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*Fayette County Family and Children First
Service Coordination Mechanism*

The Fayette County Interagency Council that was established June 5, 1985 in accordance with Ohio revised Code 121.37 and Executive Order 84-12 was reorganized as a committee the Fayette County Family and Children First Council (FCFCFC) on December 12, 1994.

PURPOSE

The purpose of Service Coordination shall be to assist in creating an awareness of the services and programs of agencies in the community or FCFCFC and to facilitate communication and cooperation among agencies, families, and the community at large. The FCFCFC will assist in identifying the needs/services of Fayette County in order to identify and eliminate duplication of services; will assist in identifying families needs and in developing plans and programs based on the needs of the families and children of the community.

The agencies involved in Service Coordination and the development and approval of the Service Coordination Mechanism document are Fayette Co. Juvenile Court and Judge, Children Services, FCDJFS, Washington City Schools, Miami Trace Local Schools, Parent Mentor, Head Start, Fayette Co Developmental Disabilities, Fayette co Health Dept, Scioto Paint Valley Mental Health, Big Brothers Big Sisters and Fayette Memorial Hosp., Fayette Co Drug and Alcohol Agency, Fayette County Early Intervention Collaborative (C.O.R.E.) and Fayette Co. Family and Children First. Multi-need and multi-agency involvement may be needed when there is a request for a plan for families with children who have emergency needs. The FCFCFC will partner with families and their children who voluntarily choose to have a coordinated plan developed. The target population may include any family with a child(ren) age 0 through 21. The Service Coordination Committee shall assist FCFCFC in identifying service gaps and barriers and to develop a plan with families and children mandated by the Court, and the children may include any of the following: unruly, delinquent, neglected, abused, dependent, and/or at-risk. Services will be delivered using a family-centered approach, services are responsive to the cultural, racial and ethnic differences of the population being served. Service outcomes are evaluated by the evaluation committee as needed. Available funding resources are fully utilized or integrated, wraparound services and community supports are utilized, specialized treatment for difficult-to-serve populations and evidenced based treatment services are encouraged, duplication efforts among agencies are reduced or eliminated and most importantly, families are fully involved in decision-making for their children with family advocacy options.

Service is a collaborative, coordinated, cross-system team addressing the needs of children and families with multiple and complex needs, any family may seek service coordination. The FCFCFC service coordination mechanism allows for families to refer themselves through the SC Chairperson into this level of service planning.

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The service mechanism shall serve as the guiding document for coordination of services in the county when a child is referred to the FCFCFC for assistance. All persons or entities providing service coordination on behalf of the FCFCFC, whether county FCFC employees or contracted providers must follow the processes, policies, practices and procedures as they are outlined in the FCFCFC Service Coordination Mechanism. All children who receive services under Help Me Grow program and who are being served under the service coordination mechanism must be assured that the services received under the service coordination are consistent with the laws and rules of HMG per federal regulations and ODH policy and procedures. When a child is involved in both, HMG is the main provider to ensure compliance with O.R.C. 3701.61.

REFERRAL PROCESS

Any Family, Fayette County Agency, Fayette County School or Fayette County Juvenile Court may initiate a referral by contacting the Chairperson of the Service Coordination Committee. The referring entity shall completely fill out all forms including Service Coordination Committee Referral forms, Release of Information forms, Service and Family Consent to Release Information forms, Confidentiality forms, Child Assessment, Family Assessment and the Comprehensive Service Plan. All forms must be signed by participating parties. The referral process must show how SCM is accessed and the following information is required in the referral process. There must be documentation of the following: 1) The date of the receipt of the referral, 2) Contact information of the person being referred, 3) A brief description of the problems being experienced, 4) Contact information for the person referring, 5) Council response to the referral or the outcome of the referral (See attached forms).

The referring entity shall deliver the completed and signed forms to the SCC (Service Coordination Committee) chairperson before the SCC meeting which is held on the first Friday of each month (except July and August) 8:30 am SPVMH Clinic. Emergency meetings can be scheduled at the discretion of the chairperson. The case will be scheduled for discussion and developing a plan. The referring entity shall alert, invite and accompany the family and advocates desired by the family to the scheduled meeting at the designated time and notification shall be in writing. Confidentiality laws are upheld concerning any SCC meeting or sharing of information. A Comprehensive Service Priority and Progress Plan will be developed and implemented including designating a Case Manager, which has to be approved by the parents involved in the case, usually the referring entity. The Case Manager will provide updates to SCC at meetings. Any Family may refer itself for Service Coordination by contacting the SC Chairperson and filling out the required documents and forms. When a family is referred for SC, it will first be determined if this family is appropriate for service coordination. Families may meet the need to be referred to another community resource, Less intensive or intrusive options may be available and more appropriate and these community options and supports will be pursued before service coordination is initiated. SCM will support the least intrusive response and still adequately address a family's needs.

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Families and Agencies will be notified of and invited to, all family service coordination plan meetings in a timely manner by prior written notice. Representatives from all appropriate agencies, school district, family support persons both formal and informal will also receive written notice in a timely manner. A family may contact the SC Chair person or have their representative contact the chairperson to initiate a meeting to develop or review the family's service coordination plan. The family may invite a family advocate, mentor or support person of their choice to participate in any such meeting. If another meeting is needed it will be scheduled at the end of each meeting.

