

# **Gallia County Family and Children First Council**

## **Service Coordination Mechanism**



**July 11, 2016**

**Service Coordination Mechanism Cover Sheet**

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## **I. Overview and Purpose**

The Gallia County Family and Children First Council is committed to providing coordinated services to all families with children birth through age 21. We are committed to providing strengths-based, family-centered services that recognize the family as the child's first and most influential teacher. By partnering with parents to develop the most useful and efficient service coordination plan, it is the hope of the Council that the needs of families and children will be met. In Gallia County, the purpose of service coordination is to provide a means for families to adequately address their needs which may not have been met in traditional agency systems.

Gallia County's Service Coordination Mechanism (hereafter referred to as SCM) is a document that will serve as the foundation for planning, coordinating and implementing services to families seeking assistance and families with multiple needs. This mechanism is not intended to overrule or supersede individual systems, but to develop an accessible way for families and children to receive services across multiple systems.

It is the primary goal of this mechanism to ensure that services to Gallia County families and children include the following components:

- Services are 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;
- Available funding resources are fully utilized or integrated;
- Service Coordination services and community supports are utilized;
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged;
- Duplicative efforts among agencies are reduced or eliminated;
- Most importantly, families are fully involved in decision-making for the children and are provided with family advocacy options.

## **II. Commitment to Child Well-Being**

Gallia County Family and Children First Council fully endorse Ohio's Commitments to Child Well-Being:

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are ready for school
- Children and youth succeed in school
- Youth choose healthy behaviors
- Youth successfully transition into adulthood

The Council's endorsement of these commitments is demonstrated in continuing efforts to coordinate a continuum of care across age groups and service needs. These services are coordinated and funded for the least duplicative and most collaborative service plans possible.

The Council makes an effort to keep an accurate listing of current programs and services available. Current information may be obtained by contacting the Council Coordinator,

through the Council website at [www.galliafcfc.weebly.com](http://www.galliafcfc.weebly.com) or through the Communities of Care website at [www.gimboard.org](http://www.gimboard.org).

### III. Identified Children

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, including any multi-need child. Typically, this child would be experiencing behavior problems, school-related problems, family instability, mental health or substance abuse issues, physical/emotional abuse, neglect, or health issues. In many instances, the severity of problems would threaten the family's ability to maintain the child in the home. The Service Coordination process serves multi-need children through age 21. The Service Plan recognizes the need for family-focused services and increased parent involvement in the planning of services for their child. The plan encourages early service intervention and includes wrap around services. Wrap-Around services are designed to help families in all aspects of their lives as well as encourage collaboration and coordination from all agencies involved.

### IV. Designation of Service Responsibilities

- ***Intersystem Coordinator:*** The coordinator will facilitate initial meetings for the family, family team leader and family teams, followed by managing and tracking progress of subsequent meetings and the individual family service plans. The coordinator can also consider Council objectives for families and children. The Intersystem Coordinator may also serve as a High Fidelity Wrap Around facilitator. The Coordinator is responsible for reporting requirements assigned by law or otherwise assigned as a condition of service coordination. The Coordinator will also facilitate the dispute resolution process.
- ***Team Leader:*** The Family Team Leader will facilitate and coordinate services within a Family Team. The Family Team Leader will collect necessary information from service providers and be responsible for submitting reports to the Coordinator.
- ***Family Teams:*** The Family Teams includes service facilitators that will act in the best interests of the child and family to create a quality and comprehensive family service coordination plan. Family Teams will submit required reports to the Family Team Leader.
- ***Leadership and Review Teams (Cluster):*** The Leadership and Review Team (Cluster) meets monthly to problem-solve case planning issues, review child and family team plans, identify and work to resolve service gaps, as well as participate in the dispute resolution process when required.
- ***GCFCCFC Executive Committee:*** The Executive Committee will participate in the dispute resolution process when required. The scope of their involvement is defined in the dispute resolution process section of this Service Coordination Mechanism.

### V. Procedure for Referring a Child/Family

Any child serving agency or families voluntarily seeking services can refer to or access service coordination through the Gallia County FCFC. All referrals will be directed to the Gallia County FCFC Coordinator.

- a. **Parent/Guardian Referral:** A parent/guardian may access service coordination for their child through any Family & Children First member agency or by calling the Council Coordinator. Direct service staff in all participating agencies will have access to a Referral Packet. Agency staff will facilitate completion of these forms as well as initiate contact with the Coordinator at Gallia County Family and Children First to arrange an initial meeting with the family and child. At this point, every parent is offered the services of a Parent Advocate. If the parent chooses to utilize the services of a Parent Advocate, staff will facilitate initial contact.
  - Parent Advocates can be made available at any time during the service coordination process.
  
