



CHAMPAIGN COUNTY
FAMILY & CHILDREN FIRST COUNCIL

Service Coordination Mechanism Manual

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CHAMPAIGN COUNTY FAMILY AND CHILDREN FIRST SERVICE COORDINATION MECHANISM

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BACKGROUND

In Ohio, the idea of “Cluster” began in the mid 1980’s through an Executive Order by the Governor to “put into immediate effect rules for cooperation with other organizations for service delivery to multi-need children.” With the signing of an interdepartmental agreement, “cluster” became law in 1987. Cluster was intended as a means for different agencies to collaborate in helping the families they served. In 1992, an Executive Order transformed Cluster into the Family and Children First Initiative {Ohio Revised Code, 121.37}. This initiative served as a catalyst for bring communities together to coordinate and streamline services for families and children needing or seeking assistance.

At the State Level, the Family and Children First Cabinet Council is composed of directors of all the major State departments that oversee family services at the County Level. This structure is mirrored at the county level: Champaign County Family and Children First Council (CCFCFC) is comprised of people who work in local agencies such as the Logan-Champaign Mental Health Drug & Alcohol Services Board, Health Department, Department of Job and Family Services, including Children’s Protective Services, MR/DD, Juvenile Court, the school systems, and many other agencies and organizations that provide services to families and youth. The mission of the CCFCFC is, “to work together by sharing, developing, and utilizing resources that empower individuals and families to build upon their strengths and enhance their lives.”

Ohio Family and Children First values that shape Ohio’s public policy regarding families and children guide the progress of CCFCFC service coordination. The values include:

- *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 their neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.*
- *Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.*
- *Families have a right to individualized service provision that addresses the multiple needs of their children.*

In support of these values, Governor Taft identified OFCF to coordinate state-wide efforts to improve outcomes for Ohio’s children and families. This resulted in the development of Ohio’s Commitments to Child Well-Being. The CCFCFC service coordination mechanism is committed to supporting the vision of the six Commitments to Child Well-Being, to include:

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

o *Youth successfully transition into adulthood*

The CCFCFC service coordination mechanism serves as the guiding document for the coordination of services in the county. All children who receive services under the Help Me Grow (HMG) program and who are also being served under the county service coordination mechanism must be assured that the services received under the service coordination are consistent with the laws and rules of HMG per federal regulations and Ohio Department of Health (ODH) policy and procedures. When a child is involved in both HMG and service coordination through the FCFC, the main provider of service coordination should be HMG to assure compliance with O.R.C. 3701.61. The FCFC Service Coordination Mechanism will support and provide resource assistance for the family's HMG Plan. All family service coordination plans shall be developed in accordance with the county service coordination mechanism.

HISTORY

The Champaign County Department of Family and Children First (CCFCF), organized in December of 1993, consisted of general council members, an Executive Committee made up of state mandated members, and various ad hoc committees and task forces. The purpose of each task force is to identify and resolve specific issues problematic to the accomplishment of the Council's vision/mission. The Administrative Cluster Task Force operates as a task force under the umbrella of the Council, and in so doing, accepts the vision and mission of the Council.

The Council has identified the Administrative Cluster Task Force as its entity responsible for the development, implementation, and ongoing operation of the County Service Coordination Mechanism. Each member agency director or identified designee shall be a participant in the Champaign County Administrative Cluster. The Administrative Cluster membership responsibilities include, but are not limited to, the following:

1. Attendance at all regularly scheduled meetings.
2. Assuming the decision-making authority normally vested with the chief executive officer of the represented agency, including the ability to commit to a shared funding agreement.
3. To work cooperatively in assessment of, and intervention in identified service gaps and barriers.

In 1998, the two part-time positions of Council Coordinator and Cluster Coordinator were combined into one full time position. Therefore, it was appropriate at that time to revise the current service coordination mechanism to include Cluster as well as Council activities. In 2000, the Council Coordinator position evolved into a Council Director position and a separate Cluster Coordinator position was created.

In 2001, the Champaign County Commissioners approved the creation of the Champaign County Department of Family and Children First. In 2002, the service coordination mechanism was revised removing Council activities due to the Department creating its own set of By-Laws. The revision was also completed to include new information from House Bill 57 which was passed in 2001. In 2002, CCFCF was re-organized to include an Executive Director, Cluster Coordinator/Help Me Grow Project Director and an Office Manager.

In 2004, CCFCF was awarded a highly competitive two-year grant through the Partnerships for Success Initiative and hired a Coordinator to oversee the implementation of the grant. On December 1, 2005, the Champaign County Department of Family and Children First updated the County Service Coordination Plan to the standards requested by the Ohio Family and Children First Council, based upon changes in Ohio Revised Code 121.37.

Effective July 1, 2006, upon the request of the Champaign County Commissioners, the Executive Committee changed the administrative agent of CCFCF to the Logan-Champaign Mental Health, Drug & Alcohol Services Board (MHDAS). Due to this change in administration, all staff positions under the Champaign County Commissioners were eliminated Council's name returned to the Champaign County Family and Children First. An Executive Director and Program Coordinator were hired in August of 2006 and October of 2006 respectively. The "Cluster" service coordination program was renamed to "Child and Family Teams (CFT)" to support the movement away from a child-centered service delivery system, and toward family and children integrated systems that support children and preserve families through inter-agency home and community intervention wherever possible.

In 2008, Champaign County began utilizing the Child and Adolescent Services Intensity Instrument version 3.0 released in October in 2007 by the American Academy of Child and Adolescent Psychiatry (CASii) as an additional cross-system tool for youth involved in CCFCF service coordination facing possible out-of-home placement. The CASii was created in response to many clinician, administration, and reviewers requests for the development of a common framework for making decisions on the level of service intensity placement, continued stay, and outcomes in the treatment of children and adolescents. In most cases, the CASii may be applied to children ages 6-18 years of age to objectively determine the service needs of children and adolescents with serious emotional disturbances, mental illness, substance use disorders, and developmental disorders. The CASii tool The CASii tool is completed on a youth as a team, including the family and their supports, agency representatives working with the family (CFT participants), district of residence representative and district of enrollment representative, CCFCF Program Coordinator and if needed a representative from the Intersystem Diversion Team. Conversely, the need for a system of care diagram was evident, thus the Intersystem Diversion Team developed a model that outlines available services in the community for families. According to the model, as the need for more intense services are recognized by the CFT and Intersystem Diversion Team, reference to the system of care model is given to determine what resources are available locally to assist the family. This model has allowed CCFCF to visually identify service gaps and reduce duplicative programming and look for creative solutions to maintaining children in the least restrictive environment when possible.

PURPOSE OF SERVICE COORDINATION

Service coordination is a process of service planning that provides family-centered, individualized services and supports to families. Service planning is delivered with the needs and strengths of the child and family guiding the types and mix of services to be provided. These supports and services are to be responsive to the cultural, racial, and ethnic differences of the community population.

The purpose of service coordination is to provide a venue for families needing services, where their needs may have not been adequately addressed in traditional agency systems. Service Coordination via the CCFCF office provides families with a higher-level coordinated cross-systems approach. Service Coordination provides access to existing services and supports, both formal and informal, and, when appropriate proposes new services/supports in order to address unmet needs. Each 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.

