

MERCER COUNTY

SERVICE COORDINATION PLAN

What is the Service Coordination Plan? This is a tool to assist Mercer County in the process of developing and coordinating a more responsive, family-friendly and cost effective service delivery system. It is an opportunity for systems to collaborate in ways that remove barriers to child and family success. Any agency, including juvenile court or a family voluntarily seeking service coordination may initiate a referral to the service coordination process.

Who Is the Target Population?

The service coordination process is geared to serve the following populations:

1. Abused children
2. Neglected children
3. Dependent children
4. At-risk to be, alleged and adjudicated unruly youth
5. Delinquent children
6. Families who voluntarily wish to receive services

Priority will be given to those who meet the following criteria:

1. Resident of Mercer County
2. Birth- 21 years of age
3. Have not been successful in accessing needed services
4. Currently involved in services from two or more agencies
5. At-risk to be, alleged and adjudicated unruly youth

Who Coordinates the Process?

The Family & Children First (FCFC) Coordinator manages all referrals and facilitates the service coordination process. This individual may be reached at O.U.R. Home Family Resource Center at 419-586-HOME (4663).

What is the Process?

Upon contacting the FCFC Coordinator, the referral source is asked to complete the Mercer County Family Service Coordination Referral Form, along with the Release of Information form. The Coordinator establishes the composition of the Family Service Coordination Plan Team based on the family's needs. With input from the family, a Lead Case Manager is selected and assigned to the case. A Family Service Coordination Planning meeting is scheduled at the family's convenience within two weeks of the receipt of the referral. The family, appropriate staff from involved agencies and schools will be notified and invited in writing to participate in the Family Service Coordination meetings. It is the goal of Family Service Coordination, to provide services to families in the least restrictive environment. In addition, if needed, a meeting is conducted before a non-emergency out of home placement and within 10 days of an emergency out of home placement.

The Lead Case Manager, approved by the family, will track the progress of the Service Coordination Plan, schedule reviews, and facilitate the Family Service Coordination Plan

meeting process. The FCFC Coordinator will track the number of families involved in service coordination, funds spent, and out of home placements.

Through this assessment the team will be able to provide a plan that is responsive to the strengths and needs of the family, as well as the family's race, culture and ethnic needs by allowing the family to offer information and suggestions and participate in decisions. A uniform treatment plan is developed at all Family Service Coordination meetings, which designates goals, objectives, time frames, who is the responsible party and the date of the next meeting. Initially, plans are reviewed within two weeks to thirty days. Thereafter, plans are reviewed at a minimum of every ninety days, or as needed.

For children and families receiving services through the Mercer County Service Coordination Plan and Help Me Grow the services received under the Council service coordination will be consistent with the laws and rules of HMG and service coordination through the council. The main provider of service coordination should be HMG to assure compliance with O.R.C. 3701.61. The Mercer County Service Coordination Plan will support and provide resource assistance for the family's HMG Plan.

The Funding

Once the plan is developed the team will discuss funding options and decide upon a course of action. Funding options will be explored and discussed such as Medicaid, private health insurance, community resources and programs, agency programs and funding. Children and families referred to service coordination may utilize SOC funds, as designated in the transformation plan, and/or appropriation item 335- 405.

The Dispute Resolution Process

This is a process that has been put in place in the event an agreement cannot be reached between members involved in each child/family's Family Service Coordination Plan. The Council should inform parents and custodians of their right to use the process and all agencies involved in the service coordination process are subject to continue providing services until the dispute is resolved. It is understood that this process is to be utilized as a last resort.

BACKGROUND:

In 1984 an Executive Order was issued to change the way state and local governments in Ohio delivered services to children with multiple needs. As a result, the Mercer County Cluster was formed in 1986 to maintain multi-need children in their homes. "Clusters" or "Treatment Teams" were developed to provide more effective service delivery to families who otherwise "fell through the cracks". The Mercer County Cluster also discussed community planning, new programs, needed resources and other such issues.

In 1992 another Executive Order transformed the concept of "cluster" into the Family and Children First Initiative (ORC 121.37). The Ohio Family & Children First (OFCF) Initiative promoted coordination and collaboration among state and local governments, nonprofit organizations, businesses and parents for the benefit of Ohio's children. The initiative specifically focused Ohioans on obtaining *National Education Goal One: By the year 2000, all children in America will start school ready to learn*. The OFCF Initiative marked a historic first. Never before had the state's education, health and social service systems and Ohio families concentrated on achieving the shared policy goal of school readiness. At the state level, the Initiative's coordinating body is the OFCF Cabinet Council, composed of the Superintendent of Public Instruction and the directors of the Departments of Alcohol & Drug Addiction Services, Budget & Management, Health, Job & Family Services, Mental Health, Mental Retardation & Developmental Disabilities and Youth Services. In November of 1994, the Mercer County Cluster voted to become a Family & Children First Council (FCFC). Currently, there is a FCFC in all 88 counties within Ohio.

It was proposed that the Mercer County FCFC, Mercer County Coalition, M.E.C.A. (the Early Intervention collaborative), Child & Family Health Services and the Juvenile Justice Group merge into one group. Dr. Clark of O.S.U. assisted with this merger. The

end result was the formation of Community Organizations Linking Together (C.O.L.T.) in January of 1996. Over 35 area organizations consisting of government, nonprofit organizations and private business and industries began working together in an effort to improve services offered to the residents of Mercer County. C.O.L. T .was formulated to establish new programs. C.O.L.T.'s mission is *"to promote the delivery of effective and help eliminate duplication of services and to assist organizations in their efforts to efficient services to meet the needs of Mercer County residents through the organization of existing resources "*.