- b. **Agency Referral:** A formal referral for Service Coordination is made to the Gallia County FCFC Coordinator. The referring entity shall provide the following to the Coordinator:
  - Signed Authorization of Release of Information
  - Completed Referral Packet. (At minimum, the form must include contact information for person being referred, brief description of issues the family is facing, and strengths of the family.)

Completed paperwork must be provided to the Coordinator *prior to* the initial meeting. Emergency Service Coordination meetings can be scheduled if a situation warrants immediate action. Such meetings will occur within three (3) days of request. The Family Teams will meet as needed or as deemed appropriate by the family, Team Leader, team members or Coordinator.

Parents, custodians or legal guardians are encouraged to be active participants in the preparation of a service plan. This would include attendance at team meetings as well as active participation in following the mutually established goals on the child's plan. This service plan is the result of a partnership between the family and agencies involved.

All children and families in service coordination receive services through the same procedures. The difference lies in the intensity of service requirements, frequency of case monitoring or services that require special funding arrangements. There are three levels of care that Gallia County FCFC utilizes to access service coordination:

- **Information and Referral** – When a child scores 6 points or less on the At-Risk Screening Tool and a child/family needs information regarding services or referrals to collaborative agencies. Contact with the family will be as necessary to facilitate referrals and follow-up on linkage to resources.

- **Service Coordination** – When a child scores between 7-14 points on the At-Risk Screening Tool and currently involved agencies need funding or resources to resolve a specific issue. Team meetings with involved agencies will be held at least monthly.

- **High Fidelity Wraparound (ENGAGE)** – When a child scores 15 points or more on the At-Risk Screening Tool and/or the youth or young adult is between the ages of 14-21 and meets other

requirements of the ENGAGE population. A neutral facilitator will lead the Wraparound meetings that will vary in frequency according to family needs (at least monthly).

#### **VI. Service Coordination Meetings**

The following agencies have participated in the development of this plan/process and regularly participate in the Gallia County Family and Children First executive meetings which occur bi-monthly. Notice of special meetings will be made to these entities, parents and others designated by the family involved. This notice shall be made in the timeliest manner; in writing if time allows or by telephone/email/personal contact.

1. Family and Children First Council Coordinator
2. Gallia County Juvenile Court
3. Gallia County Department of Job & Family Services
4. Gallia County Children's Services
5. Gallia County Health Department
6. Woodland Centers, Inc
7. Gallia County Board of DD
8. Gallipolis City Schools
9. Gallia County Local Schools
10. Gallia County Help Me Grow
11. Family Addiction Community Treatment Services (FACTS)
12. Treatment Alternatives to Street Crimes (TASC)
13. Gallia-Jackson-Meigs Board of ADAMHS
14. Gallia-Jackson-Vinton JVSD
15. Gallia-Vinton Educational Services Center
16. Heart of the Valley Head Start
17. Ohio Department of Youth Services
18. Family Advocate
19. Health Recovery Services (HRS)
20. Others as indicated by child's needs.

#### **VII. Components**

Service Coordination is designed to respond to the needs of a family in the least intrusive manner. This includes using a strengths-based approach to service planning as well as utilizing natural, community-based supports and services. The Gallia County Service Coordination Plan incorporated the following underlying values of Ohio Family and Children First:

- *Children have the right to live with their own family.*
- *Children have the right to be nurtured and protected in a stable family environment.*
- *When children are at risk of harm, the community has the responsibility to intervene.*
- *Families are our community's most important resources and must be respected, valued and encouraged to build upon their strengths.*
- *The racial, cultural and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.*

- *Families have the right and responsibility to participate in identifying their concerns, priorities and needed resources.*
- *Families have a right to individualized service provision that addresses the multiple needs of their children.*

All children and families in Service Coordination receive services through the same procedures. The difference lies in the intensity of service requirements, frequency of case monitoring or services that require special funding arrangements. Once a case has been referred, the procedure is as follows:

- a.) The Coordinator, the referring agency or agency most familiar with the family, as well as the family will meet to discuss the Service Coordination process, family strengths, and possible goals. A Family Team consisting of appropriate agencies will be chosen, and discuss possible goals for the family.
  - If the family agrees, the referring agency will be designated as lead agency for the Family Service Coordination Plan. That agency's designated staff member will lead/facilitate the family's Service Coordination plan meetings, track progress of the plan and meetings to report to the Coordinator and schedule reviews as necessary. This designation may be changed at family request and agencies will work to facilitate a smooth transition. The Dispute Resolution Process is explained to parents at this time and will receive a copy of the Dispute Resolution brochure. Parents are also given a brochure of the Dispute Resolution Process, as well.
- b.) The Coordinator will contact the members of the Family Team to inform them of the meeting time. At this meeting, the Coordinator, Team Leader, Family Team Members as well as the family will evaluate family strengths, formulate a Family Service Coordination Plan, ensure that all agencies are aware of their responsibilities toward the family, identify any further assessments or referrals that are deemed necessary, and determine the frequency at which meetings should be held regarding the child's services. Crisis plans are developed for all families who have Family Service Coordination Plans. The Coordinator, agency members and family will sign off on the plan and receive a copy.
  - The Team Leader will facilitate communication between the family, Family Team members and the Coordinator. Meeting times, progress, concerns and issues should be reported to the Coordinator for tracking and update purposes. This staff member is generally responsible for enacting the Crisis Plan if needed before a full plan can be developed.
  - Goals set forth in the plan will have specific timelines to be monitored for appropriate progress. The progress on these goals will be reported by the Team Leader to the Coordinator, who will report to the Leadership and Review Team.
  - Families may initiate a meeting to develop or review their plan by notifying the Team Leader or Coordinator if they desire to do so. *A family's service plan shall not be changed without the parents/legal guardians being present.*
  - Between meetings, parents and service providers may contact the Coordinator for assistance in accessing funding, referrals, or specialized services.

- c.) The Leadership and Review Team (also known as 'Cluster'), consisting of agency directors or designated staff, and day to day service providers will meet to review, discuss, and collaborate on ideas, possible concerns or problems regarding Family Service Coordination Plans and obtain updates on progress. The Leadership and Review Team will meet following the regularly scheduled Gallia County Family and Children First Council Intersystem Collaborative meeting held on the first Wednesday at 9:00 a.m. of every even month, and every first Wednesday at 10:00 a.m. of odd months. The Collaborative will not meet on odd months.

### **VIII. Family Service Coordination Plans**

The Council, in concert with each individual family, will develop and maintain a family service coordination plan (FSCP). The plan will identify and organize providers, services and responsibilities. Services may be provided by public and private agencies and informal supports such as neighborhood associations, neighbors, other families and churches. Families have an active role in writing the individual family service coordination plan and share a responsibility for carrying out the plan. Each individual family service coordination plan is different because each child and family is different.

a.) The Family Service Coordination Plan **must** include:

- Consent to Participate: A list of agencies responsible for giving the child and family the specified needed services.
  - The agencies can be state, county and local, public and private agencies and informal supports.
- Family approval of the person coordinating the services.
  - This person will make sure that the Family Service Coordination Plan gets started and the family continues to get the planned services.
  - By signing the Family Service Coordination Plan, families agree to the Team Leader and the plan (as is currently written).
- The assurance that every child will get the service that he or she needs.
  - The Family Service Coordination Plan must also make sure that all services support individual family strengths.
- A promise that families and children will be given the opportunity to share opinions, ideas and suggestions on making services respectful of the families culture, race, and ethnic group.
- A guarantee that services will be delivered in the least restrictive environment.
  - A least restrictive environment is when a child receives services in the most helpful setting while being with other children.
- A timeline for the goals outlined on the plan, as deemed appropriate for the needs of the child according to the Team.
  - The timeline is located on the Family Service Coordination Plan sheet.
- Crisis Plan: Detailed arrangements regarding the process for dealing with an emergency situation or a short term crisis situation.

### **IX. Out of Home Placement/Unruly/Delinquent Children**

Youth who need intensive intervention to prevent out-of-home placement or court involvement are high priority cases for Service Coordination. Close monitoring and service coordination by the Coordinator and Family Teams are a primary focus.

- If out of home placement becomes necessary at any time during service coordination, a Service Coordination meeting will occur prior to such placement. In the event of an emergency, and an out of home placement becomes necessary, the Service Coordination meeting will take place within 10 days after placement is made.
- In this meeting members can assess whether all other alternatives have been exhausted as reasonable and appropriate responses to the situation. Decisions will be made regarding funding or placement and a plan initiated for the child's eventual return to the community. Special funding considerations will be referred to the Family & Children First Council's Executive Committee.  
*\*Decisions of the Service Coordination team or Council shall not be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement.*
- In the event that out-of-home placement or another costly service is necessary, the Coordinator will facilitate necessary financial arrangements. Gallia County has no pooled funding nor do any of the participating agencies have local tax levy dollars. This severely limits our ability to gain financial participation in paying per diems. Negotiating appropriate financial arrangement is usually conducted in a meeting between administrators of the major funding entities (Juvenile Court, DD, Children's Services, and the ADAMHS Board).
- In the case of a child alleged to be unruly, the designated Probation Officer of Gallia County Juvenile Court will make necessary arrangements for service coordination through referral to the Coordinator. The SC plan will be specifically designed to prevent any further court involvement with this child.