The intent of the Champaign County Service Coordination mechanism is to reach all family groups by embracing a multi-cultural approach, finding out about the family from the family, developing user friendly Comprehensive Family Service Plans, while sharing a common respect for the family as a partner in the CFT process.

GUIDING PRINCIPLES

As members of the CCFCF and the Child and Family Team (CFT) program, we believe children and their families is our greatest asset. In following the “Cluster” mission, the purpose of our CFT program is threefold:

- 1) To preserve and strengthen a family’s ability to care for a child, aged 0 through 21 years, with multiple needs in order to avoid placement out of the home. It is the goal of a CFT to keep families together if possible;***
- 2) To assure our youth receive appropriate, timely, and quality services consistent with their individual and family needs;***
- 3) To provide each family in a CFT, with a collaboratively developed Comprehensive Family Service Plan (CFSP) designed to assure the youth and their family receive coordinated and timely services and treatment they deserve. It is the responsibility of the CFT to follow the plan thoroughly. The success of the CFSP is largely dependent upon the accountability and integrity of each involved agency, organization, and the family.***

It is the belief and intent of the CFT program that every child has potential, unique strengths, and assets. It is the team’s responsibility to build on the strengths and maximize the potential of multi-need youth and their families. The CFT will use creativity, diligence, flexibility, and commitment to make options available for every youth and family referred to a CFT. In accordance with the above stated principles, individual agency and organization representatives, members of the CFT process (including family members), agree to act in accordance with the following:

- To actively pursue and exhaust all appropriate local resources before looking outside Champaign County for treatment services.***
- To view our CFT families and participants as priority in terms of accessing services and programs within our agencies.***
- To adapt our services and programs to the individual needs of the CFT youth and family, rather than expecting you and family to adapt to our various systems.***
- To actively involve the family and other important support systems in the decision-making and treatment process.***
- To actively encourage, seek, and support the development and refinement of community based resources, services, and programs to benefit and maximize the quality of life for the CFT youth and their families.***
- To motivate the family to achieve their desired goals whenever/however possible.***
- To listen to and respect all parties involved, providing each party with ample opportunity to express concerns, questions, and comments.***
- To attend all CFT meetings and notify the Program Coordinator if a party will not be able to attend. The party will also make every effort to send a representative in their place.***
- To begin and end meetings on time.***
- To notify the Program Coordinator of a possible schedule conflict or meeting time change at the earliest time possible.***
- To collaborate with all agencies regarding any funding issues for the CFT youth and family.***
- To support the CFT lead case manager with any issues or problems that may arise***
- To communicate any questions or concerns regarding a CFT youth or family to the Program Coordinator at least 24 hours prior to the CFT meeting.***

- *To resolve conflicts in a direct, constructive, non-personal manner. When conflicts cannot be resolved, families and agencies can make formal disputes via the dispute resolution policy.*

MEMBER ROLES DEFINED

Child and Family Team (CFT)

The Child and Family Team, comprised of the CCFCF Program Coordinator, the family, the Lead Case Manager, and representatives from agencies and organizations involved with identified at-risk youth work together to gain access to treatment, access funding streams, and achieve goals as outlined in the CFSP. Team members will vary depending upon the unique needs of the youth and family. The CFT recognizes that as goals are met or barriers are encountered, team members may change (this includes the role of Lead Case Manager).

Program Coordinator

The Program Coordinator is employed by the CCFCF. The role of Program Coordinator is to facilitate the CFT process in Champaign County. The Program Coordinator is responsible for reviewing all referrals and providing referral outcomes to the family and/or service provider who served as the referent. The Program Coordinator shall track the progress of the Comprehensive Family Service Plan (CFSP – also referred to the individual family service plan – Addendum E), schedule reviews of the plan with the CFT and the Diversion Team (as needed), and facilitates the shared funding process. The responsibilities of the Program Coordinator include but are not limited to:

- Provide the family with information regarding CCFCF service coordination, children’s rights, including the dispute resolution process, and information regarding accessing a parent advocate. This is to be done at the first CFT meeting or encounter with an eligible family. CCFCF provides parents with a handbook regarding Children’s Rights, Service Coordination – a guide for families, and pamphlets on the Parent Advocacy Connection and CFT process.
- Utilize the Strengths/Needs Assessment as a tool for building rapport and trust with the family by discussing family strengths/needs/cultural considerations at the initial meeting. Open-ended and thought provoking questions will be utilized to gain broader understanding of the family, their needs, strengths, and values.
- Scheduling CFT meetings, being sensitive to the schedules of all parties involved.
- Notifying all CFT members of scheduled meetings with advance prior written notice, except in the event of a time sensitive or emergent meeting in which all parties would be contacted via email or phone. All appropriate staff from involved agencies, including a representative from the appropriate school district, are to be notified of and invited to participate in all CFSP meetings, as outlined in O.R.C. 121.37(C)(2).
- Ensuring CFT meetings are held at a neutral location or at a location that meets the family’s needs or limitations.
- Notify all family’s of their right to initiate a CFT meeting to develop or review the CFSP, as outlined in O.R.C. 121.37 (C)(3).
- Offer every family access to a parent advocate. For those families with a youth suspected or identified as having special needs, access to a Parent Mentor. Making referrals to Parent Advocacy and Parent Mentor if desired by the family, as outlined in O.R.C. 121.37 (C) (3).

- Allow the family to invite a support person (formal or informal) of the family's choice to participate in the CFT meetings, as outlined in O.R.C. 121.37 (C) (3).
- Assuring that family input is allowed at CFT meetings to help ensure that services to be provided are culturally appropriate and responsive to the strengths and needs of the family.
- Coordinating the identification of the Lead Case Manager, often typically the referring party when referred by courts or agency staff, and assuring that the Lead Case Manager is approved by the family.
- Maintaining attendance records of each CFT meeting, notifying the team member and his/her supervisor after repeated absences.
- Facilitating CFT meetings in an orderly fashion, keeping the CFT on task and case specific.
- Maintaining communication with CFT members.
- Holding all parties accountable for goals and duties as CFT members.
- Developing a safety/crisis plan with the CFT by the completion of the 2nd meeting with the family.
- Ensuring that a individual family service coordination plan meeting occurs before an out-of-home placement is made, or within ten days after placement in the event of an emergency, per ORC (C) (4).
- Facilitating the shared funding process by developing the shared funding agreement and collecting all responsible parties' signatures, then providing all parties' with copies of the finalized agreement.
- Developing the Comprehensive Family Service Plan with the CFT. This includes the development of long-term objectives, short-term goals, designating service responsibilities, and approximate dates for meeting goals. A draft of the CFSP should be developed by completion of the 3rd CFT meeting and made available for the family and all participating CFT members to review. The draft CFSP will be sent to all parties for review prior to the 4th CFT meeting. The CFSP will be reviewed at each CFT meeting to track the progress of goals included in the plan
- Facilitating the CFSP review meetings.
- Working with the family, Lead Case Manager, and other CFT members to identify barriers associated with achieving the goals in the Comprehensive Family Service Plan.
- Organizing CFT Case Review meetings via the Diversion Team as needed.
- Organizing Administrative CFT meetings, communicating barriers to the CFSP, thus acting as a liaison to the Diversion Team and CFT members.