Currently, the C.O.L.T. Advisory Council includes the OFCF state-mandated members and selected members of other community agencies. These state mandated members include, Mercer County Juvenile Court, Mercer County Job and Family Services, Mercer County Family and Children First Council, Mercer County Help Me Grow, Mercer County Board of Health, Mercer County Educational Service Center, Tri- County ADAMHS Board, Mercer County Board of MRDD, as well as three family representatives. These state mandated agencies and family representatives assisted in developing and approving the official Mercer County Service Mechanism. It functions as the Mercer County FCFC, the Child and family Health Services Consortium and the Help Me Grow County Collaborative Group. The primary working bodies of C.O.L.T. are the established committees. C.O.L.T. is governed by its Bylaws, which were developed at the local level. The Mercer County E.S.C. functions as the Administrative/fiscal Agent for the Mercer County FCFC C.O.L.T., serving in the capacity of the Mercer County

FCFC, is responsible for the oversight of this entity. In addition, the Mercer County FCFC assures that service coordination data will be submitted to the State upon request.

INTRODUCTION TO SERVICE COORDINATION PLANS

Section 121.37 of the ORC also mandated that plans be developed to coordinate services for children and their families. Thus, all 88 counties were asked to submit *service coordination plans* to the Ohio family and Children first Cabinet Council. The plans were to be utilized as a tool to assist local communities in the process of developing and coordinating more responsive, family-friendly and cost-effective service delivery system. They were to include children who were abused, neglected, dependent, unruly or delinquent and families who voluntarily sought services. A multi-disciplinary team that functioned under the direction of C.O.L.T developed the Mercer County Service Coordination Plan.

In July of 2000, the Mercer County FCFC began the implementation of the Family Stability Program through the award of the Family Stability Incentive Fund Grant. This initiative focused on improving family stability by reducing the unnecessary out-of-home placements of youth. It was based upon the OFCF principle that families should be supported in raising their own children. The diversion approach developed through the Family Stability Program was integrally connected with the Mercer County Service Coordination Plan. "Clusters" or "Treatment Teams" became "Intersystem Diversion Teams" (IDT's), whose focus was to strengthen families and keep them intact, as long as safety is assured for both the children and the community. The guiding principles of the Family Stability Program were very similar in nature with the philosophy behind the Mercer County Service Coordination Plan.

H.B. 57 legislation was passed effective February 19, 2002. Its intent was to improve the processes and supports at the local level to curb the incidence and change the behavior of unruly youth. The bill required communities to modify their service coordination plans

with specific emphasis on youth at-risk to be unruly, alleged unruly and adjudicated unruly. There was an ongoing struggle throughout Ohio to develop effective services for unruly youth and their families. These youth often had not presented in the child protective system, nor have they appeared in the juvenile court system with serious delinquent offenses. These at-risk youth and their families were at a point in their lives where intervention, especially community-based services, was and continued to be essential. The legislative intent of H.B. 57 was to coordinate local services to improve academic performance, to divert youth from the juvenile justice system and to empower parents to maintain productive and intact families. The Mercer County Service Coordination Plan was revised to reflect an alignment with this intent

In 2005 House Bill 66 was enacted and signed. It requires agencies, organizations and families in Ohio's Counties to work together to develop an improved procedure for responding to the strengths and concerns of multiple need children and their families. New provisions were added to the Family and Children First Council service coordination requirements with the express purpose of improving access to behavioral health care. A cornerstone to the initiative is The Access to Better Care (ABC) Initiative which focuses on evidence-based and other effective interventions across the continuum of behavioral health care that support the values of family driven, culturally competent, strength-based assessment, treatment and service evaluation.

THE MERCER COUNTY SERVICE COORDINATION PLAN

Since inception Mercer County Family and Children First Council has promoted service to children and families by linking children in one system's care to other systems.

Through Mercer County Family and Children First Council service coordination has united service providers without dismantling systems. Information is shared while assuring confidentiality of the child and family.

A service coordination planning process provides an opportunity for systems to collaborate in ways that remove barriers to child and family success. In order to encompass the views of all stakeholders, numerous entities were invited to participate in the development of the revised Mercer County Service Coordination Plan. A number of goals were outlined within the H.B. 57 and 66 Advisory Guidance. Thus, the group was charged with addressing the following within the service coordination plan:

- Supporting Ohio's Commitments to Child Well-being
- Coordinating appropriate, effective and cost-efficient services for children and families
- Increasing family involvement throughout the levels of planning and services
- Supporting early intervention with families
- Encouraging shared responsibility among systems serving children and families
- Developing a locally driven plan

The goal for Mercer County children and youth is for them to be able to successfully live with their families in their own communities while succeeding in school, developing good health and well being. Mercer County strives to parallel 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

For children and families receiving services through the Mercer County Service Coordination Plan and Help Me Grow the services received under the Council service coordination will be consistent with the laws and rules of HMG and service coordination through the council. The main provider of service coordination should be HMG to

assure compliance with O.R.C. 3701.61. The Mercer County Service Coordination Plan will support and provide resource assistance for the family's HMG Plan.