The SCC will initiate a family service coordination meeting before a non-emergency out-of-home- placement for all multi-need children, or within 10 days of a placement for emergency placement of multi-need children. This shall give the community members a chance to assure that all alternatives to out-of-home- placement have been exhausted as reasonable and appropriate responses to the child and family situation. It also gives the family team an opportunity to plan for community supports for the family and begin plans for the child's return to the community. Additional meeting if needed will be scheduled at the end of this meeting.

Data and information will be collected on intake into service coordination and progress reports will be done on all service plans. This information will be monitored by the SC chairperson and reported to the FCFCFC on a monthly basis. The information will be used to inform the decision-making process of the FCFCFC as it annually evaluates and prioritizes services, fill service gaps and help them look for new approaches to achieve better results for families and children.

A release of information will be signed by the parent/guardian of all children involved in FCFCFC service coordination concerning the disclosure of information during the service coordination process and in addition all family team members will sign a document explaining the confidentiality of information disclosed during the team meetings and the planning process.

All families who are referred to Service Coordination have an assessment form as part of the Service Coordination Plan packet. This information (assessment) must be included initially with the referral (Service Coordination Packet) and must include strengths, needs and cultural discovery of the child and family. The referring entity will be responsible to do the assessment and follow-ups or updates to the assessment. Parents and custodians will always have the opportunity to participate.

The individual family service coordination plan is designed to fulfill all requirements that other systems already require, as simple as possible and with minimal overlap and duplication. If multiple mandates require multiple plans, such plans will be linked together and coordinated to eliminate duplication and conflicting expectations of the family.

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Early identification and intervention is a critical factor in preventing a child from becoming further involved in the juvenile court system. As soon as a problem is identified, Fayette County Service Coordination will proceed as follows: 1) Preparation of a complaint under section 2151.27 of the Revised Code...notifying the child and the parents, guardian or custodian that the complaint has been prepared to encourage the child, parents, or custodian to comply with other methods to divert the child from the juvenile court system; 2) Conduct a meeting with the child, and parents...and other interested parties to determine the appropriate methods to divert the child from the juvenile court system; 3) A method to provide the child and family a short term respite; 4) A program to provide a mentor to the child; 5) A program to provide parenting education; 6) An alternative school program; 7) Other appropriate measures.

CRISIS AND SAFETY

Child and Family Team members will be notified by phone in the case of a short-term crisis or safety concern of. The team will be prepared to respond appropriately and immediately. The team will plan it's response and assure a positive and calm situation and helping to assure that members will not overreact. Efforts will target strategies that will support the child and family, keeping everyone safe, and keeping the child and the family together when possible. Crisis and Safety Plans are developed for all families who have Individual Family Service Coordination Plans. (See Addendum F)

FUNDING

Funding opportunities for Service Coordination are discussed at FCFC meetings. The Council discusses sources including but not limited to: DeWitt Fund, Salvation Army, Fayette County Board of DD Family Support Services, Fayette Co Society for the Disabled Civic Organizations and Grants. Currently we are provided FCSS funds through the System of Care that are used for Service Coordination for Families and Children in our community.

FISCAL SUPPORT OF SCM

Due to the lack of local flexible funds, Fayette County has no pooled funds for Service Coordination. If a child's plan needs specific monetary consideration, the coordinator will call a meeting of the Service Coordination Committee (Cluster) to discuss the special circumstances and determine if and how each collaborative agency involved can assist in funding matter at hand.

Each family participating in a Child and Family Team will have a Service Plan that outlines the needs for the family. Funding and/or service request will be completed by the CFT facilitator or designated team member. Service Coordination Committee (Cluster) will monitor all request for services. Funds to be used are FCSS and/or other generated funds.

When funding is available, the coordinator is responsible for administering the funds under the following guidelines and criteria. 1) Funds are needed for emergency

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situations. (No other source available) 2) Families will be referred to Cluster for assessment and development of a Family Service Plan. 3) The expenditure must be recognized as a need on the FSP. 4) When funding is available, the coordinator will provide itemized monthly budget of expenses to Family Coordination Committee at all monthly meetings and to the Fayette County Family and Children First Council (to be submitted the second Monday of each month).

Procedure for access and disbursement of funds. When funding is available:

The request for disbursement of fund will be submitted to the Fayette County Family and Children Coordinator for authorization and approval. **Disbursement of funds must be in compliance with all local, state, and federally established procedures, guidelines and mandates. The FCFCF Coordinator will submit a request for payment through the standard fiscal operations procedure established for Fayette County (ie Fayette County Commissioners, Fayette County Auditors Office).** The Service Coordination Committee will monitor these expenditures for effectiveness. The Fayette County Family and Children First will review and approve annual budgets and monthly fiscal statements.