Family Responsibilities

- Be open to discuss your child(ren) and family. Educate the CFT about your family's culture, strengths, and needs.
- Attend and actively participate in all CFT meetings.
- Identify informal supports (family, friends, neighbors, etc.) that, if desired, could participate in the CFT process with the family.
- Contribute to the development of the Comprehensive Family Service Plan (CFSP).
- Ask for changes if you disagree with your family's plan or how it is working.
- Communicate any barriers or obstacles that interfere with the objectives of the Comprehensive Family Service Plan to the Lead Case Manager.

- Notify the Lead Case Manager or Program Coordinator if an emergency meeting is needed.
- To determine if it is in the best interest of the youth to become actively involved in the CFT process.

Lead Case Manager

- Act as primary liaison between the family and the Child and Family Team.
- Coordinate services with the family as needed and assisting the family to remove barriers that would prevent the CFT from achieving the objectives as outlined in the CFSP.
- Make referrals (with the permission of the family) to supportive agencies if the CFT determines their involvement is warranted.
- Oversee CFT meetings in the absence of the Program Coordinator. Duties include: having the team sign-in, reviewing previous meetings' goals, taking notes, establishing goals that need met, scheduling a follow-up meeting, and submitting all documentation to the Family and Children First Council office.
- Communicate any barriers or obstacles that interfere with the objectives of the CFSP to the Program Coordinator.
- Notify Program Coordinator if an emergency meeting is needed.
- Notify Program Coordinator of potential changes in placement immediately so that a CFT meeting can be scheduled to discuss reasons for change in placement, shared-funding, and continuity of care.

Intersystem Diversion Team

The Intersystem Diversion Team, comprised of collaborative agency/organization supervisors including: CCFCF Program Coordinator and Director, Board of Developmental Disabilities, Jobs and Family Services (including Children's Services), Family Court, ESC Parent Mentor, Mental Health, Drug and Alcohol Services Board, and mental health service provider, Consolidated Care, Inc. meet bi-monthly to discuss systemic issues regarding: system of care, case review, out of home placements, service gaps, CFT issues, local mental health assessments, problem solving, and strategizing. The Diversion Team's primary focus is monitoring high-need CFT cases and reducing out of home placements, but also assists with revisions to the CFT process and Service Coordination Mechanism.

Administrative Child and Family Team

The Administrative CFT, comprised of a Family Court Judge, Director of Job and Family Services, Executive Director of Logan-Champaign Mental Health, Drug and Alcohol Services Board, Superintendent of County Schools, Superintendent of County Board of Developmental Disabilities, Director of CCFCF, and the CCFCF Program Coordinator meet as needed to discuss placement issues and shared funding agreements.

CHILD & FAMILY TEAM POLICIES AND PROCEDURES

Ground Rules

- All CFT meetings are strictly confidential.
- The strength and expertise of families and agencies will be utilized and respected.
- The composition of the CFT should try to remain as consistent as possible, only adding new members to the team when identified as necessary, and/or at the request of the family.

- The family has the right to determine who attends CFT meetings, unless certain attendees are court ordered. School district representatives will be notified of Formal referrals and be invited to participate, if applicable.
- CFT will be held at a neutral location whenever possible.
- All members of the CFT are committed to be involved and work toward the development and success of the Comprehensive Family Service Plan. The CFT decision-making process is guided by family input and well-being. All members must agree to the CFSP.
- All members will treat each other with respect, courtesy, and professionalism. There will be no retaliation or retribution for issues, concerns, or questions discussed in a meeting. Each person is responsible for his/her personal behavior. If inappropriate behavior occurs, the Program Coordinator will address the behavior and reserves the right to notify his/her supervisor.
- The greatest strength of the CFT is its diversity and multi-disciplinary approach to addressing family needs. With this diversity will be inevitable disagreements. The CFT process is committed to address and resolve conflicts that arise in a direct, constructive, non-personal manner. The first level of resolution will always be between members. If resolution is not achieved, the Program Coordinator shall meet with affected parties to resolve the issue. If the issue(s) remain unresolved, the parties have the right to engage in the dispute resolution process.

CFT Meetings

- All CFT meetings will begin and end on time. If a team member is going to be late, it is expected that they will call the CCFCF office at 937-652-2646 or 652-2645 prior to the scheduled meeting time. The Program Coordinator will make every effort to plan meeting times in conjunction with identified agenda items.
- For members who are unable to attend a scheduled meeting, the Program Coordinator should be notified 1 day in advance and receive an update on the family's progress to report to the team. *If a team member does not communicate an absence to the Program Coordinator and the absence creates a barrier to achieving objectives on the CFSP, the Program Coordinator will first address this with the team member but reserves the right to notify his/her supervisor.*
- If a CFT meeting involves more than one child in the family to discuss, specified times to discuss individual progress/needs/concerns will be established.
- Each CFT meeting will end with an agreed upon result and goals established to be accomplished before the next meeting date. The CFT team establishes the next meeting date and time prior to dismissal.
- A crisis/safety plan (Addendum F) will be created for the family, including contact names and numbers and a copy of the plan is provided to all parties.
- If a meeting must be rescheduled, the following procedure will occur:
 - The team member who needs to reschedule notifies the Program Coordinator.
 - The Program Coordinator notifies all members of the CFT and works to find a new date/time in which the majority of the CFT can attend.
 - The Program Coordinator sends a new invitation to all members of the CFT via First Class Mail. As needed, communication via phone, fax, or email will be used to reschedule dates and times.

Accountability

- Each member of the CFT will be held accountable for carrying out assigned goals, tasks, and duties. If a goal or task is not met, the Program Coordinator, as well as the

members of the CFT, have the right to address barriers and hold all persons accountable to their goals. It is the duty of the team to determine how to overcome the barriers and ensure the CFSP is implemented.

Criteria for Closing a CFT Case

- The objectives of the CFSP are met.
- The CFT determines the goals of the family no longer meet criteria for continued meetings.
- Family chooses to discontinue the CFT process.
- The youth turns 22.
- The family moves out of Champaign County, in which case the Program Coordinator would offer to make a referral to FCF in county of residence.
- The family repeatedly misses meetings, withdraws from services, or no longer has multiple services to coordinate. When this occurs it is the responsibility of the Program Coordinator or Lead Case Manager to attempt to contact the family to determine their willingness to participate in the CFT process.

CFT REFERRAL PROCESS

All Champaign County families, who are voluntarily seeking services, that have children age 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 have the ability to self-refer to the CCFCFC office to access service coordination through the CFT program. In addition, all Champaign County social service agencies, organizations, schools, and the juvenile court who work with children have the ability to make a referral to the CFT program.