Target Population

The service coordination process is geared to serve the following populations:

1. Abused children (adjudicated due to harmful act by an adult)
2. Neglected children (adjudicated due to serious omission of an act by Caretaker)
3. Dependent children (adjudicated as it is determined that the parent, through no fault of their own, is unable to meet the child's needs)
4. At-risk to be, alleged and adjudicated unruly children (adjudicated for an infraction due to age)
5. Delinquent children (adjudicated for an adult crime)
6. Families who voluntarily wish to receive services.

In order to optimize a finite set of resources, it is important to prioritize the population in terms of the types of children and families who are not being served or whose needs are not being addressed adequately. Therefore, priority will be given to those who meet the following criteria:

1. Resident of Mercer County
2. Birth -21 years of age
3. Have not been successful in accessing needed services
4. Currently involved in services from two or more agencies
5. Adjudicated unruly youth, alleged unruly youth and those youth at-risk of becoming unruly

Special emphasis will be placed on those within the target populations who have not yet become involved with the juvenile court system. A number of diversion activities will be implemented in order to divert such involvement. The following special emphasis will be placed on those within the target population who have not yet become involved with the juvenile court system.

Components of the Service Coordination Plan

Once approved by the Council the completed Mercer County Family Service Coordination Plan and Dispute Resolution will be distributed through C.O.L.T., subcommittees, and the schools. Annually, following a monthly C.O.L.T. meeting, families, agency personnel, as well as school and court representatives may attend an information session on Family & Children First including information on updates and procedures for accessing the Comprehensive Family Service Coordination Process.

The Service Coordination Plan describes the provision of service coordination through the Mercer County FCFC Coordinator. The plan transforms Mercer County delivery of services from child-centered systems to family and children integrated systems that support children and preserve families through interagency, home and community intervention wherever possible. . Through family service coordination Mercer County will be able to maintain and preserve family unity, and keep out of home placements to a minimum. The plan upholds the beliefs that:

- 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 resource 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 and 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.

Typically, individuals will pursue the services of this program under the following circumstances:

- when existing services do not seem to be meeting the needs of the family
- when the direct service providers need to improve communication
- when there is a need to divert the youth from more serious involvement with any of the systems
- when an out-of-home placement is under consideration

Those deemed unruly and referred for service coordination will follow a process through the Service Coordination Plan. Early identification and intervention is a critical factor in preventing a child/youth from becoming further involved in the juvenile court system. A system for first time offenders is already available to eligible first times offenders through the court diversion program. In addition, the court diversion officer is available to talk to youth who are at risk of becoming unruly and families who have been referred to Family Service Coordination. Once a child/youth is identified as unruly and referred to service coordination, the lead case manager will schedule weekly meetings tapering off as the behaviors are more effectively managed. The team will consider the individual circumstances, as well as set objectives. The county has had success in dealing with this population through the diversion program, equestrian therapy, study tables and home based therapy, just to name a few options available to the team. The goal of the team will be to divert the youth from juvenile court by helping provide the necessary supports to the child/youth and family.

Any agency, including juvenile court, or individual may make a referral for initiation of the Family Service Coordination Plan process by contacting the FCFC Coordinator. The Coordinator may recommend that the individual access other available services prior to commencing the Family Service Coordination Plan process. If it is determined that a referral is appropriate, the referring agency or the family voluntarily seeking services will

complete the Mercer County Family Service Coordination Plan Referral Form (Attachment A). This document will also serve as the initial assessment, which will include the identified needs and strengths of the child and family. An Authorization for the Release of Information Form and Family Intake Assessment Form (Attachments B & C) must be completed by the family and submitted along with the above referral form. This will allow the FCFC Coordinator to initiate the Family Service Coordination Plan process. It will also allow open communication between all involved entities.

The Authorization for Release of Information will be completed in order to facilitate the Family Service Coordination Plan process. When tracking data and reporting to the Council family names will be confidential. Numbers served and funds utilized will be shared, but no identifying information. All information shared at a Family Service Coordination Plan meeting is confidential. Agencies and individual involved will be informed that the meetings are confidential.

The Family Information and Assessment form measures the strengths and needs of the child and family. This information helps to determine the direction and provide the best services available. Relevant assessments completed through providers will be shared for additional information, and so as not to duplicate assessments with the family. Parents seeking services directly will complete the Family Intake Assessment Form (Attachment C).

The completed referral forms and An Authorization for the Release of Information form will be submitted to the FCFC Coordinator. Upon receipt of the referral documents, the FCFC Coordinator will date and begin the process contacting the family and or referring person to discuss the referral within five working days. In the event a family is voluntarily seeking services, a meeting will be scheduled with the FCFC Coordinator for joint completion of the necessary intake information.