#### **X. Outcome Monitoring/Tracking**

Individual plans are monitored for progress toward goals by family team members using the Gallia County Service Coordination Goal Setting Worksheet. Goals for the family are recorded on the sheet, which include a time period for reviewing the goal(s). The Gallia County Service Coordination Goal Attainment Tracking Guide is then used to rate to which degree the goal was met. At the end of the fiscal year, Goal Attainment sheets for each family will be reviewed by the Council Coordinator and success rates for Service Coordination provided by the Gallia County Family and Children First Council will be reported on the Ohio Family & Children First Mid Year and Year End Report via Survey.

For the purpose of system/service monitoring, progress is reported at Leadership & Review Team Meetings. Aggregate information is presented to the Gallia County Family & Children First Council. Data such as number of cases, common problems, trends, and treatment needs are considered in Council strategic planning. Any requested data will be provided to the Ohio Family & Children First Cabinet Council upon request.

#### **XI. Procedure for Protecting Confidentiality of Families**

Information contained in a Family Service Coordination Plan, as well as any personal family information disclosed during service coordination meetings shall be respected with

the highest confidentiality. Each agency's staff will follow, first and foremost, the confidentiality standards set forth by their employing agency.

Family information pertaining to Service Coordination will be kept by the Coordinator at the Gallia, Jackson, Meigs Board of Alcohol, Drug Addiction and Mental Health Services office.

Families participating in service coordination will sign the Authorization of Release of Information form on which they will indicate their wishes regarding the sharing of information. That document will set the parameters for any information, written or verbal, that may be shared between agencies.

All forms, paperwork and/or identifying information shall be kept in a secure location according to the policy of the lead agency. Service Coordination files managed by the Coordinator shall be secured in the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services.

## **XII. Funding/Fiscal Issues**

Due to lack of local flexible funds, Gallia County has no pooled funding for service coordination. When a portion of a child's plan requires special monetary consideration, the specific need will be referred to the Coordinator. The Coordinator will convene a meeting of appropriate agency administrators. The administrator of each agency will have final say as to what their agency can contribute. As referenced in Section V of this document, families may be included in this meeting. As a matter of course, financial participation from the family will be expected according to a case-by-case review.

The Gallia County Family and Children First Council and its member agencies strive to be as creative and flexible as possible to maximize the use of all funds available and to provide the best possible service without duplicating efforts or spending resources needlessly.

In response to the Access to Better Care (ABC) Initiative, Council member agencies considered all possible avenues to maximize available funding and develop needed community-based services. Currently, FCSS dollars are used to provide funds for individualized wraparound services and Service Coordination. The total amount of 404 Base and 404 Treatment dollars are used for home-based mental health services for children in FCFC Service Coordination.

## **XIII. Public Awareness/Targeted Marketing**

Upon approval of this Revised Service Coordination Mechanism, Council member agencies will be trained on the meaning, purpose and use of this document. This training will be provided by the Coordinator.

The Coordinator will also provide this training to agency staff who serve on the Service Coordination team. Copies of the SCM will be made available to agencies and staff by the Council Coordinator or through the Council website at [www.galliafcfc.weebly.com](http://www.galliafcfc.weebly.com).

All direct service agencies will have access to the SCM available for distribution to families who may be in need of service coordination. It is not recommended however, that this document be handed out without explanation of its content. A thorough explanation of the purpose and scope of this document, as well as the Dispute Resolution process should be given by appropriately trained agency staff.

#### **XIV. Quality Assurance**

The quality and effectiveness of this SCM shall be reviewed annually by the Gallia County Family & Children First Council. Once yearly, participating agencies will be given the Service Coordination Survey for Providers regarding the Service Coordination process. This survey allows the Coordinator and Council the incite as to how agencies feel the Service Coordination process is working and where improvements can be made or changes can be implemented.

#### **XV. Dispute Resolution**

Dispute resolution is an important component of any service delivery system. Although agencies and professionals are committed to meeting the needs of the child or family, there are times when decisions or processes may be questioned by one or more members of the team. In all instance(s), families are encouraged to ask questions and become more informed regarding available services, needs of their child and their rights and responsibilities as parents. Conflicts may arise in three types of situations:

**Category A:** The family is in disagreement with an agency or the Council

**Category B:** A family in Help Me Grow, Part C services is in disagreement over provision of services.

**Category C:** One agency is in disagreement with another agency regarding a plan.

*The process for handling each of these situations is based on the assumption and belief that individuals will seek understanding and resolution informally before initiating the formal conflict resolution process.* In many instances, a Parent Advocate is helpful in resolving issues informally. Parent Advocates can be made available at any time during the service coordination process, including during times of dispute.

