

2015

Service Coordination
Mechanism



Family & Children
FIRST COUNCIL

Northwest Ohio Region
Williams County

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INTRODUCTION

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

The persons involved in the review and revision of this Mechanism include the Williams County Family & Children First Coordinator, and their Council Steering Committee, as well as service providers.

PURPOSE

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

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

Families, agency personnel and community members can become aware of and trained in the county Service Coordination Mechanism process by way of annual Service Coordination Mechanism 101 training. This training will be announced at Family and Children First Council meetings and their website and through communication from the FCT Lead.

TARGET POPULATION

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

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

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

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

REFERRAL PROCESS

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

To initiate the service coordination process, a complete Service Coordination Referral form (Addendum A) and Informed Consent for Release & Exchange of Information (Addendum B) must be made to the Family Coordination Team ("FCT") Lead. The contact information for the FCT Lead is below:

Tonie Long, FCT Lead
7320 State Highway 108, Suite A
Wauseon, OH 43567
419-335-3732
Fax: 419-335-3462
tlong@fsno.org

The following are appropriate referrals to Service Coordination Mechanism:

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

If the potential referral meets one or more of the above listed criteria, the agency who works with the family or the family themselves may make a referral to the Four County Family Center, FCT Lead, who will determine the appropriateness of the referral.

If a referral is received from an agency, the FCT Lead will communicate the appropriateness of the referral to that agency within forty-eight (48) hours (excluding weekends and holidays) of referral receipt. The referral agency will be assigned as the lead agency. The lead agency will make verbal or written contact with the family within three (3) business days of assignment to notify them of referral acceptance. To begin the process of determining the appropriate level of care, an initial family meeting will be established at the earliest mutually convenient time and location, not to exceed ten (10) business days from the lead agency's notification of referral acceptance with the family, unless other arrangements are made that are satisfactory with the family.

If a family self-refers, the FCT Lead will communicate the appropriateness of the referral to the family within forty-eight (48) hours (excluding weekends and holidays) of referral receipt. The FCT Lead will be assigned as the temporary lead agency (or if the FCT Lead is unavailable, then to the FCT Lead's assigned backup). The FCT Lead will make verbal or written contact with the family within three (3) business days of assignment. To begin the process of determining the appropriate level of care, an initial family meeting will be established at the earliest mutually convenient time and location, not to exceed ten (10) business days from the lead agency's initial contact with the family, unless other arrangements are made that are satisfactory with the family. In cases where the lead agency has attempted for a period of ten (10) days but has been unable to establish contact with the family, the FCT Lead shall send a letter to the family explaining that the family has ten (10) days to contact the FCT Lead or the referral will be closed out.

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

LEVELS OF CARE

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

Level 1 – Information & Referral

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

Level 2 – Service Coordination

The focus of the service coordination level of care is the child and their family. The child presents a range of safety needs as identified by the safety assessment (Addendum F) and may need brief crisis stabilization. The family may need a range of interventions and supports in order to return to their previous level of functioning. The multiple needs of the child and family require collaboration among service providers to effectively meet their needs by tailoring or modifying an available service, or by the development of a unique service.

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

CONFIDENTIALITY

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

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

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

ASSESSING A FAMILY'S STRENGTHS, NEEDS AND CULTURE

An initial face-to-face meeting will be held for the Lead Agency to become familiar with the child and/or family and to begin the discovery of strengths, needs and culture. Either the Child Strengths Assessment or Family Strengths Assessment form (Addendum D1 & Addendum D2) will be used to collect and document child and/or family strengths, needs, and cultural information. This allows the family to give specific input on their perceptions of problems, strengths, cultural issues, what they hope to change and what services they believe they could gain benefit. The information gathered in Child Strengths Assessment and/or Family Strengths Assessment form will be used to complete the Strengths, Needs, Cultural Discovery tool (Addendum D). The Lead Agency will collect information such as that outlined in the strengths,

needs and culture form as well as the crisis and safety plan to make sure that all needs are being addressed and health and safety is a priority.

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

If the family determines they would like to invite a support person(s) (parent advocate, mentor or another family member that is involved with the care of child) it is the parent's responsibility to inform the support person(s) of the date/time/location of their Child and Family Team meeting. If the family would like to initiate an additional meeting(s) to continue the development or review of their individual family service coordination plan, they may do so by contacting their Lead Agency. The individual designated to lead/facilitate the family service coordination plan process will be approved by the family. In the event the family wishes to change the person designated as the lead/facilitator, a request must be made to the Lead Agency, in writing.