The FCFC Coordinator will review the intake information to again determine the appropriateness of the referral. The Coordinator will then establish the necessary

composition of the Family Service Coordination Plan process through information obtained on the referral form. The Family Service Coordination Plan process will be customized to include the family, school personnel, direct service providers, family advocates if desired, other family support workers, and formal/informal natural supports. With the input and approval of the family, a Lead Case Manager will be selected. The community agency personnel who refer a child to FCFC becomes the lead case manager. The lead case manager is trained by FCFC coordinator. The FCFC performs yearly training to all community agencies for lead case managers. In the event of a self-referral, the FCFC Coordinator will work with the family in determining who will fill the role of r.the Lead Case Manage The Lead Case Manager will be responsible for assisting the FCFC Coordinator with scheduling meetings, facilitating meetings in the event of his/her absence and serving as the main point of contact. Meetings will be scheduled at the convenience of the family taking into account their needs and limitations. Typically, meetings will be held at a neutral location such as O.U.R. Home Family Resource Center, but the location could vary according to the preferences and needs of the family. In emergency situations members of the team will receive a telephone call inviting them to a Family Service Coordination Meeting. Typically families and agencies will receive a phone call followed by a written notification inviting them to attend the Family Service Coordination Meeting. When a child or family is in crisis it is the practice of Mercer County to have an emergency Family Service Coordination meeting as soon as possible. In those situations a written notice is not always possible.

In non-emergency or crisis situations a Family Service Coordination Plan meeting will be scheduled at the family's convenience within two weeks of the receipt of the referral form. After speaking with the family to obtain any names of individuals the family would like at the meeting including mentors, advocates or natural supports, the family, appropriate staff from involved agencies and the school will be notified and invited in writing to participate in the Family Service Coordination Meetings. The family will be encouraged to invite anyone to the Family Service Coordination Plan meetings they feel are important to the case. Family advocates will be offered. Every effort will be made to increase their comfort level throughout the Family Service Coordination Plan process. All

Family Service Coordination Plan meetings will include the family and the child(ren), unless it is believed the child(ren) will not be able to be a contributing member to the group. At the initial Family Service Coordination Plan meeting, the FCFC Coordinator will provide a brief overview of the process, ensure that the family knows that they can invite a family advocate, mentor or other support person, and reviews the Dispute Resolution Process. Any additional support person will be added to the Family Service Coordination Plan list.

A uniform treatment plan, the Family Service Coordination Placement Prevention Plan, (Attachment D) will be developed at all Family Service Coordination Plan meetings. This plan designates goals, objectives, time frames, party responsible for completion, a process for dealing with short-term crisis situations and safety concerns for all cases, and the date of the next meeting. It is family driven with the family's desires, needs, strengths, with cultural and ethnic needs receiving priority. This method assures that responsibility is assigned for all necessary services and supports for each child and family. All parties participating will sign and date the plan, which is recognized as a binding document. Everyone will receive a copy of the plan with the original remaining in the family file within the office of the FCFC Coordinator. The Lead Case Manager will track the process of the Family Service Coordination Plan, schedule reviews, and facilitate the Family Service Coordination Plan Meeting Process. The Family & Children First Coordinator will track the progress of the cases brought to service coordination.

Initially, plans will be reviewed within two (2) weeks to thirty (30) days. Thereafter, plans will be reviewed at a minimum of every ninety (90) days. The frequency of the meetings will be dependent upon the needs of the family. In some situations weekly or bi-monthly meetings are necessary until the situation and/or objectives are stabilized and working. An emergency Family Service Coordination Plan meeting may be called by any member of the Family Service Coordination Plan team through contact with the FCFC Coordinator. At least one member of each Family Service Coordination Plan team will have the ability to respond to a potential placement within seventy-two hours. Currently, there are two 24-hour emergency service lines available to the public to

address child safety and mental health issues. The personnel on call are typically able to stabilize the family unit on at least a short-term basis. Linkage to services is then made with the appropriate agency or the information is passed along to that agency in the event the family is already involved in the system. On-call personnel are educated on the necessary procedures and are empowered to obtain respite care or other support services that will meet the family's immediate needs. A Family Service Coordination Plan meeting will be scheduled in regard to the matter as soon as possible but within no more than 10 days.

Mercer County has a strong history of collaboration in working with multiple need children and their families. All prospective Family Service Coordination Plan members' respective systems have traditionally committed resources in the form of services, funds or other supports to eliminate or reduce the threat of an out-of-home placement, protect the safety of the children and begin to resolve the issues that led to consideration of placement. In the event these resources are unable to meet the identified needs, the Family Service Coordination Plan team will have access to an allocation of family support and preservation dollars that may be utilized for flexible, wraparound type needs. In order to access those dollars, the Family Service Coordination Plan team must make a recommendation, which is approved by the FCFC Coordinator. Any financial arrangements that need to be made will be the responsibility of the FCFC Coordinator. This individual will contact the necessary funding sources and complete the Shared Funding Agreement.

The results of each Family Service Coordination Plan will be monitored by the Family & Children First Service Coordination Sub-committee. The results will be reported to the Council on a regular basis. The number of out of home placements both involved and uninvolved in Family Service Coordination will be tracked. Those receiving service coordination services will also be monitored for continued progress in the placement, appropriateness of the placement, continuity of care after discharge with appropriate arrangements for housing, treatment and education. The Family and Children First Service Coordination Sub-committee will monitor the number of families referred to

family service coordination, the length of time receiving services, number exiting and entering each month. This information will be reported to the Council quarterly and utilized to annually evaluate, prioritize service gaps and improve upon service delivery to the families and children who reside in Mercer County. Following the gap assessment, the Mercer County Comprehensive Service Coordination Plan will be reviewed and updated. Proposed revisions will be brought to the County Council who will vote to implement changes and update the Plan.