QUALITY ASSURANCE

The Service Coordination Chairperson and the FCFC Coordinator consistently monitor the Service Coordination Mechanism process. The results of these findings are reported to the SRC and SCC quarterly. This information is shared with the FCFC. The FCFC will annually review the reports and make necessary changes to the SCM as deemed appropriate. SCC and the FCFC want to assure that our Service Coordination Mechanism is serving the children and families involved with SC in their best interest and helping to provide better outcomes for these children and families. The Service Coordination data is available to the state office and will be released to the state upon request.

STATE SERVICE COORDINATION COMMITTEE

The Fayette Co. Family and Children First Council may request the OFCF Cabinet Council to review family service coordination plans and unresolved county disputes through a State Service Coordination Committee. They will review cases when there is an unmet family need that the County FCFC is unavailable to fulfill, or when the county is unable to develop a family service coordination plan that leads to significant improvement in the family functioning or stability. The SSCC will review case documents submitted by the county FCFC and make recommendations to the OFCF Cabinet Council for its review and approval. When OFCFCC has approved, OFCF will respond, in writing, to FCFC request within 45 days of receipt of the request by the SSCC.

When requested, the OFCFCC will provide an administrative review of unresolved local disputes regarding conflicts among parents, agencies and/or councils pertaining to the county FCFC 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 implemented during a phase of the county service coordination

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process regarding a family or child who is formally involved in the county FCFC service coordination. This includes a disagreement regarding the denial of acceptance of a family into the service coordination process. Agencies, providers or parents/legal guardians who have participated on a family service coordination plan team may request a dispute resolution review.

The State Service Coordination Committee will review such requests and make recommendations to the OFCF Cabinet Council for its review and approval. With the OFCFCC approval, the OFCF will respond, in writing, to the county FCFC requests for dispute resolution review within 30 days of the receipt of the request by the State Service Coordination Committee.

Exceptions: Disputes involving families involved with HMG with a Part C eligible child, where the dispute is regarding service being provided as part of the HMG program, will be responded to within 30 days. These cases do not require the family to be formally participating in the FCFC service coordination process.

The Fayette County Juvenile Court Judge may be the county's final arbiter of the county service coordination disputes. The OFCF Cabinet Council will not review cases for which the complaints have sought a juvenile court ruling. The OFCFCC administrative review must be requested prior to seeking resolution through the county juvenile court as the final arbiter of the dispute.

LEAST RESTRICTIVE TREATMENT PROCEDURE

Services and Supports identified in the Service Plan will be provided in the least restrictive environment possible, considering the safety of the child, family and community. Service Coordination Committee (Cluster) will ensure that the least restrictive services are provided to the family (as the family needs them). Cluster will ensure that families at risk of out of home placement of children receive CFT service coordination and that all possible measures are taken prior to the out of home placement.

**FAYETTE COUNTY FAMILY AND CHILDREN FIRST COUNCIL
SERVICE COORDINATION
DISPUTE RESOLUTION PROCESSES**

The Child and Family Team serves to utilize the recommendation of all parties, including that of the parent or guardian, that promotes the well being of the child(ren) in regards to services for the child(ren). If there is significant and unresolved conflict regarding any aspect of the Comprehensive Service Plan by any participant (including parents) in the Child and Family Team (CFT) process, every attempt is made to resolve that conflict with the participating members of the CFT. If the CFT cannot resolve the dispute, the dispute resolution process can be initiated. Each family will be notified of their right to utilize the dispute resolution process and provided information regarding the process at the first Child and Family Team (CFT) meeting. Parents who choose to utilize an advocate or mentor are encouraged to include those representatives in the process.

The dispute resolution process shall be used to:

1) 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;

2) resolve disputes between a child's parents or custodians and the Fayette County Family and Children First Council regarding service coordination. 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 a county Family and 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.**

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 the 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 timeline will be utilized:

1) Upon receipt of a formal written dispute, a meeting will occur within 7 calendar days. Supporting evidence or documentation concerning the dispute should be submitted with this request. This request should be submitted to:

ATTN: PROGRAM COORDINATOR
Fayette County Family and Children First
133 S. Main Street
Washington Court House, Ohio 43160

2) Upon receipt of the agency request to utilize dispute resolution, a meeting between the Administrative Child and Family Team (ACFT) 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 ACFT. The disputing agency will prepare a presentation for the ACFT 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 ACFT member must vote on the proposed solution. A majority vote will determine resolution of the dispute. The FCF Program Coordinator will act as facilitator in the process, but will not have a deciding vote. The ACFT will be responsible for preparing the responses to the disputing agency and the FCF Program Coordinator will issue a written response in regards to the decision to that agency within 3 calendar days.

3) If the disputing agency disagrees with the decision of the ACFT, 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 move to the final stage of the dispute resolution process within 5 calendar days of receiving the ACFT decision. Upon receipt of this request, the Program Coordinator for FCF 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 Intersystem Review Assessment Form, responses made by the Administrative Child and Family Team, treatment information, and other relevant information to the presiding Juvenile Court Judge. The Juvenile Court Judge will preside over the dispute. The court shall hold a hearing as soon as possible, but no later than ninety days after the motion or complaint is filed. At least five 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. While the local dispute resolution process or court proceedings are

pending, each agency shall provide services and funding with no interruption until a final decision is rendered. 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.