NOTIFICATION FOR ALL INDIVIDUAL FAMILY SERVICE COORDINATION PLAN MEETINGS

After the initial assessment, the Lead Agency and family will work together to schedule the meeting date/time/location of the first team planning meeting. Consideration of family needs and limitations will be made in determining the location of the meetings. The Lead Agency will notify agency staff, school representatives and/or other parties involved in the Child & Family Team meeting. These meetings shall be held at least on a quarterly basis and copies of sign-in sheets will be provided to verify dates of meetings. Failure to meet the requirement of quarterly meetings could result in funding being delayed.

DEVELOPING AN INDIVIDUAL FAMILY SERVICE COORDINATION PLAN (IFSCP)

Every family identified as appropriate for service coordination will be a partner in the development of an Individual Family Service Coordination Plan (IFSCP) (Addendum E). As a part of the IFSCP process, the Lead Agency works with the family to identify formal and informal supports who can be utilized for Child and Family Team composition.

At service coordination (level of care 2), the focus of the IFSCP will be goals and objectives specific to the strengths and needs of the child and family.

To develop an IFSCP, the following process is followed:

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

- Identify resources needed.

A crisis stabilization plan will be established with all families. In the assessment process, immediate crisis must be addressed and an initial crisis plan developed. After a Child and Family Team is formed, they will work together to develop an effective crisis plan and monitor it regularly. Development of an effective plan will be done with leadership from the most appropriate team members.

OUT-OF-HOME PLACEMENT

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

If a child is in emergency placement, a Child and Family Team meeting will take place within ten (10) days of the placement to review the child's existing Individual Family Service Coordination Plan (IFSCP) or to create a plan if there is not one already in place. This also includes Juvenile Detention Center placement. It also provides the opportunity to plan for community supports for the family while the child is in placement and plan for community supports needed for when the child returns to the home and community. The Child and Family Team is to assure services are being provided in the least restrictive environment and cooperates to locate appropriate placement. When the placement of a child is the collaborative financial responsibility of multiple community partners, appropriate members of the Family Coordination Team will meet to determine how the county will jointly pay for placement services. Those members should include the appropriate ADAMhs Board representative. The Service Coordinator must be notified after the meeting has taken place. During placement, the Child and Family Team should continue to meet to review the placement and the youth's progress toward discharge.

Please note: This requirement applies to children who are involved in service coordination (level of care 2) under the Family & Children First Council Service Coordination Mechanism. The law provides that a family may refer itself to the Service Coordination Mechanism at any point and time, which includes any time prior to or immediately after an out-of-home placement. Nothing in this document shall be interpreted as overriding or affecting the decisions of a juvenile court regarding an out-of-home placement.

FAMILY COORDINATION TEAM

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

indicating their support. Delivery of services through the Family Coordination Team will be divided as agreed. Responsibilities for the Team are as follows:

- Each member is required to attend as many meetings as possible. If he/she will be absent for an extended amount of time, he/she will be asked to send a representative in their place. All members of the Family Coordination Team will sign a confidentiality agreement (Addendum C2) at the beginning of each meeting.
- The FCT Lead will be responsible for facilitating all Family Coordination Team meetings. In the FCT Lead's absence, he/she will select another individual from the team to facilitate.
- The FCT Lead is responsible for meeting notifications and agendas for Family Coordination Team meetings. Lead Agencies will be asked to provide family updates in a timely manner as needed to prepare the agendas.
- Emergency meetings of the Family Coordination Team will be scheduled as needed. The FCT Lead will determine if and when an emergency meeting is needed and notify other members.
- The FCT Lead will maintain a file on all active service coordination cases. All other family information will be maintained by the Lead Agency assigned to the family.
- Minutes/notes will be maintained at all meetings and kept at the FCT Lead's office.
- The Lead Agency will be responsible for providing any requests for funding to the FCT Lead prior to the Family Coordination Team meeting. All case updates and requests must be provided no later than 3:00 p.m. on the Monday afternoon prior to the scheduled meeting.
- Each Request for Funding must be accompanied with the IFSCP (Addendum E) showing the goals for the child or family and how the Request for Funding hopes to meet that goal.
- If the Request for Funding is approved, the Lead Agency will be responsible for providing a monthly progress report to the Family Coordination Team, so that the team can monitor the activity to verify that the need is being properly addressed (Addendum G).
- It is the responsibility of the Lead Agency to contact the FCT Lead to inform that services are no longer being provided on an open case, or to provide the identity of a new case manager or Lead Agency.