The Dispute Resolution Process

A process has been put in place in the event agreement cannot be reached regarding the child/family assessment, the Family Service Coordination Plan, and/or the assignment of responsibilities to implement the Family Service Coordination Plan. This process should be used first to resolve disputes among agencies represented on the county council concerning the provision of service to children including those 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. For children and families receiving services through the Mercer County Service Coordination Plan and Help Me Grow the services received under the Council service coordination will be consistent with the laws and rules of HMG and service coordination through the council. The main provider of service coordination should be HMG to assure compliance with O.R.C. 3701.61. The Mercer County Service Coordination Plan will support and provide resource assistance for the family's HMG Plan. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The Mercer County Dispute Resolution Process is in addition to and does not replace other rights or procedure that parents or custodians may have under other sections of The Ohio Revised Code. Mercer County has devised a Dispute Resolution Process for the following areas in order to preserve a fair and just system:

1. A family or custodian experiencing a dispute with one agency
2. A family or custodian experiencing a dispute with the Family Service

coordination

3. An agency experiencing disagreement with the Family Service Coordination Plan
4. A family or custodian and the county council regarding service coordination

It is understood that the dispute resolution process is to be utilized as a last resort. All Family Service Coordination Plan members will attempt to deal with problems among themselves first. If resolution continues to evade the parties involved, the following courses of action will be available to them. All agencies and families involved with the Family Service Coordination Plan Process will receive a copy of the dispute resolution process along with the notice for the initial meeting. It is the Coordinator's job to ensure that everyone involved in the Family Service Coordination meetings has this information. Children and families will continue to receive necessary services while disputes are unresolved.

A. A Family Experiencing a Dispute with One Agency

Families are the most vital and powerful members of the Family Service Coordination Plan. If they have a conflict regarding the job performance, activities, scheduling or the procedures of a particular agency, the Coordinator will ensure that they are aware of the dispute resolution process of that particular agency and will assist them in accessing that procedure. If a family has a complaint with Mercer County Help Me Grow they may contact the Help Me Grow Project Director, Family and Children First Council or the Bureau of Early Intervention Service at the Ohio Department of Health.

- by phone 614-644-8389,

- by e-mail beis@odh.ohio.gov

- or by mail to: Ohio Department of Health

Bureau of Early Intervention Services

246 N. High Street P.O. Box 118

Columbus, Ohio 43216-0118

www.ohiohelpmegrow.org

B. A Family Experiencing a Dispute with the Family Service Coordination Plan

It is anticipated that there will be very few family disputes with the Family Service Coordination Plan process and team as it is family driven. If a dispute should arise, the following procedure will be followed:

1. Families will be strongly encouraged to handle the issues directly with the members of the Family Service Coordination Plan Team with the Coordinator acting as a mediator.
2. Issues not resolved will be taken to the FCFC Coordinator for review and advisement. Written documentation will be provided to the FCFC Coordinator within five (5) working days of the dispute, and the group will arrange a special meeting within ten (10) working days.
3. The next step will be a review of the dispute by the FCFC Advisory Committee with all parties involved being present. Again documentation will be provided within five (5) working days of the meeting with the FCFC Coordinator. The FCFC Advisory Committee will arrange a special meeting within fifteen (15) working days. Steps 1,2, and 3 cannot take more than 60 days including written response.
4. If the dispute remains unresolved, the Mercer County Juvenile Court Judge will be the final arbitrator of case resolution. In the event Mercer County Juvenile Court is directly involved with the case, a neighboring Juvenile Judge will attend to the matter. The Judge will receive documentation, including interagency assessment and treatment information, within seven (7) working days of the FCFC Advisory Committee meeting. The case will then be reviewed and scheduled by the Juvenile Court Judge.

5. In case of Emergency, steps 1 and 2 can be forgone and family can request immediate audience by the FCFC Advisory Committee with all parties being present.

All involved parties will consider this final step legal and binding. It will be the responsibility of the Coordinator to track the Dispute Resolution Process .

C. An Agency Experiencing a Dispute with the Family Service Coordination Plan

Mercer County has long experienced a cooperative and collaborative environment in regard to the relationship between agencies. Again, we do not anticipate any problems; however, if one arises the following process will be followed:

1. The FCFC Coordinator will mediate a session between the agency staff within five (5) working days in an effort to clarify and resolve the conflict.
2. If the issue remains unresolved, the FCFC Coordinator should contact the respective agency directors and meet with them within five (5) working days. The staff involved will be responsible for getting the appropriate documentation to both directors within three (3) days.
3. If the problem continues, the issues will be referred to the FCFC Advisory Committee. The agency directors will be responsible for getting the pertinent information to the FCFC Advisory Committee within five (5) working days following their meeting. The FCFC Advisory Committee will meet within fifteen (15) working days.
4. Any failed dispute resolution will be referred to the Mercer County Juvenile Judge or one from a neighboring county, if that Court is directly involved with the case. The Judge within seven (7) working days of the FCFC Advisory Committee shall receive documentation and the Juvenile Court Judge will then review the case. All decisions at this level are legal and binding.

All services will remain intact during any Dispute Resolution Process. It will be the responsibility of the Coordinator to track the Dispute Resolution Process.