#### **Category A: Disputes between Child's Parents/Custodians and the County Council**

**Purpose:** The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. A parent or custodian who disagrees with a decision rendered by a county council regarding services for a child may initiate the dispute resolution process established in the county's SCM. In addition, children and families eligible for Help Me Grow, but not eligible for Part C Early Intervention service, may file a complaint through the county council's dispute resolution process.

*Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other right(s) or procedure that parents or custodians may have under other sections of the Ohio Revised Code.*

The following steps outline this component of the dispute resolution process:

- 1) The Coordinator is designated as the liaison for the receipt of complaints regarding service coordination:

Gallia County Family and Children First Council  
Intersystem Coordinator

53 Shawnee Lane  
 Gallipolis, OH 45631  
 740-446-3022

- 2) Parents or custodians shall be informed of their right to use the dispute resolution process.
  - a) Those parents or custodians who are denied access to the service coordination process at the point of referral will be informed of their right to use the dispute resolution process and will be provided a written copy of the Council's dispute resolution process.
  - b) During intake, parents or custodians will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
  - c) Any member of the service coordination team or any member of council who receives a complaint from a parent or custodian regarding service coordination will inform the complainant of their right to use the council's dispute resolution process and provide the complainant with the contact information for filing a complaint.
  - d) The Coordinator will provide a copy of the dispute resolution process to the parent or custodian filing a complaint.
- 3) The Coordinator will notify the council chair and administrative agent of the complaint within seven (7) calendar days.
- 4) Each agency represented on a county council that is provided services or funding for services that are the subject of the dispute resolution process initiated by a parent or custodian must continue to provide those services and the funding for those services during the dispute resolution process.
- 5) The Council's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council Chairperson will appoint another member of the Council to serve in that person's stead.
- 6) 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, in writing;
  - c) Interviewing relevant providers and giving providers an opportunity to submit additional information, in writing and;
  - d) Reviewing all relevant information and making a decision.
- 7) The Council's Executive Committee will issue a written decision to the parent or custodian within sixty (60) calendar days from receipt of the complaint.

Situations determined to be an emergency by the Council's Executive Committee will be addressed within thirty (30) calendar days. The written decision will address each allegation and include finding of facts and conclusions and the reasons for the council's decisions.

- 8) When the provision of service or funding cannot be resolved through the designated dispute resolution process, the final arbitrator will be the presiding juvenile court judge. The Coordinator will assist the parent or custodian in filing the case with the juvenile court within seven (7) days of the failed dispute resolution process. The Coordinator will assist the family in providing assessment and treatment information for the court.

### **Category B: Dispute Resolution Related to Part C Early Intervention Services**

**Purpose:** Ohio Department of Health (ODH), as the 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 shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

The following steps outline this component of the dispute resolution process:

- 1) An individual or an organization may file a complaint with the Gallia County Family & Children Council regarding the provision of early intervention services within the county. The Coordinator is designated as the liaison for the receipt of complaints. Contact information:  
 Gallia County Family and Children First Council  
 Intersystem Coordinator  
 53 Shawnee Lane  
 Gallipolis, OH 45631  
 740-446-3022
- 2) The Coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or U.S. mail or fax) within seven (7) calendar days of receipt of the complaint.
- 3) The Coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
- 4) The Coordinator will explain the options available for dispute resolution, which include:
  - Filing a complaint with the county council;
  - Filing a complaint with ODH;
  - Requesting mediation;

- Requesting an administrative hearing with ODH;
  - Filing a complaint with the provider of Part C service, 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 Council's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council Chairperson will appoint another member of the Council to serve in that person's stead.
  - 7) The investigation of the complaint will include at least the following:
    - Conducting an on-site investigation as determined necessary;
    - Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing;
    - Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing;
    - Reviewing all relevant information and making a decision.
  - 8) The Council's Executive Committee will issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The written decision must address each allegation and include finding of facts and conclusions and the reasons for the Council's decision. A copy of the decision will also be provided to ODH. \*\*
  - 9) The Coordinator 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 service must notify ODH and the county council of the complaint in writing (via email or U.S. mail or fax) within seven (7) calendar days of the receipt of the complaint. The provider of Part C services must issue a written decision to the complainant, the county 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 county council or a provider, ODH will monitor the resolution process to assure that the complaint is resolved by the county 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 county 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(c) (4). If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the county council or provider received the complain; and
- 2) To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (c)(3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty (30) days from receipt of the request for mediation and/or administrative hearing.