PROCESS AND COMPONENTS OF THE IFSCP

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

- Referral and Release of Information submitted
- Initial contact with family; immediate crisis plan developed
- Level of care determined
- Family Strengths Assessment and Child Strengths Assessment completed
- Strengths, Needs, Cultural Discovery process
- Risk & Protective Factors Checklist completed (Attachment B)
- Child and Family Team developed

- IFSCP development, including a Youth and Family Safety Plan
- Plan implementation
- Monitor and assess the plan, making adjustment when needed
- Plan for transition
- Discharge

MONITORING IFSCP PROGRESS AND OUTCOMES

The monitoring schedule to be followed is as follows:

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

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

Data to be collected includes:

- Children in-home
The Lead Agency will submit monthly updates to the FCT Lead.
- Children out-of-home
Progress toward identified goals, appropriateness of placement and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education are monitored and tracked. This information is to be collected by the placing agency that is involved in the child's treatment team meetings and the information will be reported monthly to the Family Coordination Team.

Upon request, service coordination data will be submitted to the state.

DESIGNATING SERVICE/SUPPORT RESPONSIBILITIES

The Child and Family Team will develop the Individualized Family Service Coordination Plan (IFSCP) and will clearly identify and define the responsibilities for provision of services by all parties involved including timelines to be followed. If the identified services and supports are not presently available, the plan will outline what efforts will be undertaken to address the service gaps. The Service Coordinator and/or parent will be responsible for monitoring the implementation of the IFSCP and will reconvene the group quarterly to update or modify the plan. The Team Facilitator works collaboratively with other systems' case managers who may be assigned to the case.

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

SELECTING THE FAMILY TEAM MEMBER TO TRACK PROGRESS, SCHEDULE & FACILITATE MEETINGS

The Lead Agency typically facilitates the Child and Family Team. In order to encourage family confidence and genuine participation in the service coordination planning process, the family will have a voice in choosing and approving their facilitator. However if the family objects, the Child and Family Team will work with the family to select an appropriate facilitator.

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

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

The Lead Agency will explore family strengths, needs, culture, race and ethnicity during the strengths assessment. The Child and Family Team will research access to a comprehensive array of services for the family in designing a plan that is in the least restrictive, least intrusive, and in the most clinically appropriate environment. This takes into consideration not only the safety of the child, the family and the community but also the child's physical, emotional, social and educational needs. Services considered for individual youth will range along a continuum of care. The system will ensure that multiple services are delivered in a coordinated and therapeutic manner, and that children can move through the system of services in accordance with their changing needs.

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

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

Any child serving agency (including but not limited to the schools, children's services and mental health providers) that suspects a child may be identified as alleged/unruly but not yet involved with the juvenile court system should take the following actions:

- Conduct a meeting with child, parents and other interested parties to determine appropriate methods for diversion. Services that may be included are parenting education, short-term respite, alternative education programs and juvenile court diversion programs.

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

ESTABLISHING TIMELINES FOR COMPLETING FAMILY TEAM GOALS

All Individualized Family Service Coordination Plans (IFSCP) will include timelines to review progress toward meeting the family team goals. Child and Family Team members will jointly determine a timeline for achieving each goal in the IFSCP since timelines will vary for each goal. Barriers and progress toward the team goals will be discussed at the regularly scheduled Child and Family Team meeting. The plan shall be reviewed quarterly and updated annually.

INCLUDING CRISIS AND SAFETY PLANS IN IFSCP

An immediate Youth and Family Safety Plan (Addendum F) will be developed even before the Child and Family Team first meets. During later phases of planning, the Child and Family Team will work together to develop an effective safety plan which also addresses who can help the family in times of crisis. The team should identify where its plans seem most vulnerable and what the consequences might be if the safety plan does not function. Alternative safety strategies will be identified. A Youth and Family Safety Plan puts supports in place that are expected to prevent a targeted crisis from happening as well as what action team members will take if the crisis actually occurs. All Child and Family Team members will have a copy of the Youth and Family Safety plan to easily refer to when needed.