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 timeline will be utilized:

1) Upon receipt of a formal written dispute, a meeting will occur within 7 calendar days. Supporting evidence or documentation concerning the dispute should be submitted with this request. This request should be submitted to:

ATTN: PROGRAM COORDINATOR
Fayette County Family and Children First
133 S. Main Street
Washington Court House, Ohio 43160

2) Upon receipt of the family request to utilize dispute resolution, a meeting with the Intersystem Diversion 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 Intersystem Diversion Team. The family will prepare a presentation for the Intersystem Diversion 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 Child and Family Team lead case manager.

3) At the meeting with the Intersystem Diversion Team, the family will present information regarding the nature of the dispute and identify specific issues that are requested to be resolved. An Intersystem Assessment form will be completed by the Intersystem Diversion 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 Intersystem Diversion Team will meet in closed session after the family's presentation to draft written responses to the Administrative Child and Family Team regarding the issues identified in the dispute.

4) The Administrative Child and Family Team (ACFT) will meet within 7 days of Intersystem Diversion Team meeting to review the responses drafted to the family. The ACFT will either approve or reject the responses in writing. In the event that the ACFT approves the responses of the Intersystem Diversion Team, a letter will be immediately issued to the family by mail addressing the disputes. In the event that the ACFT rejects the responses of the Intersystem Diversion Team, the ACFT becomes responsible for preparing the responses to the family. These responses will be written the day of the ACFT meeting and mailed immediately to the family. The FCF Program 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 the Juvenile Court Judge. The Juvenile Court Judge will hear the dispute. The family must submit in writing within 5 calendar days of receipt of the responses a request to have the dispute to be decided upon by the final arbitrator. Upon receipt of this request, the Program Coordinator for FCF 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 Intersystem Assessment Form, responses made by the Intersystem Diversion Team and the Administrative Child and Family Team, treatment information, and other relevant information to the presiding Juvenile Court Judge. The presiding Judge will issue a written decision based upon the dispute within 14 calendar days. **The entire process shall be completed in no more than 30 days.**

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 timeline will be utilized:

1) Upon receipt of a formal written dispute, a meeting will occur within 3 calendar days. Supporting evidence or documentation concerning the dispute should be submitted with this request. This request should be submitted to:

ATTN: PROGRAM COORDINATOR
Fayette County Family and Children First
133 S. Main Street
Washington Court House, Ohio 43160

2) Upon receipt of the family request to utilize dispute resolution, a meeting with the Intersystem Diversion 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 Intersystem Diversion Team. The family will prepare a presentation for the Intersystem Diversion 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 Child and Family Team lead case manager.

3) At the meeting with the Intersystem Diversion Team, the family will present information regarding the nature of the dispute and identify specific issues that are requested to be resolved. An Intersystem Assessment form will be completed by the Intersystem Diversion 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 Intersystem Diversion Team will meet in closed session after the family's presentation to draft written responses to the Administrative Child and Family Team regarding the issues identified in the dispute.

4) The Administrative Child and Family Team (ACFT) will meet within 3 days of Intersystem Diversion Team meeting to review the responses drafted to the family. The ACFT

will either approve or reject the responses in writing. In the event that the ACFT approves the responses of the Intersystem Diversion Team, a letter will be immediately issued to the family by mail addressing the disputes. In the event that the ACFT rejects the responses of the Intersystem Diversion Team, the ACFT becomes responsible for preparing the responses to the family. These responses will be written the day of the ACFT meeting and mailed immediately to the family. The FCF Program 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 the presiding Juvenile Court Judge. The Juvenile Court Judge will hear the dispute. The family must submit in writing within 3 calendar days of receipt of the responses a request to have the dispute to be decided upon by the final arbitrator. Upon receipt of this request, the Program Coordinator for FCF will submit within 2 calendar days all documentation regarding the dispute, (including, but not limited to) the request for dispute resolution and supporting documentation, the Intersystem Assessment Form, responses made by the Intersystem Diversion Team and the Administrative Child and Family Team, treatment information, and other relevant information to the presiding Juvenile Court Judge. The judge will issue a written decision based upon the dispute within 10 calendar days. **The entire process shall be completed in no more than 30 days.**

Please note, that when requested, the Ohio Family and 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 and 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 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. 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.

An individual or organization may file a complaint within the county FCFCFC regarding the provision of early intervention services within the county.

ALIGNMENT OF FCFCFC AND HMG DISPUTE RESOLUTION PROCESS

Separate processes are in place for dispute resolution for Service Coordination Mechanism for FCFCFC Service Coordination and HMG; however the underlying principles are the same and are outlined below.