### **Category C: Agency Dispute with County Council Decisions**

**Purpose:** An agency represented on the county council that disagrees with the council's decision concerning the services or funding for services a child is to receive from agencies represented on the council may initiate the local dispute resolution process established in the county SCM applicable to the council.

The following steps outline this component of the dispute resolution process:

- 1) The Coordinator is designated as the liaison for the receipt of complaints:  
 Gallia County Family and Children First Council  
 Intersystem Coordinator  
 53 Shawnee Lane  
 Gallipolis, OH 45631  
 740-446-3022
- 2) The Coordinator will notify the council chair and administrative agent of the complaint within seven (7) calendar days.
- 3) The Council's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council Chairperson will appoint another member of the Council to serve in that person's stead.
- 4) The investigation of the complaint will include at least the following:
  - Conducting an on-site investigation as determined necessary;
  - Interviewing relevant providers and giving providers an opportunity to submit additional information in writing, and;
  - Reviewing all relevant information and making a decision.
- 5) The Council's Executive Committee will issue a written decision to the complainant within sixty (60) calendar days from receipt of the complaint. Situations determined to be an emergency by the Council's Executive Committee will be addressed within thirty (30) calendar days. The written decision will

address each allegation and include findings of facts and conclusions and the reasons for the council's decision.

- 6) On completion of the process, the Executive Committee shall issue a written determination that directs one or more agencies represented on the council to provide services or funding for services to the child.
- 7) The determination shall include a plan of care governing the manner in which the services or funding are to be provided. The decision maker shall base the plan of care on the Family Service Coordination Plan developed as part of the county's SCM and on evidence presented during the local dispute resolution process. *The Executive Committee 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.*
- 8) An agency subject to a determination pursuant to a local dispute resolution process shall immediately comply with the determination, unless the agency objects to the determination by doing one of the following, not later than seven (7) days after the date the written determination is issued:
  - a) If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, filing in the juvenile court of the county having jurisdiction over the child's case a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child.
  - b) If the child is not a child described above, filing in the juvenile court of the county served by the county council a complaint objecting to the determination.
- 9) The court shall hold a hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. At least five (5) days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose of the court hearing. In the case of a motion filed under division (B) (1) of this section (4a noted above) the court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child, if appropriate, and shall provide notice as required for those hearings.
- 10) Except in cases in which the hearing is conducted as part of the adjudicatory or dispositional hearing, a hearing held pursuant to this division shall be limited to a determination of which agencies are to provide services or funding for services to the child. At the conclusion of the hearing, the court shall issue an order directing one or more agencies represented on the county council to provide services or funding for services to the child. The order shall include a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the family service coordination plan developed as part of

the county's SCM and on evidence presented during the hearing. An agency required by the order to provide services or funding shall be a party to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.

- 11) While the local dispute resolution process or court proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the county council before dispute resolution was initiated. 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.



Gallia County Family and Children First Council  
REFERRAL FOR SERVICES

Agency Person: Please explain to the family the purpose of this assessment, why you are recording information and what will happen to it. Make sure the family understands FCFC is a resource to help them access services and there is no stigma attached. Also, check that they consent to what is proposed in the document. If the child is old enough to understand what you are proposing, they should give consent themselves. Please remember, a child with a disability or learning disabilities is capable of understanding and giving consent.

(Refer to the sheet attached to the end of this form if you are unclear on how to proceed.)

Please print all information and complete thoroughly.

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Best way to contact family: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Child's School: \_\_\_\_\_ Child's Current Grade Level: \_\_\_\_\_

Does Child have an IEP?  Yes  No  Unknown

Does child have a family doctor? \_\_\_\_\_ Name of Family Doctor: \_\_\_\_\_

Educational setting at the time of the referral:

- Public School  Home Instruction
- MR/DD  Suspended
- IAH School  Expelled
- Vocational School

Assessment of Strengths, Risks & Needs:

1.) List several positive characteristics of your family. \_\_\_\_\_

2.) What activities does your child enjoy most? \_\_\_\_\_

3.) What talents or skills does your child have? \_\_\_\_\_

4.) What are your dreams and future plans for your child? \_\_\_\_\_

5.) What does your family hope to achieve in the next month? \_\_\_\_\_

6.) What does your family hope to achieve in the next year? \_\_\_\_\_

7.) If you had all the support and money you needed, what would you change about your family's situation? \_\_\_\_\_