After each crisis occurs, the Child and Family Team will review whether or not the Youth and Family Safety Plan worked, or needs modification. All changes to a plan will be team-driven, and all members who are not present must be informed immediately. At a minimum, the Child and Family Team must review the Youth and Family Safety Plan on a quarterly basis, and the plan must be updated annually.

TRANSITION PLANNING & DISCHARGE

When the Child and Family Team reaches consensus that the family's long range mission and goal(s) are close to being completed, or completed, it is time to transition the family from services. The Service Coordinator will work with the family to develop a transition and discharge plan (Attachment C) to summarize progress made toward their mission and goals, determine if ongoing community services are needed, determine if referrals for other services are needed and the total amount of funds allocated to the family through Family & Children First Council. The transition plan is shared with the Child and Family Team and a copy is given to the family for reference if future reentry into a system of care is needed. At this time the family is discharged. The service coordinator will make phone contact with the family three (3) months following discharge.

FISCAL STRATEGIES

If necessary, as a part of the IFSCP, a Child and Family Team may identify fiscal or other resources required to support service plan implementation or transitional services. The Lead Agency will bring the request for fiscal or other resources to the Family Coordination Team. Funding may include, but is not limited to: Family Centered Services and Supports funds, Help Me Grow, United Way, Job & Family Services PRC, Bureau for Children with Medical Handicaps, Medicaid, insurance, parental contributions, individual agency funds and utilization of shared funding.

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

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

Family Centered Services and Supports (FCSS) funding is designed to meet the unique needs of children and families identified in their Family & Children First Council service coordination plan. Children and youths can be considered for FCSS funding if they meet the state requirements including: child(ren) or youth must be ages 0-21 and have multi-systematic needs. The FCSS funds will be used for community-based services which promote the stability and well-being of children and families. These dollars cannot be used for clinical services, or to supplant existing funds allocated to support the multiple needs of children and families. The FCSS guidance document will be used to help in determining program guidelines and requirements.

In order to be responsible to the many families we serve, we need to cap our funding at \$3,000 per child or \$6,000 per family (for families with more than one child being served through the service coordination mechanism) per fiscal year. Additional funding will be considered for respite purposes only if funding allows. The Family Coordination Team reserves the right to exceed these limits in the event of extreme events in which a child or children are (in the opinion of JFS, Juvenile Probation, etc.) at risk of being emergently removed from their home. In order to ensure that all funds are expended at the end of the fiscal year, Williams County Family and Children First Council may consider making additional funds available beyond the caps.

QUALITY ASSURANCE OF SERVICE COORDINATION MECHANISM

The monitoring of the Service Coordination Mechanism will be done annually by the Family and Children First Council's Steering Committee to ensure children and families are receiving care

consistent with Family and Children First Council obligations in ORC 121.37. The Steering committee will make necessary changes to the mechanism when appropriate.

DISPUTE RESOLUTION PROCESS

The Williams County Family and Children First Council serves to utilize the recommendations of all parties, including that of the parent or guardian to promote the well being of the child(ren) in regards to the provision of services for child(ren). If there is significant and unresolved conflict regarding any aspect concerning the provision of the services by any participant (individual or agency) in the service coordination mechanism process, every attempt is made to resolve that conflict with the individual or agency. If this attempt cannot resolve the dispute, the dispute resolution process can be initiated.

The dispute resolution process shall be used to: 1) resolve disputes with early intervention Help Me Grow services; 2) resolve disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services; 3) resolve disputes between a child's parents or custodians and the Family and Children First Council regarding service coordination mechanism process, including children and families eligible for Help Me Grow, but not eligible for early intervention services.

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

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

If the dispute does not pertain to service coordination, parents or custodians shall use existing local agency grievance procedures to address disputes. This process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. Each agency represented on the Family and Children First Council (FCFC) that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process. These rights shall not be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

HELP ME GROW EARLY INTERVENTION SERVICES DISPUTES

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

Parents have the following two (2) choices to make a complaint:

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

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

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

Williams County Family and Children First Council
Robin Kemp Coordinator
4th Floor Courthouse,
Bryan, OH 43506
Phone: 419-636-2059
Fax: 419-636-0643
rkemp@wmsco.org
3. The FCFC Coordinator will notify ODH (Bureau for Children with Developmental and Special Health Care Needs) of the complaint in writing (via email or fax) within seven (7) calendar days.
4. The Williams County FCFC Steering Committee will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
5. The investigation of the complaint will include at least the following:
 - Conduct an on-site investigation as determined necessary;