As required by ORC 121.37 (C) (1), the referral process is outlined as follows:

1) A Champaign County parent/custodian, social service agency, organization, juvenile court, or school representative identifies a child who is in need of service coordination. That child should meet the following criteria:

- Custodial parent must be a resident of Champaign County.
- The child must not be over the age of 21 years.
- The child must have multiple-system unmet needs.
- At-Risk Screening Tool Score of 7 or more.
- Have completed the Strengths/Needs Assessment and CFT Universal Release of Information.

2) Referral forms (Attachment A1 and A2), Child and Family Strengths/Needs Assessment Summary (Attachment B), At-Risk Screening Tool (Attachment C), and Champaign County Intersystem Child and Family Team Universal Release of Confidential Information forms (Attachment D), can be obtained by contacting the Program Coordinator in person, via email/fax, or by phone. The Family and Children First office is located at:

312 Patrick Avenue, Urbana, OH 43078
(937) 652-2646

3) While completing a referral, the parent, custodian, or guardian must agree to participate in the CFT program and sign the CFT Universal Release of Confidential Information form.

Participation in the CFT program is voluntary and parents have the right to opt out of services at any time. The Release of Confidential Information form indicates the agencies, organizations, or other representatives that need contacted in efforts to coordinate services for the child(ren). The CFT Universal Release of Confidential Information expires 6 months from the date signed by the parents/custodian and can be revoked at any time at the request of the parent/custodian.

4) All above mentioned documents must be submitted before the CCFCFC staff reviews the referral to determine what level of care the child/family needs. CCFCFC is committed to utilizing the least intensive and intrusive options while still adequately addressing the child/family's needs. There are 3 levels of care that CCFCFC utilizes to access service coordination:

- A) Formal Child and Family Team - When a child scores 15 pts. or more on the At-Risk Screening Tool, current involved agencies are "stuck" and need the use of a neutral facilitator to move forward, and/or there is a need for an intersystem funding agreement.
- B) Informal Child and Family Team - When a child scores between 7-14 pts. on the At-Risk Screening Tool and currently involved agencies need funding or resources to resolve a specific issue. Currently involved agencies continue to provide service coordination but do not need the use of a neutral facilitator.
- C) Referral and Information - When a child scores 6 pts. or less on the At-Risk Screening Tool and a child/family needs information regarding services or referrals to collaborative agencies.

5) Within 5 business days of receipt of a referral, the family and the referring party will be notified by First Class mail or phone the status of the referral, whether accepted or denied. For families who need additional information regarding available services in the community, service brochures and contact person(s) will be provided to the family via First Class mail. For families who are eligible for an Informal CFT, the referring party will be contacted regarding requested funding. For families who are eligible for a Formal CFT, the Program Coordinator will contact the family via First Class mail to notify them of acceptance. The Program Coordinator will discuss the CFT program, roles, expectations, and set up an initial meeting date via phone when the family calls to confirm their interest in participating.

6) For families who have been accepted by FCFC for service coordination but refuse to participate, the referring party will be notified via phone, email, or First Class mail.

CFT MEETING NOTICE PROCEDURES

As required by ORC 121.37 (C) (2), the following notification procedure for all individual family service coordination plan meetings. All family members of a CFT are typically invited to attend meetings via First Class mail. Invitations (Attachment G) are sent out within 5 business days of the previous meeting. The invitation lists the members of the CFT whom are invited. These members include the family, a representative from the child's school district and family support persons, including advocates, mentors, or informal supports, as well as other service providers involved with the family from various community agencies. Included with the invitation is a list of goals (Attachment H) that members of the CFT agreed to complete prior to the next scheduled CFT meeting. The location of the meeting is decided with the family's availability and limitations taken

into consideration. Meetings can be held at the Family and Children First office, school, agency, neutral location, or at the home of child(ren), whichever the family prefers. The date and time of the meeting are also based upon the availability of the family and then the availability of the rest of the members of the CFT. A mutually convenient time and date for all members is sought after.

In the event of an emergency, meetings may be scheduled via phone or email notification to ensure timely notification. In either circumstance, CCFCF will make extended efforts to allow for as much advance notice as possible.

Per Ohio Revised Code 121.37 (C) (3), families can initiate a meeting to develop or review the family's service coordination plan (CFSP) and are allowed to invite a family advocate, mentor, or support person of the family's choice to participate in the meeting. Family members can initiate meetings by notifying the lead case manager or the Program Coordinator of the need for a meeting. It is the responsibility of the family to notify the lead case manager of the issues needing to be addressed so that the CCFCF Program Coordinator identifies these issues during the meeting. The lead case manager should contact CCFCF in regards to this need within 2 business days. A CFT meeting will be scheduled at a date/time the family can participate and the majority of the CFT can attend. Any issues that are interfering with the objectives set forth in the Comprehensive Family Service Plan (Attachment I) will be discussed in an attempt to resolve.