- Both dispute resolution processes reinforce a continuation of decision making within the child/family team which includes the family as central to and driving the planning process.
- Families are notified at the initial meeting of their right to utilize the dispute resolution process.
- At the time during the dispute resolution process, parents or family members may involve the services advocate, mentor, or other persons to assist in providing support.
- Interviews with the parents/guardians and others on the team are conducted along with gathering any written documentation that is relevant to assist in resolving the dispute is completed as part of the processes.
- The FCFCFC structure is involved in the dispute resolution process through the Oversight-Finance Committee and Children's Cabinet.
- Both processes have a timeline for written decision – 30 calendar days for the HMG process as defined in ODH procedural safeguards and 30 days for Service Coordination For disputes Families may directly contact the Ohio Department of Health

Ohio Dept of Health
Bureau of Early Intervention Services
ATTN: Help Me Grow Program
246 N. High , PO Box 118
Columbus, Ohio 43216
Phone: 614-644-8389

Dispute Resolution Related to Part C Early Intervention

- A. Ohio Department of Health (ODH), as lead agency, shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county family and children first councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each county council shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.
- B. Individuals utilizing this process and agencies responding to requests for dispute resolution must follow this process in order for a complaint to be resolved as quickly as possible. However, parents or custodians shall use existing local agency grievance/complaint resolution procedures to address disputes not involving services for Council Services. This Dispute Resolution Process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of Ohio Revised Code or other applicable rules/laws.
- C. A representative of Council shall offer to provide the complainant with assistance in completing this process.
- D. The following steps outline this component of the Dispute Resolution Process. Typically, the Council Chairperson will facilitate the process; however, in the absence of a Council Chairperson, then the Council Executive Committee may identify a designee (s) to facilitate the Dispute Resolution Process.
 1. An individual or an organization may file a complaint with the Council regarding the provision of early intervention services within Fayette County. The Council Coordinator or the designee of the Executive Committee is designated as the Council's liaison for the receipt of complaints.
 2. The Council Chairperson or designee will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or U.S. mail or fax) within seven calendar days of receipt of the complaint.
 3. The Council Chairperson or designee will provide a copy of the procedural safeguards to the individual registering the complaint.
 4. The Council Chairperson or designee will explain the options available for dispute resolution, which include:
 - a. Filing a complaint with the Fayette County Family and Children First Council;
 - b. File a complaint with the Ohio Department of Health;
 - c. Requesting mediation;
 - d. Requesting an administrative hearing with the Ohio Department of Health;
 - e. Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints.*
 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 Executive Committee of the Council 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:
 - a. Conducting an on-site investigation, as determined necessary;
 - b. Interviewing the parent or custodian, and giving the parent or custodian the opportunity to submit additional information, either orally or in writing;
 - c. Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing;
 - d. Submitting all relevant information to the Executive Committee of Council; and
 - e. Making the decision by the Executive Committee.
8. The Council Executive Committee will issue a written decision to the parent or custodian within 20 business days from receipt of the complaint. The written decision 1) will address each allegation; 2) will include findings of facts and conclusions; and 3) will identify the reasons for the decision. A copy of the decision will also be provided to ODH.**
9. The Council Chairperson or designee will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.
 - If the provider has a resolution process for complaints, the provider of Part C services must notify ODH and the Fayette County Family and Children First Council 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 Council, and ODH within thirty (30) calendar days from receipt of the complaint.

** If ODH receives notice that a complaint regarding Part C services was filed with the Council or provider, ODH will monitor the resolution process to assure that the complaint is resolved by the Council or provider within thirty (30) calendar days. If the complaint is not resolved within thirty (30) calendar days, ODH will notify the complainant, the Council and the provider, if applicable, that complainant may select one of the following:

1. To have ODH investigate the complaint in accordance with Rule 3701-8-08©(4). If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the Council or provider received the complaint; and
2. To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08©(3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty (30) calendar days from receipt of the request for mediation and/or administrative hearing.

CONTACT INFORMATION:

Ohio Department of Health
Bureau of Early Intervention Services
Attn: Help Me Grow Program
246 North High Street, PO Box 118
Columbus, Ohio 42216-0118

FAYETTE COUNTY FAMILY & CHILDREN FIRST COUNCIL

Service Coordination Child & Family Team

Referral and Funding Request Checklist

Family Name: _____ **Date:** _____

Facilitator (Lead Worker/Contact): _____ **Agency:** _____

Required documentation to open a case with FCFC Service Coordination for funding:
(Must occur prior to funding being approved)

<input type="checkbox"/>	Referral
<input type="checkbox"/>	Minutes/Notes from Child & Family Team Meeting Within the last 30-days, where service needs and coordination of services were discussed, and includes verification that the parent/youth were present.
<input type="checkbox"/>	Exchange of information (good for 180-days – must be updated thereafter)
<input type="checkbox"/>	Confidentiality Form
<input type="checkbox"/>	Fayette County Cross System Screening Tool Score: _____ (good for 180-days – must be updated thereafter)
<input type="checkbox"/>	Levels of system involvement: (check which) <input type="checkbox"/> IEP with this School: _____ <input type="checkbox"/> Children Services <input type="checkbox"/> Help Me Grow <input type="checkbox"/> DD <input type="checkbox"/> Juvenile Court (specialty docket): _____ <input type="checkbox"/> Mental Health (which agency): _____ <input type="checkbox"/> AoD Treatment (which agency): _____ <input type="checkbox"/> DJFS <input type="checkbox"/> Health District <input type="checkbox"/> Other (describe): _____