- Interview the complainant and give complainant an opportunity to submit additional information, either orally or in writing, about the allegation;
 - Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing, about the allegation; and
 - Review all relevant information and make an independent determination as to whether there has been a violation.
6. The assigned investigator(s) will submit their findings in writing to the FCFC Coordinator. The Williams County FCFC Steering Committee will issue a written decision to the complainant within thirty (30) calendar days from the receipt of the complaint. The written decision shall address each allegation in the complaint and shall include findings of facts and conclusions and the reasons for the Council's decision. A copy of the decision will also be provided to ODH.
 7. If the Williams County FCFC determines there was a violation, Williams County FCFC will ensure that corrective actions are implemented within forty-five (45) days or sooner of the written final decision. A copy of the corrective action plan will be provided to the complainant and ODH.

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

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

DISPUTE BETWEEN AGENCIES

When disputes arise between agencies as to the services or funding of services a child and/or family is to receive, any agency represented on Williams County Family & Children First Council may initiate this local dispute resolution process. If a dispute is initiated between agencies, the following procedure and timeline will be utilized:

1. Within seven (7) calendar days of the disagreement/dispute the disputing agency must submit a Dispute Resolution Request (Attachment E) to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute should be submitted with this request.
2. Upon receipt of the agency request to utilize dispute resolution, a meeting between the Williams County FCFC Steering Committee and the disputing agency will be convened within fifteen (15) calendar days. This meeting will be scheduled at a mutually

convenient time for the majority members of the disputing agency and the Williams County FCFC Steering Committee. The disputing agency will prepare a presentation for the Williams County FCFC Steering Committee regarding the nature of the dispute, the specific issues that are requested to be resolved, and a proposed solution. This presentation can be made by the director of the agency or an approved representative of that agency. Each Williams County FCFC Steering Committee member must vote on the proposed solution. A majority vote will determine resolution of the dispute. The FCFC Coordinator will act as facilitator in the process, but will abstain from voting. The Williams County FCFC Steering Committee will be responsible for preparing the responses to the disputing agency and the FCFC Coordinator will issue a written response in regards to the decision to that agency within three (3) calendar days.

3. If the disputing agency disagrees with the decision of the FCFC Steering Committee, the disputing agency has the right to request that the dispute be reviewed by the final arbitrator, the presiding Juvenile Court Judge. The disputing agency must submit in writing a request to the FCFC Coordinator to move to the final stage of the dispute resolution process within five (5) calendar days of receiving the FCFC Steering Committee decision. Upon receipt of this request, the FCFC Coordinator will submit within 5 calendar days all documentation regarding the dispute, (including, but not limited to) the request for dispute resolution and supporting documentation, the Dispute Resolution Intersystem Review Assessment form (Attachment F), responses made by the FCFC Steering Committee, treatment information, and other relevant information to the presiding Senior Juvenile Court Judge. The Senior Juvenile Court Judge will decide which presiding Judge will be assigned to the dispute. The court shall hold a hearing as soon as possible, but no 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. This decision will direct one or more agencies represented on the council to provide services or funding for services to the child. The determination shall include a plan of care governing the manner in which the services or funding are to provided. The presiding Juvenile Court Judge shall utilize the plan of care on the family service coordination plan developed as part of the county's service coordination mechanism and evidence presented during the local dispute resolution process in making the determination. The presiding Juvenile Court Judge may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency. While the local dispute resolution process or court proceedings are pending, each agency shall provide services and funding with no interruption until a final decision is rendered. If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