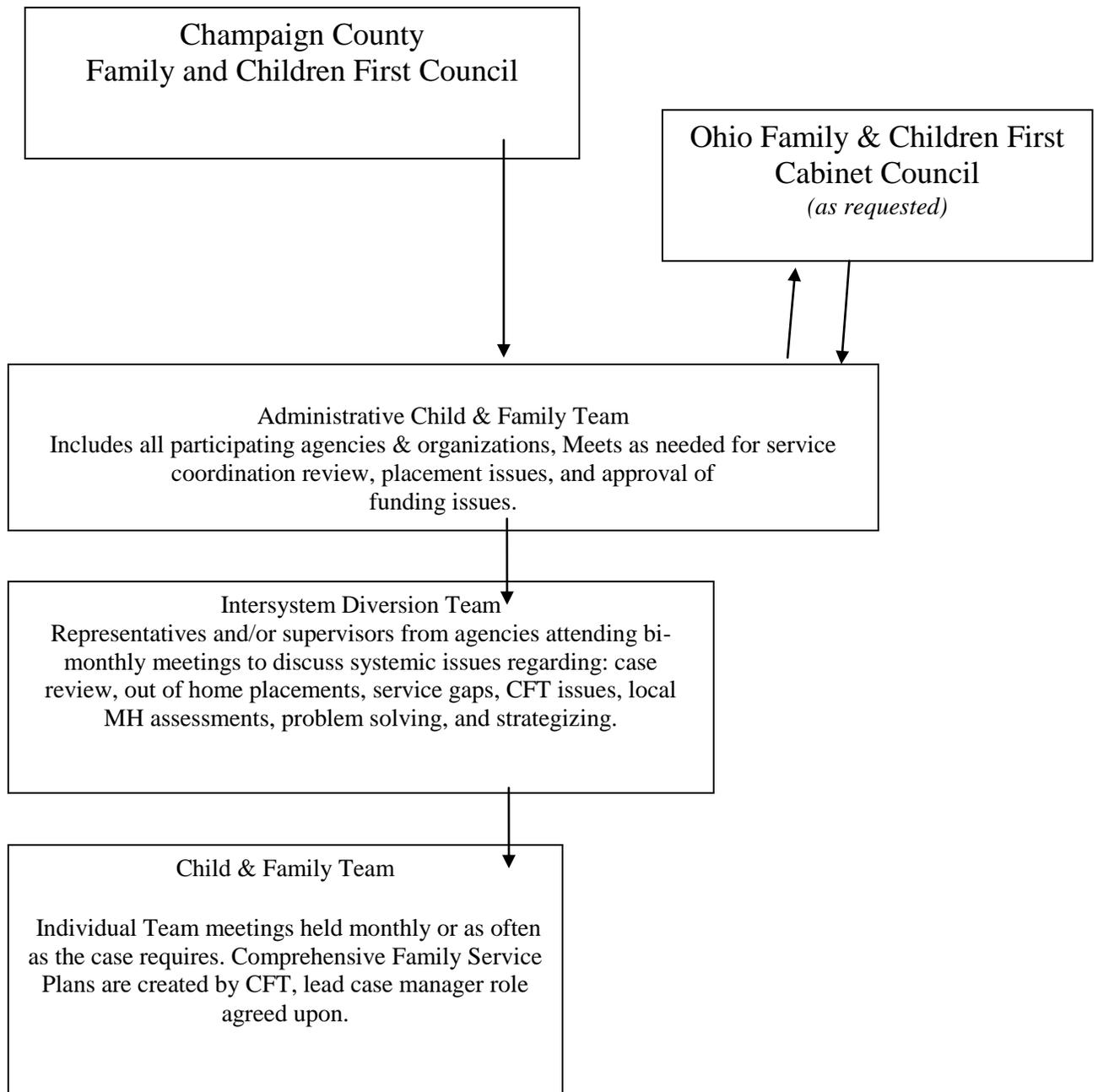
OUT OF HOME PLACEMENT PROCEDURES

As required by ORC 121.37 (C) (4), the following procedures are followed. In the event that a child is going to be placed out of the home, a CFT meeting will be scheduled prior to a non-emergent placement, or within 10 days of an emergency placement. This meeting will serve to assure that all alternatives to out-of-home placement have been exhausted as reasonable and appropriate responses to the child and family situation. This meeting will also serve as a planning period to identify community supports available to the family during the placement and to begin planning for the child's return to the community. The CFT meeting will discuss shared payment for out-of-home services when applicable. Nothing in this procedure shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement.

CONFIDENTIALITY PROCEDURE

As required by ORC 121.37 (C) (6) all personal family information disclosed during CFT meetings or described in the Comprehensive Family Service Plan will be kept confidential by all members of the CFT. The goal sheet that is developed upon the conclusion of a CFT meeting states that all information shared at the CFT meeting shall remain confidential and CFT members in attendance sign this at each meeting. CFT members agree to strictly adhere to confidentiality guidelines established by the family and agency policies. Confidential files and paperwork will be kept in a locked filing cabinet located in the CCFCF office, except for the purpose of meetings and information retrieval.

Child & Family Team Structure



SERVICE COORDINATION MECHANISM TRAININGS AND AWARENESS ACTIVITIES

Quarterly Child and Family Team trainings occur upon the conclusion of each CCFCF Full Council meeting, at least 4x annually. Advanced written notice of the quarterly training is provided to all social service agencies/organizations and school districts. Flyers are distributed to locations in the community that families frequent. In addition, training is offered to families, agencies, organizations, and schools by request. The Child and Family Team training educates parents, schools, and social service agencies on the purpose of service coordination, process for referring for service coordination (Child and Family Team services), types of intervention available through the CCFCFC office, roles and responsibilities of Child and Family Team members, funding sources and allowable expenditures, as well as provides each trainee with the documents needed to make a referral to the CCFCFC office. A brochure about the CFT process is also available and provided to all trainees (Attachment F). All attendance records of those who participated in the training are kept with Full Council documents.

CCFCF provides brochures and business cards to Council affiliates and other social service entities to share in their lobbies to educate families, agencies, and direct care personnel about the CFT process, Help Me Grow, and the service coordination mechanism. CCFCF attends several health/wellness fairs annually and provides information to the public via fairs and other business meetings.

UNRULY YOUTH

As defined in Ohio Revised Code Ann. 2151.022 (2009), “unruly child” includes any of the following:

- Any child who does not submit to the reasonable control of the child’s parents, teachers, guardian, or custodian, by reason of being wayward or habitually disobedient;
- Any child who is a habitual truant from school and who previously has not been adjudicated an unruly child for being an habitual truant;
- Any child who behaves in a manner as to injure or endanger the child’s own health or morals or the health morals of others;
- Any child who violates a law, other than division (C) of section 2907.39, division (A) of section 2923.211 [292321.1], division (C) (1) or (D) of section 2925.55, or section 2151.87 of the Revised Code, that is applicable only to a child.

Efforts being made by FCFC to prevent court involvement include offering services such as (but are not limited to): respite, mentoring, family bonding activities, youth enrichment activities, school/community involvement, mental health, County Board of Developmental Disability supports, youth incentives, etc. The FCFC will work collaboratively with families, law enforcement, the Prosecutor’s office, and the presiding Juvenile Court Judge(s) to properly identify unruly youth.

DISPUTE RESOLUTION PROCESS

The CFT serves to utilize the recommendation of all parties, including that of the parent or guardian, that promotes the well being of the child(ren) in regards to services for the child(ren). If there is significant and unresolved conflict regarding any aspect of the Comprehensive Service Plan by any participant (including parents) in the Child and Family Team (CFT) process, every attempt is

made to resolve that conflict with the participating members of the CFT. If the CFT cannot resolve the dispute, the dispute resolution process can be initiated by submitting a Dispute Resolution Request Form (Attachment J). Each family will be notified of their right to utilize the dispute resolution process and provided information regarding the process at the first Child and Family Team (CFT) meeting. Those wishing to initialize the dispute resolution process must do so within **21-30 days** of the occurrence/dispute or completed Comprehensive Service Plan. The CCFCFC believes that this timeframe should give adequate time for families and agencies to seek advice or to compile the supporting evidence or documentation required to be submitted with such request. If the Juvenile Court has mandated a timeline for dispute resolution to occur, the timeline will be deferred to the Court's discretion and schedule. Parents shall be included in all aspects of the dispute resolution process, if they so choose. Parents who choose to utilize an advocate or mentor are encouraged to include those representatives in the process. Per O.R.C. 121.381 and 121.382, not later than sixty days after the parent or custodian initiates the dispute process, the council shall make findings regarding the dispute and issue a written determination of its findings. It is the goal of Council to resolve disputes as quickly as possible, but not later than sixty days after the process has been initiated.