D. A Parent or Custodian Experiencing a Dispute with the County Council over Service Coordination.

It is anticipated that there will be very few family disputes with the Family Service Coordination Plan process and team as it is family driven. If a dispute should arise, the following procedure will be followed:

E. Dispute Resolution Related to Part C Early Intervention Services

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 council 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 county council regarding the provision of early intervention services within the county. The council coordinator is designated as the council's liaison for the receipt of complaints.
2. The council coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via e-mail or U.S. mail or fax) within seven calendar days of the receipt of the complaint.
3. The council coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
4. The council coordinator will explain the options available for dispute resolution, which include:
 - Filing a complaint with the county council;
 - Filing complaint with ODH;

- Requesting mediation;
- Requesting an administrative hearing with ODH;
- 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 parent 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 matter.
6. 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; and
 - Reviewing all relevant information and making a decision.
7. The council will issue a written decision to the complainant within thirty calendar days from the receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions under this part, the child and family must receive those services that are not in dispute.
8. The council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the

9. and the reasons for the council's decision. A copy of the decision will also be provided to ODH.**
10. The council 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 county council of the complaint in writing (via e-mail or U.S. mail or fax) within 7 calendar days of 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 calendar days from the receipt of the complaint.

** If ODH receives notice that a complaint regarding Part C services were 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 calendar days. If the complaint is not resolved within thirty 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 calendar days from the date the county council or provider received the complaint; 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 day from receipt of the request for mediation and /or administrative hearing.

11. The FCFC Coordinator will set up a meeting with the family to review the issues and take an additional look at all information within five (5) working days in an effort to clarify and resolve the conflict.
12. If the issue remains unresolved, the issues will be referred to the FCFC Advisory Committee. The FCFC Coordinator will be responsible for getting the pertinent information to the FCFC Advisory Committee within five (5) working days following their meeting. The FCFC Advisory Committee will meet within fifteen (15) working days.
13. Any failed dispute resolution will be referred to the Mercer County Juvenile Judge or one from a neighboring county, if that Court is directly involved with the case. The Judge within seven (7) working days of the FCFC Advisory Committee shall receive documentation and the Juvenile Court Judge will then review the case. All decisions at this level are legal and binding.

All services will remain intact during any Dispute Resolution Process. It will be the responsibility of the Coordinator to track the Dispute Resolution Process.

**Mercer County Family & Children First Council
AGENCY REFERRAL
MERCER COUNTY FAMILY SERVICE COORDINATION PLAN**

Child's Name: _____ **Age:** _____
Parent's Name: _____

Best time for parents to meet: _____

Presenting Problem: _____

Services Requested: _____

Other Agencies Involved:

AGENCY	NAME OF CONTACT
_____ Help Me Grow	_____
_____ Foundations Behavioral Health Svcs.	_____
_____ Mercer Co. Juvenile Court	_____
_____ Job & Family Services	_____
_____ Gateway Outreach Center	_____
_____ School	_____
_____ DYS (Ohio Dept. of Youth Services)	_____
_____ Other	_____

AGENCY SUBMITTING REFERRAL: _____

Signature _____
Date

Attachment A

**C.O.L.T. (Community Organizations Linking Together)
Mercer County Family & Children First Council**

CONSENT FOR RELEASE OF INFORMATION

Full Name	Date of Birth
Social Security Number	Case Number

The following agency(s) have my permission to exchange/give/share/re-disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person.

(please check all agencies that apply):

- | | |
|---|---|
| <input type="checkbox"/> Mercer Co. Job and Family Services
<input type="checkbox"/> Mercer Co. Juvenile Court
<input type="checkbox"/> Foundations Behavioral Health Svcs
<input type="checkbox"/> Celina City Schools
<input type="checkbox"/> Gateway Outreach Center
<input type="checkbox"/> Mercer Co. Health Department
<input type="checkbox"/> Parent Advocate
<input type="checkbox"/> Family & Children First Council
<input type="checkbox"/> Marsh Foundation
<input type="checkbox"/> Family Support Program | <input type="checkbox"/> Ohio Dept. of Youth Services
<input type="checkbox"/> Mercer Co. Educational Service Cntr.
<input type="checkbox"/> Workforce Investment Act
<input type="checkbox"/> Mercer Co. Board of MR/DD
<input type="checkbox"/> Tri County ADAMHS Board
<input type="checkbox"/> Bureau of Vocational Rehabilitation
<input type="checkbox"/> Mercer Co. Help Me Grow
<input type="checkbox"/> Doctor: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|---|---|

I authorize the 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 date, gender, race, address, telephone number, and social security number.

yes no **Case Information:** the above identifying information, plus medical (except for HIV, AIDS, and drug and alcohol treatment record), social history, treatment/service history psychological evaluations, Individualized Education Plans (IEP's), Individualized Family Service Plans, transition plans, vocation 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 name above). Information regarding the following shall not be released unless initiated below.

yes no HIV and AIDS related diagnosis and treatment
 yes no Substance abuse diagnosis

yes no **Financial Information:** Public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W2's and tax returns, and other financial information.