NON-EMERGENT DISPUTES BETWEEN PARENT/GUARDIAN AND FCFC

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

1. Within seven (7) calendar days of the disagreement/dispute the family will submit a Dispute Resolution Request form to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute should be submitted with this request.
2. Upon receipt of the family request to utilize dispute resolution, a meeting with the Family Coordination Team will be convened within fifteen (15) calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the family and the Family Coordination Team. The family will prepare a presentation for the Family Coordination Team regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the family, an advocate, or the county Service Coordinator.
3. At the meeting with the Family Coordination Team, the family will present information regarding the nature of the dispute and identify specific issues that are requested to be resolved. A Dispute Resolution Intersystem Assessment form (Attachment F) will be completed by the Family Coordination Team and the family to provide historical and current information relevant to the dispute and to specifically identify the issues sought to be resolved. The Family Coordination Team will meet in closed session after the family's presentation to draft a written response of the proposed resolution. The next business day, the FCFC Coordinator will submit the proposed resolution written response to the FCFC Steering Committee regarding the issues identified in the dispute.
4. FCFC Steering Committee will meet within seven (7) days of Family Coordination Team meeting to review the responses drafted to the family. The FCFC Steering Committee will either approve or reject the responses in writing. In the event that the FCFC Steering Committee approves the responses of the Family Coordination Team, a letter addressing the disputes will be immediately issued to the family by mail. In the event that the FCFC Steering Committee rejects the responses of the Family Coordination Team the FCFC Steering Committee becomes responsible for preparing the responses to the family. These responses will be written the day of the FCFC Steering Committee meeting and mailed immediately to the family. The FCFC Coordinator will be used as a neutral facilitator in this meeting and will be responsible for the written responses to the family.
5. When the provision of services cannot be resolved through the designated dispute resolution process, the final arbitrator will be a Juvenile Court Judge. The complainant must file a request with the Juvenile Court within seven (7) calendar days of receipt of the responses to have the dispute to be decided upon by the final arbitrator. Upon the request of the complainant, the FCFC Coordinator will assist in gathering all documentation regarding the dispute, (including, but not limited to) the request for dispute resolution and supporting documentation, the Intersystem Assessment form, responses made by the Family Coordination Team and the FCFC Steering Committee, treatment information, and other relevant information. The presiding Judge will issue a written, binding ruling.

EMERGENT DISPUTES BETWEEN PARENT/GUARDIAN AND FCFC

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

1. Within three (3) calendar days of the disagreement/dispute the family will submit a Dispute Resolution Request form to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute should be submitted with this request. This request should be submitted to the Family & Children First Council Coordinator; their contact information is located on Page 16 of this document.
2. Upon receipt of the family request to utilize dispute resolution, a meeting with the Family Coordination Team will be convened within five (5) calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the family and the Family Coordination Team. The family will prepare a presentation for the Family Coordination Team regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the family, an advocate, or the County Service Coordinator.
3. At the meeting with the Family Coordination Team, the family will present information regarding the nature of the dispute and identify specific issues that are requested to be resolved. A Dispute Resolution Intersystem Assessment form (Attachment J) will be completed by the Family Coordination Team and the family to provide historical and current information relevant to the dispute and to specifically identify the issues sought to be resolved. The Family Coordination Team will meet in closed session after the family's presentation to draft written responses of the proposed resolution. The next business day, the FCFC Coordinator will submit the proposed resolution written response to the FCFC Steering Committee regarding the issues identified in the dispute.
4. FCFC Steering Committee will meet within three (3) days of Family Coordination Team meeting to review the responses drafted to the family. The FCFC Steering Committee will either approve or reject the responses in writing. In the event that the FCFC Steering Committee approves the responses of the Family Coordination Team, a letter will be immediately issued to the family by mail addressing the disputes. In the event that the FCFC Steering Committee rejects the responses of the Family Coordination Team, the FCFC Steering Committee becomes responsible for preparing the responses to the family. These responses will be written the day of the FCFC Steering Committee meeting and mailed immediately to the family. The FCFC Coordinator will be used as a neutral facilitator in this meeting and will be responsible for the written responses to the family.
5. When the provision of services cannot be resolved through the designated dispute resolution process, the final arbitrator will be a Juvenile Court Judge. The complainant must file a request with the Juvenile Court within seven (7) calendar days of receipt of the responses to have the dispute be decided upon by the final arbitrator. Upon the request of the complainant, the FCFC Coordinator will assist in gathering all documentation regarding the dispute, (including, but not limited to) the request for

dispute resolution and supporting documentation, the Intersystem Assessment form, responses made by the Family Coordination Team and the FCFC Steering Committee, treatment information, and other relevant information. The presiding Judge will issue a written, binding ruling.