The dispute resolution process shall be used to: 1) resolve disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services; 2) resolve disputes between a child's parents or custodians and the Champaign County Family and Children First Council regarding service coordination or their child's CFSP. Service coordination is defined as a process of service planning that provides family-centered, individualized services and supports to families. The unique strengths and needs of each child and family guide the types and mix of services provided. The purpose of service coordination is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems. Each agency system has areas of responsibility and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. **If the dispute does not pertain to service coordination, parents or custodians shall use existing local agency grievance procedures to address disputes. This process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. Each agency represented on a county Family and Children First Council (FCFC) that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process. These rights shall not be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.**

Disputes Between Agencies

When disagreements arise between agencies as to the services or funding of services a child and/or family is to receive, any agency represented on the council may initiate the local dispute resolution process established in the county service coordination mechanism applicable to the council. If a dispute is initiated between agencies, the following timeline will be utilized:

1) The disputing agency must submit a Dispute Resolution Request Form to the Program 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:

ATTN: PROGRAM COORDINATOR
Champaign County Family and Children First Council
312 Patrick Avenue
Urbana, OH 43078

2) Upon written receipt of the agency request to utilize dispute resolution, a meeting between the Administrative Child and Family Team (ACFT) and the disputing agency will be convened within 15 calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the disputing agency and the ACFT. The disputing agency will prepare a presentation for the ACFT regarding the nature of the dispute, the specific issues that are requested to be resolved, and a proposed solution. This presentation can be made by the director of the agency or an approved representative of that agency. Each ACFT member must vote on the proposed solution. A majority vote will determine resolution of the dispute. The FCF Program Coordinator will act as facilitator in the process, but will not have a deciding vote. The ACFT will be responsible for preparing the responses to the disputing agency and the FCF Program Coordinator will issue a written response in regards to the decision to that agency within 7 calendar days.

3) If the disputing agency disagrees with the decision of the ACFT, resulting in a failed dispute resolution process, 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 file with the juvenile court to move to the final stage of the dispute resolution process within 7 calendar days of receiving the ACFT decision. Upon receipt of this request, the Program Coordinator for FCF will submit within 5 calendar days all documentation regarding the dispute, (including, but not limited to) the request for dispute resolution and supporting documentation, the Intersystem Review Assessment Form (Attachment I), responses made by the Administrative Child and Family Team, 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. Per O.R.C. 121.38, the court shall hold a hearing as soon as possible, but no later than ninety days after the motion or complaint is filed. At least five days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose of the court hearing. This decision will direct one or more agencies represented on the council to provide services or funding for services to the child. The determination shall include a plan of care governing the manner in which the services or funding are to provided. The presiding Juvenile Court Judge shall utilize the plan or care on the family service coordination plan developed as part of the county's service coordination mechanism and evidence presented during the local dispute resolution process in making the determination. The presiding Juvenile Court Judge may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency. While the local dispute resolution process or court proceedings are pending, each agency shall provide services and funding with no interruption until a final decision is rendered. If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

Non-Emergent Disputes Between Parent/Guardian and FCFC

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

1) The family will submit a Dispute Resolution Request form (Attachment J) to the FCF Program 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:

ATTN: PROGRAM COORDINATOR
Champaign County Family and Children First Council
312 Patrick Avenue
Urbana, OH 43078

2) Upon written receipt of the family request to utilize dispute resolution, a meeting with the Intersystem Diversion Team will be convened within 15 calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the family and the Intersystem Diversion Team. The family will prepare a presentation for the Intersystem Diversion Team regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the family, an advocate, or the Child and Family Team lead case manager.

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

4) The Administrative Child and Family Team (ACFT) will meet within 7 days of Intersystem Diversion Team meeting to review the responses proposed by the Intersystem Diversion Team that were drafted to the family. The ACFT will either approve or reject the responses in writing. In the event that the ACFT approves the responses of the Intersystem Diversion Team, a letter will be immediately issued to the family by mail addressing the disputes. In the event that the ACFT rejects the responses of the Intersystem Diversion Team, the ACFT becomes responsible for preparing the responses to the family. These responses will be written the day of the ACFT meeting and mailed immediately to the family. The FCF Program Coordinator will be used as a neutral facilitator in this meeting and will be responsible for the written responses to the family.

5) When the provision of services cannot be resolved through the designated dispute resolution process, the final arbitrator will be a Juvenile Court Judge. The Senior Juvenile Court Judge will determine which of the presiding Judges will hear the dispute. The family must file their request for final arbitration after a failed council dispute process within 7 calendar days of the failed dispute. Upon receipt of this written request, the Program Coordinator for FCF will submit within 5 calendar days all documentation regarding the dispute, (including, but not limited to) the request for dispute resolution and supporting documentation, the Intersystem Assessment Form, responses made by the Intersystem Diversion Team and the Administrative Child and Family Team, treatment information, and other relevant information to the presiding Juvenile Court Judge. The juvenile court will issue a hearing within 90 calendar days of receipt of the request for final arbitration.

Emergent Disputes Between Parent/Guardian and FCFC

An emergent dispute will be defined as a dispute that requires an immediate response due to the safety or well-being of the child(ren). In these instances, the immediate decision is made

collaboratively with the parents or guardians and any immediate accessible staff available. FCF will work to address the emergency in as timely and effective means possible. If an emergent dispute is initiated by a parent or guardian, the following timeline will be utilized:

1) The family will submit a Dispute Resolution Request form (Attachment J) to the FCF Program 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:

ATTN: PROGRAM COORDINATOR
Champaign County Family and Children First Council
312 Patrick Avenue
Urbana, OH 43078

2) Upon written receipt of the family request to utilize dispute resolution, a meeting with the Intersystem Diversion Team will be convened within 5 calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the family and the Intersystem Diversion Team. The family will prepare a presentation for the Intersystem Diversion Team regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the family, an advocate, or the Child and Family Team lead case manager.

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

4) The Administrative Child and Family Team (ACFT) will meet within 3 days of Intersystem Diversion Team meeting to review the responses proposed by the Intersystem Diversion Team that were drafted for the family. The ACFT will either approve or reject the responses in writing. In the event that the ACFT approves the responses of the Intersystem Diversion Team, a letter will be immediately (by the following business day) issued to the family by mail addressing the disputes. In the event that the ACFT rejects the responses of the Intersystem Diversion Team, the ACFT becomes responsible for preparing the responses to the family. These responses will be written the day of the ACFT meeting and mailed immediately (by the following business day) to the family. The FCF Program Coordinator will be used as a neutral facilitator in this meeting and will be responsible for the written responses sent to the family. This process

5) When the provision of services cannot be resolved through the designated dispute resolution process, the final arbitrator will be the presiding Juvenile Court Judge. The family must request a hearing from the juvenile court after a failed council dispute process within 7 days of the failed dispute. The Senior Juvenile Court Judge will determine which of the presiding Judges will hear the dispute. Upon written receipt of this request, the Program Coordinator for FCF will submit within 2 business days all documentation regarding the dispute, (including, but not limited to) the request for dispute resolution and supporting documentation, the Intersystem Assessment Form, responses made by the Intersystem Diversion Team and the Administrative Child and Family Team, treatment information, and other relevant information to the presiding Juvenile Court Judge. The

juvenile court upon receipt of the request for a hearing through final arbitration will schedule a hearing as soon as possible but no longer than 90 days.

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

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

To access the OFCFCC review process, the family or agency must submit in writing a request for OFCFCC review. Within 2 business days, the CCFCC Program Coordinator will initiate the OFCFCC review by submitting relevant case information to the OFCFCC.

