County Family & Children First Council service coordination:

1. Review by an interagency group, Family Coordination Team. The Family Coordination Team reviews referrals for assignment to appropriate level of care, allocates resources and monitors case progress.
2. Knowledge of your case for implementation of your service coordination plan by your Child & Family Team members.

Printed Name	Date of Birth

I hereby give permission to release or exchange information with the following agencies for the purposes outlined above. I understand designated representatives from some or all of these agencies may attend the Family Coordination Team meetings and my Child & Family Team meetings and by their participation they will have access to private health information regarding the individuals listed above. I understand these agency representatives are required to sign a confidentiality of protected health information agreement. ***Agencies listed in bold are potential Family Coordination Team members.**

Defiance County Family and Children First Council		NW OH Educational Service Center/ Independence Education Center
Defiance County Board of Developmental Disabilities		Ohio Department of Youth Services
Defiance County Health Department		Referring Agency:
Defiance County Job & Family Services		
Defiance County Juvenile Court/CASA Representatives		
Defiance County Juvenile Probation		
Defiance City/County Schools		
Four County ADAMhs Board		

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 above authorized 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. The information released is for professional purposes only. Only the minimum amount of information needed to achieve the stated purposes 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 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 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.



Strengths, Needs & Cultural Discovery

Identified Child: _____ Discovery Date: _____
 Address: _____ City, State, Zip: _____
 Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____
 Email: _____

Household Members:

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

Child & Family History:

Educational Concerns	
Medical Concerns	
Behavioral Concerns	
Mental Health Concerns	
Court Involvement	
Abuse/Neglect	
Domestic Violence	
Alcohol/Drug Abuse	

Domain	Strengths	Needs
Family		
Friends		
Emotional		
Safety		
Spiritual		
Medical		
Notes		

Domain	Strengths	Needs
Educational		
Leisure/Fun		
Financial		
Legal		
Residence		
Notes		

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

Comment on family culture/values/traditions/routines:

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.

Additional Comments:

Child Strength Assessment

Child's Name: _____

Date of Referral: _____

Date Completed: _____

1. The things I like to do after school are:

2. If I had ten dollars, I would:

3. My favorite TV programs are:

4. _____ is my favorite subject in school because:

5. Tell me about your best friend:

6. My favorite time of day is:

7. My favorite music is:

8. My favorite things to read are:

9. My favorite foods are:

10. My favorite inside activities are:

11. My favorite outside activities are:

12. My hobbies are:

13. My favorite animals are:

14. The three things I like to do most are:

Family Strength Assessment

Family Name: _____

Date of Referral: _____

Date Completed: _____

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 one of your strengths; something 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 taught to you by your parents or other people who 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 socially and/or in your community?



Individual Family Service Coordination Plan

Family: _____
Facilitator: _____
Development Date: _____

IFSCP Amendment Dates: _____

Team Members:	
Mission Statement:	
Needs: Short Term Goal # _____	Matching Strengths:
Plan for Action/Solution - Responsible Team Member	
Ways To Monitor Results:	Resources Needed:

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

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

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

Comments: _____

Youth & Family Crisis & Safety Plan

Client's Name: _____ Date: _____

Current Family Members	
Name	Relationship
Medications	Secured
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> 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
Destabilizing Factors and Triggers	
Drugs & Alcohol	
Family Conflict	
Trauma Triggers	
Peers	
Other	
Other	
Support (Who and what is helpful?)	
1)	
2)	
3)	
4)	
5)	

Youth & Family Crisis & Safety Plan

Child's Name:		Date:
Crisis team members: Who is available to help		
Name	Contact Number	
LEAD		
MH Provider		
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 and Date

Youth Signature and Date

Provider Signature and Date

Supervisor Signature and Date

Family Coordination Team Memorandum of Understanding

I hereby agree to be a member of the Defiance County Family Coordination Team for the period July 1, 2013 to June 30, 2014. 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 Defiance County's Family & Children First Council 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Risk and Protective Factors Checklist

Child's Name: _____

Date: _____

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

Risk and Protective Factors Checklist

Child's Name: _____

Date: _____

Defiance County FCFC Coordinator's Name: _____

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: _____

Service Coordination Transition & Discharge Plan

Youth: _____ Discharge Date: _____

Completed by: _____

Long Range Vision: _____

Summary of progress of identified needs/goals:

#1 _____

#2 _____

#3 _____

#4 _____

Calculate the percentage of IFSCP goals met using the following guidance.

Count all the goals the family had on its IFSCP who exited Service Coordination. Do not include goals the family team deemed not appropriate for the family and were removed from the plan by the family team. Count the number of goals the family completed. Divide the number of completed goals by the number of total goals on the plan. This will produce the percent of goals completed successfully by that family.

_____ 0-49% Goals met/unsuccessful

_____ 75-99% Goals met/successful

_____ 50-74% Goals met/unsuccessful

_____ 100% Goals met/successful

Are ongoing community services needed? Y or N

If so, where was the family referred? _____

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

Total budget spent on family through Family Coordination Team: \$ _____

Purchases included: _____

Additional notes:

Receipt of Dispute Resolution Process

Child's Name: _____

DOB: _____

Initial

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

Parent/Guardian Signature

Relationship to Child

Witness

Date



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: _____



Date form submitted to FCFC Coordinator: _____

Return completed form to:

Julie Voll, Defiance County Family and Children First Council Coordinator
500 Court St., Suite F, Defiance, OH 43512
Phone: 419-782-6934 Fax: 419-782-5091

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: _____

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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