OHIO FAMILY & CHILDREN FIRST CABINET COUNCIL INVOLVEMENT IN DISPUTE RESOLUTION

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

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

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



Service Coordination Referral Form

DO NOT LEAVE ANY BLANK SPACES. ALL REQUESTED INFORMATION MUST BE PROVIDED

Date of Referral: _____ County: _____
 Child's Name: _____ DOB: _____ Gender: M F
 Address: _____ City, State, Zip: _____
 School District: _____ School Attending: _____ Grade: _____
 Child's Diagnoses: _____
 Father: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ City, State, Zip: _____
 Mother: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ City, State, Zip: _____
 Legal Custodian: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ City, State, Zip: _____
 Siblings in the home/ages: _____

Referring Agency: _____ Person Referring: _____
 Phone: _____ Fax: _____ Email: _____

Reason(s) for referral:

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

Does the referred child have a Primary Care Physician? YES NO

Presenting Issues/Safety Concerns: _____

Check all that apply:	Providers/Agencies	Contact Number
Children age 5 & under in the family?		
History of Alcohol or Drug Abuse? <input type="checkbox"/> Youth <input type="checkbox"/> Parent		
Involved in? <input type="checkbox"/> Juvenile Drug Court <input type="checkbox"/> Family Drug Court		
Mental Health Issues? <input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
Family/Child(ren) involved in counseling?		
Physical/Sexual/Emotional Abuse Issues?		
Domestic Violence Issues?		
Placement Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Foster/Relative Provider:		
Housing Concerns?		
Educational Concerns? <input type="checkbox"/> Truancy <input type="checkbox"/> SED <input type="checkbox"/> On IEP <input type="checkbox"/> Expulsion		
Behavioral Concerns?		
Child Protective Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No Caseworker:		
Juvenile Court Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No Charges:		
Is client Medicaid eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this child currently have a Primary Care Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Informed Consent for Release & Exchange of Information

County: ___ Defiance ___ Fulton ___ Henry ___ Williams

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

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

Printed Name	Date of Birth

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

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

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

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

___ Substance abuse diagnosis and treatment.

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

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

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

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

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

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

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

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

Strengths, Needs & Cultural Discovery

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

Household Members:

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

Child & Family History:

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

Mental Health Information

Person	Mental Health Providers	Diagnoses	Medications

Other System Involvement: (JFS, Probation, etc.)

Person	System Involved	Contact

Potential Team Members: (Family, Friends, School, Faith-Based Community, Mental Health, Court, JFS, Community Members, etc.)

Person	Relationship	Contact

Paperwork Completed:

Date		Date
	Referral	Receipt of Dispute Resolution Process
	Release & Exchange of Information	Crisis & Safety Plan
	Family Strength Assessment	Risk & Protective Factors
	Child Strength Assessment	Individual Family Service Coordination Plan

Domain	Strengths	Needs
Family		
Friends		
Emotional		
Safety		
Spiritual		
Medical		
Notes		

Domain	Strengths	Needs
Educational		
Leisure/Fun		
Financial		
Legal		
Residence		
Notes		

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

Comment on family culture/values/traditions/routines:

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

Additional Comments:

Child Strength Assessment

Child's Name: _____

Date of Referral: _____

Date Completed: _____

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

2. If I had ten dollars, I would:

3. My favorite TV programs are:

4. _____ is my favorite subject in school because:

5. Tell me about your best friend:

6. My favorite time of day is:

7. My favorite music is:

8. My favorite things to read are:

9. My favorite foods are:

10. My favorite inside activities are:

11. My favorite outside activities are:

12. My hobbies are:

13. My favorite animals are:

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

Family Strength Assessment

Family Name: _____

Date of Referral: _____

Date Completed: _____

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

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

3. Tell me one of your strengths; something you do well:

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

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

6. Name some rules that your family has:

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

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

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

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

11. Are you active socially and/or in your community?

Individual Family Service Coordination Plan

Family: _____

Facilitator: _____

Development Date: _____

IFSCP Amendment Dates: _____

Team Members:	
Mission Statement:	

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

Needs:	Matching Strengths:
Plan for Action/Solution - Responsible Team Member	

Ways To Monitor Results: •	Resources Needed:
--------------------------------------	--------------------------

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

Comments: _____

Individual Family Service Coordination Plan Signature Page

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

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

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

Team Member Signature	Agency	Date
Team Member Signature	Agency	Date
Team Member Signature	Agency	Date
Team Member Signature	Agency	Date

Williams County Service Coordination
Crisis & Safety Plan Assessment

Family Name: _____

Date: _____

Service Coordinator: _____

Describe the 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 triggers that lead to the crisis?