Required documentation to request service coordination/funding from FCFC:
(Must have open case with FCFC with current paperwork – see above)

<input type="checkbox"/>	Funding Request Form
--------------------------	-----------------------------

FAYETTE COUNTY FAMILY & CHILDREN FIRST COUNCIL

Service Coordination Committee

Child & Family Team

REFERRAL FORM

A. REFERRAL INFORMATION

Date of Referral: _____	Name of person making referral: _____ Agency/Relationship to Child: _____ Address: _____ Phone Number: _____
-------------------------	---

B. CHILD/ YOUTH AND FAMILY DEMOGRAPHICS

MOTHER'S NAME _____	ADDRESS _____	PH# _____
FATHER'S NAME _____	ADDRESS _____	PH# _____

1. Last Name: _____	First Name: _____	Middle: _____																																				
2. DOB: _____	3. Gender : <input type="checkbox"/> M <input type="checkbox"/> F	4. Ethnicity: _____																																				
5. Current Living with: Name: _____		Relationship to Child: _____																																				
6. Who has custody of the Child: _____		Relationship to Child: _____																																				
7. Siblings <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 10%;"><u>Live With</u> (check)</th> <th style="width: 40%;"><u>Name</u></th> <th style="width: 10%;"><u>Age</u></th> <th style="width: 10%;"><u>Gender</u> (M/F)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Name: _____</td><td></td><td></td></tr> </tbody> </table>		<u>Live With</u> (check)	<u>Name</u>	<u>Age</u>	<u>Gender</u> (M/F)	<input type="checkbox"/>	Name: _____			8. Child Current Address: Parent address (if different): _____ 9. Child Phone: _____ Parent Phone (if different): _____ 10. Are Parents Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where: _____ Work Phone: _____																												
<u>Live With</u> (check)	<u>Name</u>	<u>Age</u>	<u>Gender</u> (M/F)																																			
<input type="checkbox"/>	Name: _____																																					
<input type="checkbox"/>	Name: _____																																					
<input type="checkbox"/>	Name: _____																																					
<input type="checkbox"/>	Name: _____																																					
<input type="checkbox"/>	Name: _____																																					
<input type="checkbox"/>	Name: _____																																					
<input type="checkbox"/>	Name: _____																																					
<input type="checkbox"/>	Name: _____																																					
11. School District of Residence: _____		School District of Attendance: _____																																				
12. Family Members & Close Friends to the Youth & Family																																						
<u>Name</u>	<u>Relationship</u>																																					

13. Other Pertinent Information:

C. CHILD & FAMILY TEAM INFORMATION

1. Who is the FACILITATOR (lead worker/contact person) for the Child & Family Team?

Name:

Agency:

Phone:

2. Best time/method to meet/reach family?

3. Family's preferred meeting place?

4. What agencies are currently involved with the family? Please check all that apply:

Name of Agency

Contact Person

Mental Health with this Agency:

AoD Treatment with this Agency:

Fayette Co DD

Fayette Co. Family Court with this program:

School IEP at:

FCDJFS

DYS

Health District

HMG/EI

FCCS

Other:

Other:

Other:

Other:

D. PRESENTING NEEDS

1. Briefly describe the presenting problem or areas of need (include length of time the problem has been occurring):

2. Explain what community resources have been exhausted to ensure least restrictive service implementation:

3. Identify the end goal or mission of the family & agencies involved:

FCFC use only

Date referral received _____	Person receiving referral: _____
Date Family Contacted w/outcome: _____	Outcome of referral: _____
Risk Assessment Score: _____	Did youth score any "3"(Emergency meeting to be held) <input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION FOR RELEASE OF INFORMATION

_____ is authorized to release the following (initialed) information
(Name of Agency Disclosing Information)
regarding _____ (DOB: ____ / ____ / ____) with the Party/Parties (initialed)
(Name of Individual)
below in order to review the case of or acting on behalf of _____:
(Name of Child or Adult)

Information Covered:

- _____ Mental Health Evaluations/Diagnosis
- _____ Psychological Test Reports
- _____ Alcohol/Drug Assessment/Diagnosis
- _____ Treatment Plan
- _____ Medication Records
- _____ Physical Examination/Diagnosis
- _____ Attendance Summary
- _____ Urinalysis Report
- _____ Progress Notes/Reports
- _____ Pregnancy Related Information
- _____ Discharge Summary
- _____ Other (please specify) _____
- _____
- _____
- _____

Parties Covered:

- _____ Fayette Co. Juvenile Court/Probation/Diversion
- _____ Head Start
- _____ Scioto Paint Valley Mental Health
- _____ Fayette Co. Board of DD
- _____ Fayette Co. Department of Job & Family Services
- _____ OSU Extension Services
- _____ Fayette Co. Health District
- _____ Washington City Schools
- _____ Miami Trace Schools
- _____ Fayette Co. Family & Children First Council/Cluster
- _____ Fayette Co. Children's Services
- _____ Fayette Co. Child Support
- _____ Big Brothers Big Sisters
- _____ Help Me Grow – Fayette Co.
- _____ Fayette Co. Metropolitan Housing Authority
- _____ Fayette Co. Prosecutor
- _____ Other _____
- _____ Other _____
- _____ Other _____

Such disclosure will be for the purpose of: _____

This authorization may be revoked or the duration changed at any time (except to the extent action has been taken in reliance on it) by providing written notice to the Agency authorized to disclose information and to _____ . If not previously revoked or changed, this authorization
(Name of Agency Requesting Information)

will expire in 180 days from date of signature unless otherwise specified _____,
(Specify Date, Time Period, Event, or Condition)

Treatment, payment, enrollment, or eligibility for benefits may not be conditioned upon signing this authorization.