O.U.R. HOME FAMILY RESOURCE CENTER
Mercer County Family & Children First Service Coordination
FAMILY INTAKE

Date: _____

Briefly describe your family's problem: _____

Describe the needs of your child/family: _____

Father's Name: _____	Mother's Name _____
Material Status: _____	Material Status: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Gross Mo. Income: _____	Gross Mo. Income: _____
Other (household adults & relationship): _____	Other (household adults & relationship): _____

CHILDREN RESIDING IN YOUR HOME

NAME	DOB	SSN	SCHOOL & GRADE	RACE	M/F
	- -	- -			
	- -	- -			
	- -	- -			
	- -	- -			
	- -	- -			
	- -	- -			

LEGAL GUARDIAN: _____

FAMILY PHYSICIAN: _____

CHECK ANY BENEFITS YOUR FAMILY IS CURRENTLY RECEIVING

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> OWF (Ohio Works First) | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> SSDI (Social Security Disability Income) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> BCMH(Bureau for Children with Medical Handicaps) | <input type="checkbox"/> WIC (Women, Infants, and Children) |
| | <input type="checkbox"/> Other |

Medicaid Number: _____
 Insurance Name: _____
 Insurance Number: _____
 Insurance Phone: _____
 Name of Insured: _____

Referring Agent _____
 Contact Person: _____
 Phone: _____

PEER & COMMUNITY INVOLVEMENT

Describe the child's interactions, or lack of with peers: _____

BEHAVIOR PRESENTING PROBLEM

Describe behaviors that are currently presenting problems: _____

Strengths:

Hobbies/Interests: _____

FAMILY PROBLEMS

Problems: _____

Is your child now or in the past been abused (sexually, physically, etc.): _____ yes _____ no

If yes, describe: _____

KNOWN PAST/PRESENT BEHAVIOR(S)

- | | |
|---|---|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Running Away |
| <input type="checkbox"/> Bizarre Behavior/Language | <input type="checkbox"/> School Behavior Problems |
| <input type="checkbox"/> Breaking and Entering | <input type="checkbox"/> Self-Mutilation |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Fire Setting/Arson | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Hallucinations/Delusions | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Homicidal Attempts | <input type="checkbox"/> Tantrums/Severe Anger |
| <input type="checkbox"/> Homicidal Behavior | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Hyperactivity Attention Deficit Disorder | <input type="checkbox"/> Unwarranted Aggression/Assault |
| <input type="checkbox"/> Inappropriate Sexual Behavior | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Problems in Authority Relation | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Problems in Peer Relations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> N/A |

ASSESSMENT SUMMARY

Explain and rate your family's strengths and needs for each of the following areas.

- 1- no need at this time
- 2- mild need
- 3- moderate need
- 4- significant need
- 5- crisis level

1. **Financial Situation:** _____
Comments: _____

2. **Employment:** _____
Comments: _____

3. **Housing:** _____
Comments: _____

4. **Transportation:** _____
Comments: _____

5. **Education/Training:** _____

6. **Mental Health:** _____
Comments: _____

7. **Alcohol & Drugs:** _____
Comments: _____

8. **Health/Nutrition:** _____
Comments: _____

SUPPORT SYSTEMS

PUBLIC SYSTEM (S) INVOLVED -- (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> WIC (Women, Infants, & Children)
<input type="checkbox"/> WIA (Workforce Investment Act)
<input type="checkbox"/> Help Me Grow
<input type="checkbox"/> Cheryl Ann
<input type="checkbox"/> Mercer Co. Board of MR/DD
<input type="checkbox"/> Mercer Co. Job & Family Services
<input type="checkbox"/> O.U.R. Home Family Resource Center
<input type="checkbox"/> Mercer Co. Family & Children First
<input type="checkbox"/> Mercer Co. Health Department
<input type="checkbox"/> Mercer Co. Juvenile Court | <input type="checkbox"/> Head Start
<input type="checkbox"/> DYS (Ohio Dept. of Youth Services)
<input type="checkbox"/> BVR (Bureau of Vocational Rehabilitation)
<input type="checkbox"/> Social Security Administration
<input type="checkbox"/> Schools
<input type="checkbox"/> Gateway Outreach Center
<input type="checkbox"/> Foundations Behavioral Health Services
<input type="checkbox"/> Other: _____

_____ |
|--|---|

INFORMAL SUPPORTS -- (friends, family, 4-H club, church, scouts, support groups/clubs, organizations, etc.)

SUPPORT	NATURE OF RELATIONSHIP	PHONE	INVOLVED FAMILY MEMBER

EDUCATIONAL HISTORY AND NEEDS

Current school district attending: _____ Phone: _____
 Current grade level of child or youth: _____
 What special educations needs are required: _____

Is your child on an IEP (Individual Education Plan): _____
 Date of last IEP: _____ Copy Available: _____

HEALTH ISSUES

Medical Problems: _____ yes _____ no
 If yes, describes: _____
 Allergies: _____ yes _____ no
 If yes, describe: _____
 List all medications: _____
 Describe health related issues (past/present): _____

COURT INVOLVEMENT

Is the child on probation: _____ yes _____ no
 If yes, probation officer's name: _____ Phone: _____
 Has child appeared in juvenile court for any offenses: _____ yes _____ no
 If yes, describe: _____

SOCIAL SERVICE HISTORY

Is child in counseling: _____ yes _____ no
 If yes, with whom: _____
 If no, it is recommended: _____ yes _____ no
 Comments: _____

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 this 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 cancelled.

I understand that by 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/Agency Representative

Date

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

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSURE AS A RESULT OF THIS 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 record whose confidentiality is protected by Federal law.

Federal regulations (42 CDR 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 with out the specific and written permission required 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 person to whom it pertains expressly permits the further disclosure, DYS in the case of youth records, or applicable federal an/or state law.