HELP ME GROW SERVICE COORDINATION

For children who receive services under the Help Me Grow program, the service coordination mechanism shall be consistent with rules adopted by the Ohio Department of Health

under section 3701.61 of the Ohio Revised Code. All family service coordination plans through Help Me Grow shall be consistent with the laws and rules of Help Me Grow per federal regulation and Ohio Department of Health policy and procedures. When a child is involved in both Help Me Grow and a Child & Family Team, the lead case manager should be Help Me Grow (unless CPS has custody) to assure compliance with Ohio Revised Code 3701.61.

Champaign County Help Me Grow services involve children under age three and their families. Services focus on infant and toddler health and development to give children the best possible start in life. Participation in the program is entirely voluntary. Services include finding children through community screenings, community events, and outreach to the medical community; providing information and referral to families; home visiting; and ongoing services and service coordination for families of children with, a confirmed developmental delay or disability.

PARENT’S RIGHTS IN HELP ME GROW

When your child, birth through age two, receives services from the Help Me Grow program, you receive certain rights.

Your rights include:

- The right to accept or decline some or all services from Help Me Grow program;
- The right to be informed of your rights;
- The right to provide informed written consent before any information about your child or family is shared between service providers and before evaluation and services begin;
- All information about you and your records are kept private and confidential;
- The right to review and make changes to records about your child and family at any time;
- The right to request, be present at and take part in meetings about your child and family;
- The right to make a formal complaint about services for your child;
- The right to know to whom to make a written complaint and then get an answer to that complaint within 30 days;
- Assessment of the strengths and needs of your family;
- Service Coordination;
- Help with writing and updating the Individualized Family Service Plan (IFSP)

PARENTS RIGHTS OF CHILDREN WITH A DEVELOPMENTAL DELAY OR DISABILITY

Parents of children with a developmental delay or disability have special rights stated in the federal law known as the Individualized with Disabilities Education Act (IDEA). If your child has a delay or disability you have the right to receive the following services at no cost to you:

- Developmental evaluation to determine eligibility;
- Help with transition planning before your child turns three;

- The right to have an advocate, friend or interpreter present at any or all contacts with service providers;
- The right to receive written notice before there is a change in services. The written notice should include what and why the change is being proposed or denied.



CHAMPAIGN COUNTY HELP ME GROW COMPLAINT RESOLUTION PROCESS

If a situation should arise where a parent, caregiver, agency representative, etc. feels that a complaint should be filed in regards to the local Help Me Grow system, there are two ways a person can make a complaint.

- 1) Contact the Champaign County Family & Children First Director at:

By Mail: 312 Patrick Avenue, Urbana, OH 43078
 By Phone: (937) 652-2645 or fax at (937) 652-2646
 By Email: fcfdirector@ctcn.net

- 2) Contact the Bureau of Early Intervention Services at the Ohio Department of Health:

By Mail: Ohio Department of Health, Bureau of Early Intervention Services
 Attn: Help Me Grow Program
 246 N. High Street, P.O. Box 118
 Columbus, OH 43216-0118
 By Phone: (614) 644-8389
 By Email: beis@gw.odh.ohio.gov

The Council Director will provide the parents with a copy of the ODH compliant procedures with an explanation of the parent’s options to request an investigation, mediation and/or an administrative hearing for resolving such dispute. The Council Director will contact ODH within 2 business days regarding the dispute. The service providers may provide additional due process measures for resolving a dispute. Investigations will then be conducted by ODH. ODH will provide a written decision regarding the dispute within 60 calendar days from receipt of the complaint.

Ohio Help Me Grow Dispute Resolution procedural safeguard process is available at:
www.ohiohelpmegrow.org

Follow the links: Professional; Laws, Regulations & Policies; HMG Policies.

Open the link to page 1 of the Procedural Safeguards policy and see;

Ohio Procedural Safeguards, Part C: Early Intervention, Section V, pages 14-20.

(The Dispute Resolution section is in the link to page 2 on pages 4-11)

**OHIO HELP ME GROW DISPUTE RESOLUTION
PROCEDURAL SAFEGUARD PROCESS**

PROCEDURE

Available remedies include: filing a complaint with the county Family and Children First Council (FCFC).

Each provider of Part C services may develop and maintain a resolution process for complaints which shall be consistent with Part C. If the provider has a resolution process for complaints, then:

- (1) Each provider of Part C services shall notify the department and the FCFC of the complaint in writing (via e-mail or fax) within seven calendar days of receipt of the complaint.
- (2) Each provider of Part C services shall issue a written decision to the complainant and the department within thirty calendar days from the receipt of the complaint.

If the county FCFC receives a complaint, the entity receiving the complaint must provide the complainant with a copy of the procedural safeguards and explain the options available for dispute resolution.

INVESTIGATION BY THE FCFC

An individual or an organization may file a complaint with the county FCFC regarding the provision of early intervention services within the county. The FCFC shall notify ODH of the complaint in writing (via e-mail or fax) within seven calendar days of receipt of the complaint and investigate the complaint in accordance with procedures that meet the following minimum requirements:

- a. The alleged violation must have occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was received.
- b. The alleged violation must be submitted to the FCFC in writing and shall include the facts alleged in the complaint. FCFC's written procedures must include the address where the complaint is to be mailed.
- c. FCFC shall assign one or more individuals to investigate the complaint. The assigned individuals must not have a direct interest in the matter and shall investigate the complaint by doing at least the following:
 - Conduct an on-site investigation as determined necessary;
 - Interview complainant and give complainant an opportunity to submit additional information, either orally or in writing about the allegation;
 - Review all relevant information and make an independent determination as to whether there has been a violation.

d. The FCFC shall issue a written decision to the complainant within (30) calendar days from receipt of the complaint. The decision shall address each allegation in the complaint and shall include findings of fact and conclusions and the reasons for the FCFC's decision. A copy of the decision shall be provided to the complainant and the ODH.

e. If the FCFC determines there was a violation, the FCFC must ensure that corrective actions are implemented within 45 days or sooner of the written final decision. The corrective action plan may include the following:

- Require the participation of the provider in specific technical assistance activities;
- Award of monetary reimbursement appropriate to the needs of the child and family and/or;
- Develop and provide trainings at the county level to achieve compliance in the appropriate future provision of services for all infants and toddlers with disabilities and their families. A copy of the corrective action plan must be provided to the complainant and ODH.

f. ODH will monitor the corrective action plan to ensure corrective actions are implemented.

g. If the complainant is not satisfied with the FCFC's findings or corrective actions are implemented.

If a written complaint is received that is also the subject of an administrative hearing, the complaint investigation or any part of the complain investigation that is being addressed in the administrative hearing must be resolved within the established time lines.

If an issue is raised in a complaint filed under this procedure that has previously been decided in an administrative hearing process involving the same parties, the hearing decision is binding and the ODH will notify the complainant of such.

MEDIATION

“Mediation” means a dispute resolution and collaborative problem-solving process, which provides a trained impartial party who facilitates a negotiation process between parties who have reached an impasse. The mediation process may facilitate speedy resolution of disputes without development of an adversarial relationship between parents and agencies.