Agencies that receive information pursuant to this authorization may be entities not covered by federal or state privacy laws. Thus, information disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by law, except that any information regarding an individual's diagnosis or treatment for substance abuse may not be re-disclosed without the individual's authorization or unless otherwise permitted by 42 CFR Part 2. **In any case, the Agency disclosing information cannot control the use of information once it has been disclosed.**

Signature of Individual Date

Witness Date

Signature of Personal Representative, if Applicable Date

Revocation (by individual) Date

Personal Representative's Relationship to Individual

Date Individual received _____, declined _____ a copy of this form.

Fayette County Cross System Risk Screen Tool

Family Name: _____ **Date:** _____

Facilitator (Lead Worker/Contact): _____ **Agency:** _____

Current Youth Involvement (Last 30 days)

<input type="checkbox"/> Family Court	<input type="checkbox"/> IEP	<input type="checkbox"/> SSI Benefits	<input type="checkbox"/> Church/Youth Gp.
<input type="checkbox"/> Children's Services	<input type="checkbox"/>	<input type="checkbox"/> Health District	<input type="checkbox"/> YMCA
<input type="checkbox"/> Consolidated Care	<input type="checkbox"/>	<input type="checkbox"/> Head Start	<input type="checkbox"/> Metro. Housing
<input type="checkbox"/>	<input type="checkbox"/> Probation/Parole	<input type="checkbox"/> Help Me Grow	<input type="checkbox"/>
<input type="checkbox"/> DD	<input type="checkbox"/> Psych/Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DJFS	<input type="checkbox"/> Medicaid	<input type="checkbox"/> BVR	<input type="checkbox"/>

Known Presenting Risks to Child/Youth (in last 30-days unless specified):

<input type="checkbox"/> Suicidal Ideation, Gestures, Attempts (3 pts)	<input type="checkbox"/> Violent Behaviors (toward others, animals, property) (3 pts)	<input type="checkbox"/> Chargeable for Sex Offense (3 pts)
<input type="checkbox"/> Self Injurious Behavior (2 pts)	<input type="checkbox"/> Hears voices/Sees things (2 pts)	<input type="checkbox"/> Fire Setting – Current or History (2 pts)
<input type="checkbox"/> Acute Family Crisis (2 pts)	<input type="checkbox"/> Victimization: Physical, Emotional or Sexual (2 pts)	<input type="checkbox"/> Verbal/Written Threats to Others (2 pts)
<input type="checkbox"/> Runaway – Current or History (2 pts)	<input type="checkbox"/> Youth/Family's Lack of Stable residence/homelessness (2 pts)	<input type="checkbox"/> Suspected Abuse in current placement (2 pts)
<input type="checkbox"/> Availability of Weapons (2 pts)	<input type="checkbox"/> Parent w/Severe Chronic Illness (2 pts)	<input type="checkbox"/> Parent w/ Drug or Alcohol Problem (2 pts)
<input type="checkbox"/> Limited Development Capacity to maintain personal safety (2pts)	<input type="checkbox"/> Sexual Acting Out/Impulsivity – Current or History (2 pts)	<input type="checkbox"/> Parent w/ Chronic/Acute Mental Ill, Dev. Delay, MR (2 pts)
<input type="checkbox"/> Aggressive Behaviors (toward others, animals, property) (1 pt)	<input type="checkbox"/> Drug/Alcohol Use (1 pt)	<input type="checkbox"/> Lack of Caregiver Supervision and/or Monitoring (1 pt)
<input type="checkbox"/> Resides in High Crime Neighborhood (1 pt)	<input type="checkbox"/> Negative Peer Involvement and/or Gang activity (1 pt)	<input type="checkbox"/> Anorexia/Bulimia (1pt)
<input type="checkbox"/> Suspended, Expelled, Dropped Out of School (1 pt)	<input type="checkbox"/> Family Conflict (1 pt)	<input type="checkbox"/> Truancy (1 pt)
<input type="checkbox"/> Known/Suspected Criminal Activity (1 pt)	<input type="checkbox"/> Prejudicial Thinking/Ideation (1 pt)	<input type="checkbox"/> Limited Ability to Control Anger (1 pt)
<input type="checkbox"/> Unrestricted Internet Access (1 pt)	<input type="checkbox"/> Impulsive Behavior (1 pt)	<input type="checkbox"/> Emotional/Educational Disabilities (1 pt)
<input type="checkbox"/> Depression – Current or History (1 pt)	<input type="checkbox"/> Held Back/Behind in Grade level (1 pt)	<input type="checkbox"/> Difficulty Accepting Supervision/Instruction (1 pt)
<input type="checkbox"/> Youth with severe chronic illness (1 pt)	<input type="checkbox"/> Youth with chronic/acute Mental Ill, Dev. Delay, MR (1 pt)	<input type="checkbox"/> Other (describe): _____ (1 pt)