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

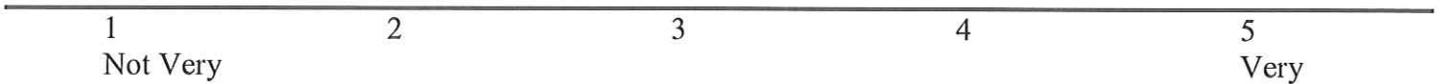
Dailey: _____ How many times? _____

Weekly: _____ How many times? _____

Monthly: _____ How many times? _____

Other: _____ How many times? _____

When the crisis does occur, how intense is it?



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?
- Emotions or responses by others?
- Actions taken, including punishments?
- Rewards, what did the person get out of the crisis (unmet need)?

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

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

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

What can the youth do instead of the crisis behavior?

What signs or behaviors indicate that the crisis is beginning?

What do you do when things start to calm down before the situation becomes severe?

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

Parent Signature

Date

Parent Signature

Date

Youth Signature

Date

Service Coordinator Signature

Date

Team Member Signature

Date

Team Member Signature

Date

Team Member Signature

Date

Crisis / Safety Plan

When (name, action, thought crisis): _____

(Name) _____ is to:

1. _____
2. _____
3. _____

(Name) _____ is to:

1. _____
2. _____
3. _____

(Name) _____ is to:

1. _____
2. _____
3. _____

If this does not work, follow the phone tree:

1. _____
2. _____
3. _____

I assisted with the creation of, and agree with the contents of this plan:

Parent Signature: _____

Date: _____

Youth Signature: _____

Date: _____

Worker Signature: _____

Date: _____



Addendum G

Williams County Family Coordination Team
Monthly Progress Report

Family: _____

Date: _____

Identified Youth(s): _____

Funded Service(s): _____

Progress: _____

Service Coordinator

Date:

Risk and Protective Factors Checklist V.2

Youth: _____

Date: _____

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



Service Coordination Discharge Summary

Youth: _____ Discharge Date: _____

Completed by: _____

Long Range Vision:

Summary of progress of identified Needs/Goals:

#1 _____

#2 _____

#3 _____

#4 _____

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

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

Total budget spent on family through Resource Management Team: \$ _____

Purchases included: _____

Additional notes:

Date of required 3 Month Follow-up: _____

Was follow-up face-to-face interview, or telephone Call (circle one)

**Williams County
Receipt of Dispute Resolution Process**

Child's Name: _____ DOB: _____

Initial:

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

Parent/Guardian Signature:

Relationship to Child:

Witness:

Date:

Williams County Service Coordination Dispute Resolution Request

Date: _____

Date of Dispute: _____

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

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

Name of Service Coordination Consumer: _____

Person completing this form: _____

Agency/Role: _____

Telephone Number: _____

Relationship to family: _____

Involved Agencies:

Details of Complaint: _____

Proposed Solution: _____

Action previously taken toward resolution: _____



Date form submitted to FCFC Coordinator: _____

Return completed form to:

Robin Kemp, Williams County Family and Children First Council Coordinator
One Courthouse Square, 4th Floor
Bryan, Ohio 43506
Phone: 419-636-2059 Fax: 419-636-0643

FCFC Completes the Following:

Date of Family Coordination Team Review: _____

Date of Williams County Executive Committee Review: _____

Complaint Resolution: _____

Date written resolution issued to family/agency: _____

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

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

Ruling (attach documentation): _____

FCFC Coordinator Signature

Date



Williams County Dispute Resolution Intersystem Review Assessment

County: _____ Date: _____

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

School District: _____ School Attending: _____ Grade: _____

Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Medicaid Eligible: Yes No Medicaid Provider: _____

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

Team Barriers to Functioning: _____

Child's Mental Health Diagnosis: _____

Mental Health Assessment Attached: Y N Date Completed: _____

Other Assessments Completed: _____

Current Medications: _____

Physician/Psychiatrist: _____

Physical/Medical Concerns: _____

Current Services Being Received: _____

Exhausted Community Resources: _____

Current Needs of Youth/Family: _____

Available Resources: _____

Barriers for the Youth/Family: _____

Desired Outcome for the Youth/Family: _____

Placement History:

Dates of Placement:

Location of Placement:

Provider(s) of Funding



Criminal History: _____

Mental Health Treatment History: _____

Educational History: _____

Other Significant Information: _____

Family Coordination Team Recommendations: _____

FCFC Coordinator Completes the Following:

Date of FCFC Executive Committee Review: _____

FCFC Executive Committee Recommendations: _____

Date Written Resolution Issued to Family/Agency: _____

Williams County FCFC Coordinator Signature

Date