8.) Apart from your immediate family, list by name the most important people in your child's life (Examples: extended family, friends, neighbors, clergy, health professionals, etc.) \_\_\_\_\_

9.) List the three most distressing problems you are having with your child/family. \_\_\_\_\_

10.) What seems to help even if it doesn't solve the problem? \_\_\_\_\_

**Child Behavior Chart:** Please check the appropriate box(es) that apply to the child.

Health problems		Homicidal threats		Smoking	
Physical disability		Hypersensitivity/ Attention Deficit Disorder		Suicide Attempt	
Low intelligence/ developmental delay		Inappropriate Sexual Behavior		Suicidal Ideation	
Learning disability		Problems in Authority Relationships		Tantrums/Severe Anger	
Underachievement		Problems in Peer Relationships		Truancy	
Victim of physical/ sexual abuse		Peers outside of age range		Unwanted Aggression/ Assault	
Victim of neglect		Running Away		Vandalism	
Fighting		School Behavior Problems		Withdrawal	
Fire setting/arson		Self-Mutilation		Other	
Hallucinations or delusions		Sex Offender		N/A	
Homicidal attempts		Sleep Disturbance		Child is age 0-3	

**Juvenile Court Involvement**

	Current	Previous	Pending	N/A
Adjudicated delinquent (other than violent offense)				
Adjudicated unruly				
Charged and/or adjudicated (felony/misdemeanor offense of violence)				
Probation				
Paroled				
DYS Committed				

Name, agency (if applicable), address and phone number of person or agency making the referral:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and phone number of person completing referral packet:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Once referral is completed, please forward to FCFC Coordinator:

Lora Jenkins  
 53 Shawnee Lane  
 Gallipolis, Ohio 45631  
 Ph: 740-446-3022  
 Fax: 740-446-6814  
 lora\_jenkins@gjfbboard.org

Date Intersystem Coordinator received referral for services: \_\_\_\_\_  
 Date of initial family contact by Coordinator: \_\_\_\_\_



Gallia County Family and Children First Council  
AUTHORIZATION FOR RELEASE OF INFORMATION

Person's Full Name

Date of Birth

Social Security Number (Optional)

Individual Case Number

The following agency(s) have my permission to exchange/give/receive/share/redisclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person (please identify all agencies that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> BVR/BSVI                        | <input type="checkbox"/> GJM BADAMHS                    |
| <input type="checkbox"/> Department of Youth Services    | <input type="checkbox"/> Gallia-Jackson-Vinton JVSD     |
| <input type="checkbox"/> FACTS/New Alternative           | <input type="checkbox"/> Gallipolis City Schools        |
| <input type="checkbox"/> Gallia County Board of DD       | <input type="checkbox"/> Heart of the Valley Head Start |
| <input type="checkbox"/> Gallia County Children Services | <input type="checkbox"/> Holzer Clinic/ Holzer Hospital |
| <input type="checkbox"/> Gallia County DJFS              | <input type="checkbox"/> HRS/Bassett House              |
| <input type="checkbox"/> Gallia County Health Dept.      | <input type="checkbox"/> TASC of Southeastern Ohio      |
| <input type="checkbox"/> Gallia County Help Me Grow      | <input type="checkbox"/> Woodland Centers, Inc          |
| <input type="checkbox"/> Gallia County Juvenile Court    | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Gallia County Local Schools     | <input type="checkbox"/> All of the Above               |

I authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual: (Circle yes or no and initial.)

Circle One Initial

Yes No \_\_\_\_\_

**Identifying Information:** Name, birth, sex, race, address, telephone number, individual case number, and social security number (optional).

Yes No \_\_\_\_\_

**Case Information:** The above Identifying Information, plus medical (except for HIV, AIDS and drug and alcohol treatment records) and social history, treatment/service history psychological evaluations, Individualized Education Plans (IEP's), Individualized Family Service Plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding me or the individual named above (disability, type of services being received and name of agency providing services to me or the individual named above). Information regarding the following shall not be released unless initialed below:

Yes No \_\_\_\_\_ HIV and Aids related diagnosis and treatment.

Yes No \_\_\_\_\_ Substance abuse diagnosis and treatment.

Yes No \_\_\_\_\_ **Financial Information:** Public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W2s, and tax returns, and other financial information.

I understand that the Consent for Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel the Consent for Release of Information at any time by stating so in writing with the date and my signature. The revocation does not include any information, which has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that copies (including FAX) of this signed Consent form will be forwarded to all member agencies identified on the Consent. I understand that my signing or refusing to sign this consent will not affect public benefits or services that I am eligible for.