Total Score: _____ **Completed By:** _____

Information Source: _____ **Relation to Child/Youth:** _____

**FAYETTE CO.
RISK SCREEN INTERPRETATION**

Score of:

Results in the following action:

Any "3" point item

An Emergency Child & Family Team meeting will be held within 48 hrs. Service Coordination Chairperson will ensure meeting occurs.

18+

Service Coordination Chairperson will manage case when informal case is requesting more support (3-system involvement required) or

Agency Case Manager will coordinate the Child and Family Team.

12-17

INFORMAL CFT

Agency lead worker to facilitate a Child and Family Team.

1-11

INFORMATION AND REFERRAL

Family will be linked up with existing services. A CFT is not indicated. Individual will take normal action per their agency to continue providing services for child/family.

Fayette County Family & Children First Council

133 S. Main Street
Washington C.H., Ohio 43160

Phone (740) 335-0350 ext. 273
Fax (740) 333-3581
e-mail: faycofcfc@gmail.com

Service Coordination Committee

Child & Family Teams Funding Request Form

Child Name: _____ Child DOB: _____
Parent Name: _____ Date of Request: _____
Request Submitted by: _____
CFT Facilitator (Lead Worker/Contact Person): _____ Agency: _____

Identified unmet need by CFT (justification of need):

Description of Request (dates, times, costs, etc.):

List other services/Resources exhausted:

Who is the child/youth involved with:

Family Court- name service/docket: _____ DD CSB DJFS
 IEP- School Name: _____ Mental health services- agency name: _____

Estimated cost of Service: \$ _____

Vendor payment/purchase information (make check payable to):

Name: _____

Address: _____

Notes: _____

For FCFC Use Only

Fund to be utilized: FSCC _____ Other Other:

Payment/Processing Info: Requisition #: _____ Entered into Database by: _____ On: _____

Funding category: _____

SCC Chairperson Approval: _____ Date: _____

FCFC Director Approval: _____ Date: _____

Confidentiality Statement

Fayette County Family and Children First Council Individual Family Service Coordination Team

As a member of the Fayette County Family Service Coordination Team, I recognize the importance of respecting families and children and protecting their privacy. Therefore, I will not discuss matters brought to this group with others beyond those listed by the family for information-sharing purposes.

Signature

Date

Agency

Information shared outside the family team meetings is subject to HIPPA regulations and is the responsibility of the separate agencies represented.

**Fayette County
Family & Children First Council
SCC Child Strength Assessment
Form**

Name: _____
Date: _____

Age: _____

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

2. If I had ten dollars I'd _____

3. My favorite TV programs are _____

4. My favorite game at school is _____

5. My best friends are _____

6. My favorite time of day is _____

7. My favorite toy is _____

8. My favorite CD/music is _____

9. My favorite subject at school is _____

10. I like to read books about _____

11. The places I'd like to go in town are _____

12. My favorite foods are _____

13. My favorite inside activities are _____

14. My favorite outside activities are _____

15. My hobbies are _____

16. My favorite animals are _____

17. The three things I like to do most are _____

6. The best times we have had as a family are:

7. Name some special rules that your family has:

8. Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Who do you feel you can trust to be there when you need them?

9. What activities do you and your family enjoy together? What do you enjoy most about yourself?

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

11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additions:

Interviewer's signature: _____ Date: __/__/__

Parent's signature: _____ Date: __/__/__

ADDENDUM F

**Fayette County Family and Children First Council
Family Crisis Safety Plan**

Page 1

Family Name: _____ Date: _____

Service Coordinator: _____

Describe the crisis behavior or situation in detail, what does it look like?

Who is involved in the Crisis?

Are there other activities going on in the environment to make the situation better or worse?

List the triggers that lead to the crisis:

How often does the crisis occur? (Choose best option)

Daily _____	How many times? _____
Weekly _____	How many times? _____
Monthly _____	How many times? _____
Other _____	How many times? _____

When the crisis does occur, how intense is it? Scale of 1 to 5

1	2	3	4	5
Not very				very

How long does the crisis last? (minutes, hours, days)

What does the person do?

How do they feel?

Action taken, including punishments:

Rewards, what did the person get out of the crisis (unmet need)

Emotions or responses by others?

What have you tried in the past to avoid this crisis? How well did it work?

Why do you think the crisis continues to happen? What is this individual getting from the crisis?

When triggers start what can you take to prevent the crisis from happening?

What can the youth do instead of the crisis behavior?

If the crisis occurs what do I do: (Detailed, sequential action steps to be followed by the team). Include who (natural & formal supports) will do what, when and how often:

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Youth/Child Signature: _____

Date: _____

Service Coordinator Signature: _____

Date: _____