Name of Child(ren) _____

Parents _____

Lead Case Manager _____

Goal of Family Service Coordination Plan Involvement:

Objective to Meet this Goal	Time Frame	Responsible Party
1) _____		
2) _____		
3) _____		
4) _____		

The Following Parties Agree to this Plan:

<u>Name</u>	<u>Relationship</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Review/Revision _____ Time _____ Place _____

Please supply everyone present with a copy of this document. The original will be maintained in the FCFC Coordinator's file.

Family & Children First Council
Wraparound
Parent Strength Assessment

Date of Visit ___/___/___

Date of Referral ___/___/___

IDENTIFYING DATA

Family Name _____ Phone (____) _____

Child's Name _____ Birthdate _____

Residence Address _____ City _____

State _____ Zip _____

School _____ Grade Level _____

Father's occupation _____ Mother's occupation _____

Mother's education _____ Father's education _____

Number of moves in last 5 years _____ Birth order of child _____

PARTICIPANTS TO ASSESSMENT

Name of respondent _____ Birthdate ___/___/___ Relationship _____

Name of other participants _____

1. The things I like most about my child(ren) are:

2. My life would really be better in six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

5. I am happiest when:

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: ___/___/___

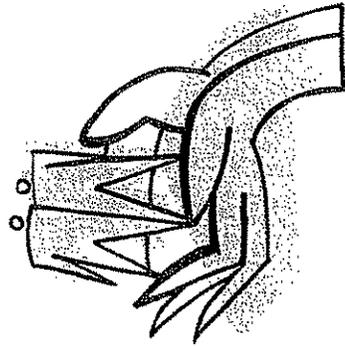
Parent's signature: _____ Date: ___/___/___

Erie County Crisis/Safety Plan Worksheet

Family Name: _____	Date: _____										
Wraparound Facilitator: _____											
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 that make the situation better or worse?											
List the trigger that lead to the crisis:											
How often does the crisis occur? __Daily __ Weekly __Monthly __ Other How many times? _____											
When the crisis does occur, how intense is it? <table border="0" style="width: 100%;"><tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td></tr><tr><td style="text-align: center;">Not very</td><td></td><td></td><td></td><td style="text-align: center;">Very</td></tr></table>		1	2	3	4	5	Not very				Very
1	2	3	4	5							
Not very				Very							
How long does the crisis last? (minutes, hours, days)											
Describe what happens after (as a result of) the crisis: What does the person do? How do they feel?											

Who are parent advocates?

Parent Advocates are just regular "caring people" who have a heart to help, some because they have been there themselves. Parent advocates are not professionals, just other parents who understand and want to help. Parent Advocates offer information to aid parents in making informed decisions. They also offer moral and technical support, encouragement, and guidance to help find the services and resources that best fit the family's particular needs.



Who is Funding PAC?

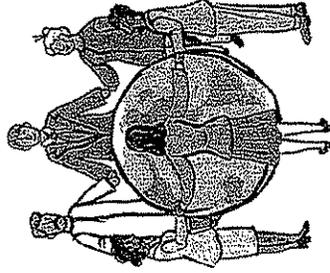
This program is being funded by Family and System Team (FAST) dollars. Funding participants include:

- ◆ Ohio Department of Mental Health (ODMH)
- ◆ Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
- ◆ Ohio Department of Job and Family Services (ODJFS)
- ◆ Ohio Department of Youth Services (ODYS)

For more information call:
PAC

Region 1 Coordinator
Ada Hilton
405 West Logan Street
Celina, Ohio 45822
Phone: 419-586-2121
Fax: 419-586-2121
Email: ahilton04@adelphia.net

PARENT ADVOCACY CONNECTION (PAC)



Advocating for Ohio's
Children and Family

WHAT IS PAC?

The parent advocacy connection (PAC) program is the result of the ABC Initiative (Access to Better Care) developed in 2003 by the Ohio Family and Children first council at Governor Bob Taft's request.

The purpose of this initiative is to advocate for and assist children and families as they navigate through the behavioral healthcare systems, serving children with mental health, and/or drug and alcohol problems. This is a new program being evaluated by Ohio State University and with your permission; certain family information will be shared to track the effectiveness of the program.



How much will it cost?

Nothing! The Parent Advocate will help you and your family at absolutely no cost to you.

WHY WAS PAC STARTED?

Many families who have children involved with mental health or drug and alcohol services or both, often feel lonely, bewildered, and intimidated as they struggle to find available resources and services. Having another "regular parent" along who understands, yet knows the ropes, can be a big help and lessen the stress involved.

Who is PAC for?

- ◆ The population that this program is directed to is:
- ◆ Children and youth experiencing mental health and /or drug and alcohol issues.
- ◆ Children involved with one or more agencies for such things as counseling, medication, special education, drug and alcohol counseling, anger management, etc.
- ◆ Youth that are currently in an out of home placement that could potentially return home with some additional services
- ◆ Youth that are at risk of out of home placement

HOW WILL PAC HELP

MY CHILD AND ME?

PAC is intended to help:

- ◆ Avoid out of home placements when possible
- ◆ Eliminate the need for parents to give up custody in order to receive services
- ◆ Give families a voice and responsibility in Policy development
- ◆ Planning and implementing Services for their child



Parent Advocates can work with both the family and service providers to help find support services such as: support groups, education and parenting, child development, life skills, family budgeting, nutrition, transportation, anger management classes, and respite services.