This consent expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Person	Date	Signature of Parent/Guardian	Date
Witness	Date	Originating Agency	Date

*Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.*

**To all agencies receiving information disclosed as a result of the signed consent:**

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

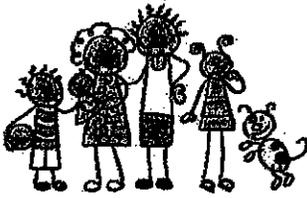
Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal law.

Federal regulation (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:

This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnosis.

3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state law.



**Gallia County Family and Children First Council  
At-Risk Screening Tool**

YOUTH NAME \_\_\_\_\_

**PRESENTING RISKS TO CHILD/YOUTH:**

☐ Suicidal Ideation, Thoughts, Attempts (3 pts)	☐ Violent Behaviors (toward others, animals, property) (3 pts)	☐ Changeable (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"/> Victim of Physical, Emotional or Sexual Abuse (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, Homeless (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 Developmental Capacity to maintain personal safety (2pts)	<input type="checkbox"/> Sexual Acting Out/Impulsivity – Current or History (2pts)	<input type="checkbox"/> Parent w/Chronic/Acute Mental Illness, DD (2 pts)
<input type="checkbox"/> Aggressive Behaviors (toward others, animals, property) (1pt)	<input type="checkbox"/> Drug/Alcohol Use (1 pt)	<input type="checkbox"/> Lack of Caregiver Supervision and/or Neglect (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 (1 pt)
<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 (1pt)	<input type="checkbox"/> Youth with Chronic/Acute Mental Illness, DD (1 pt)	<input type="checkbox"/> Stealing (1 pt)
<input type="checkbox"/> Enuresis/Encopresis (1 pt)	<input type="checkbox"/> Self-Esteem Problems (1 pt)	<input type="checkbox"/> Lying (1 pt)

<input type="checkbox"/> Destruction of Property (1 pt)	<input type="checkbox"/> Hygiene Problems (1 pt)	<input type="checkbox"/> Other (describe): _____ _____ (1pt)
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Total Score \_\_\_\_\_

Intake by \_\_\_\_\_

Information Source \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Risk Screen Interpretation

**Score of:**

**Results in:**

15+

**High Fidelity Wraparound Team** – Formal Team Meetings with neutral facilitator due to the high risk, high need situation of the youth/family requiring active interagency collaboration and facilitation.

7-14

**Service Coordination** – Team Meetings with currently involved agencies will be held at least monthly.

1-6

**Information and Referral** – Family will be linked with existing community services. A team is not formed. Agency representatives will take normal action per their agency to continue providing services for the child, youth and/or family.



**Gallia County Family and Children First Council  
PARENT ADVOCATE FORM**

Dear Families and Friends,

Gallia County Wrap Around is committed to serving as a voice for children and their families. As a partner in the process of building stronger families, we offer a Parent Advocate to assist you and your family with this process. A Parent Advocate provides support to the parents in areas of empowerment, education, and service coordination.

Please select an option at the bottom of the page and return it to your team leader as soon as possible. If you choose to accept a parent advocate, please notify your team leader as soon as possible to have an advocate appointed. Your cooperation is greatly appreciated. The Wrap Team is looking forward to working with your family.

Sincerely,

Lora Jenkins

Gallia County Family and Children First Coordinator

\_\_\_\_\_ I accept a Parent Advocate.

\_\_\_\_\_ I decline a Parent Advocate

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Gallia County Family and Children First Council  
FAMILY SERVICE COORDINATION PLAN**

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Team Members Present:** \_\_\_\_\_

**Child/Family Signature:** \_\_\_\_\_

<b>Life Domain</b>	<b>Needs</b>	<b>Strengths</b>	<b>Actions</b>	<b>Person/Agency To Complete</b>	<b>When Will This Be Done?</b>	<b>Progress</b>
<b>Residence</b>						
<b>Social</b>						
<b>Emotional/ Psychological</b>						
<b>Educational/ Vocational</b>						
<b>Financial/ Legal</b>						
<b>Medical</b>						

**Next Review Date:** \_\_\_\_\_

Revised: 9/07





Gallia County Family and Children First Council

SERVICE COORDINATION PLAN:

INDIVIDUAL FAMILY REVIEW

**Child Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Members:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Life Domains:**

*Social Goals:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Emotional Goals:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Educational Goals:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Financial Goals:***

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***Medical Goals:***

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***Residential Goals:***

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***Legal Issues:***

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***Upcoming Appointments:***

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***To Do:***

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