1. A parent or party involved in a dispute regarding the evaluation, identification, or assessment of the infant or toddler, the determination of the eligibility of the infant or toddler for early intervention services, the development and implementation of the IFSP, or the procedural rights of the infant or toddler or parents may request mediation regarding a dispute, and shall be mailed to:

Appeals Request
Ohio Department of Health
Office of the General Counsel
P.O. Box 118
Columbus, Ohio 43266-0118

2. Upon receipt of the request, ODH shall notify the parent of the date, time and location of the mediation. The mediation shall be held in a location convenient for the parent. The ODH shall also notify the parent of the following:
- a. Mediation is completely voluntary; agencies cannot require parents to use the mediation process. Mediation cannot be used to deny or delay a parent's rights under this part. When mediation is used, disputes must still be resolved and a written decision made within thirty (30) days from receipt of the request for mediation.
 - b. Mediation is provided at no cost to the parent.
 - c. The assigned mediator will be a qualified and impartial mediator who is trained in effective mediation techniques. ODH maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention services.
 - d. Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due in process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process.

ADMINISTRATIVE HEARING

1. A parent of an infant or toddler may request in writing an impartial administrative hearing regarding the evaluation, identification, or assessment of the infant or toddler, the determination of the eligibility of the infant or toddler for early intervention services, the development and implementation of the IFSP, and the procedural rights of the infant or toddler or parents. The request shall be in writing and include the facts alleged in the dispute and shall be mailed to:

Appeals Request
Ohio Department of Health
Office of the General Counsel
P.O. Box 118
Columbus, Ohio 43266-0118

2. Upon receipt of the request for an administrative hearing, ODH shall:

- Determine a time and location that is reasonably convenient for the parents;
- Appoint a hearing officer to hold an informal hearing;
- Give the parents of the infant or toddler and any other interested parties notice of the date, time, and location;
- Notify parents about the procedures including timelines, roles of the parties involved and options if they do not agree with the resulting decision(s).

3. Parents have the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for infants and toddlers eligible under this procedure, at the parents' expense. In addition:

- Parents have the right to present evidence, and confront, cross examine, and compel the attendance of witnesses and the production of documents;

- Parents have the right to prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;
 - Parents have the right to obtain a written or electronic verbatim transcription of the Proceeding;
 - Parents have the right to obtain written findings of fact and decisions.
4. The hearing shall be provided at no cost to the parent. The hearing officer shall allocate costs of the hearing among the agencies or providers who are parties to the hearing.
 5. The administrative hearing timeline, for receipt to complaint, to hearing, to the development and mailing of any written decision to each party involved in the dispute, shall not exceed 30 days.
 6. The decision of the hearing officer is binding.
 7. Any state or local agency or public or private provider of early intervention services that has provided, proposed to provide, or refused to provide early intervention services for an infant or toddler whose parents have requested an administrative hearing shall comply with the decision of the hearing officer assigned by the state.
 8. Decisions rendered in the hearing process, with personal identifying information deleted, should be sent to the Ohio Help Me Grow Advisory Council. A central file of hearing decisions shall be maintained by ODH. Copies of these decisions, with all personally identifying information deleted, shall be accessible to the public.

APPOINTMENT OF AN IMPARTIAL PERSON TO IMPLEMENT THE MEDIATION

1. ODH shall appoint an impartial person to mediate and conduct administrative hearings who:
 - a. Has knowledge about the provisions of this part, and the needs of, and services available for, eligible children and their families; and
 - b. Will perform the following duties: listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint; and, provide a record of the proceedings, including a written decision.
2. As used in this procedure, “impartial” means that the person appointed to implement the complaint resolution process:
 - a. Is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and,
 - b. Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.
3. A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.

CIVIL ACTION

Any party aggrieved by the decision of the hearing officer may bring a civil action in any state court of competent jurisdiction or in a district court of the United States.

STATUS OF A CHILD DURING PROCEEDINGS

During the resolution of disputes arising under the early intervention program, unless the state or other agencies and parents of a child otherwise agree, the child and family shall continue to receive appropriate early intervention services. If the complaint involves entrance into one service under this part, the child and family must receive those services that are not in dispute.

ENFORCEMENT

1. The ODH shall be responsible for implementation of procedural safeguards and for monitoring compliance by participating agencies and service providers. Obligation to comply with these procedures is given to the county Family and Children First Council through their administrative agent through the acceptance of grant funding, subsidy agreements and interagency agreements at the state and local levels.
2. In the event any participating agency or service provider refuses to comply with the procedural safeguards, the ODH will seek resolution through the grant application procedures to resolve individual disputes.
3. A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by ODH.

REFERENCES

Section 635, of the Individuals with Disabilities Education Act (20USCA*1435) 34CFRSections 303.400 through 303.512s

CHAMPAIGN COUNTY FAMILY AND CHILDREN FIRST FISCAL PROCESS

The local FCFC office and Child & Family Team process is funded by OFCF and a pool of local sources to include: the Champaign County Department of Job and Family Services, Domestic Relations-Juvenile- Probate Court, Champaign County DD Board, Mental Health, Drug and Alcohol Services Board (MHDAS), Council on Rural Services Programs (CORSP) (Head Start) and the Madison/Champaign County Educational Services Center, (to include five Champaign county schools).

Help Me Grow funding is allocated by the State of Ohio using Ohio GRF funds and Federal Part C, and Federal Part C ARRA stimulus funding.

The Champaign County Family and Children First Council also receives funding from the State of Ohio to provide family centered services and supports (System of Care) necessary to successfully maintain children and youth in the community. Families with children, through age 21, who receive

service coordination through CCFCF and have multiple unmet needs are able to access such resources.

Ohio Children's Trust Fund allocates dollars to Champaign County for prevention of child abuse and neglect.

The above mentioned funds are maximized and allocated by CCFCF in the best fiscal way possible to support the family by providing community-based, preventive and family-centered services. Funding decisions are made based on the requirements of each fund provided and the departments that administer the fund, availability of funds, needs of the family, and recommendations by the Intersystem Diversion Team and Administrative Council. Child & Family Teams requesting funding supports must fill out a CFT Funding Request Form and submit to the Program Coordinator. The CCFCF Director will approve or deny funding based upon the aforesaid requirements. The Director then provides monthly reports to Executive Committee regarding expenditures for these funds as well as files any requested reports from the departments administering the funds.

This fiscal process is contingent upon funding from the State of Ohio, Ohio Department of Health, Ohio Department of Mental Health and the Ohio Department of Job and Family Services. The allocation of funding along with the amount of funding is dependent upon the State of Ohio's budget process and may change pending legislative decisions.

OHIO FAMILY AND CHILDREN FIRST ASSISTANCE

The office of Ohio Family and Children First (OFCFC) will provide technical assistance and support to counties to continue to develop and improve the service coordination system throughout the state, when requested, and through optional regional and state-wide educational opportunities. Periodically, counties will be asked to update and/or revise their local Service Coordination Mechanisms to provide continuous improvement to the Service Coordination System. The office of the OFCFC has provided written guidance to counties regarding the mandated requirements of Service Coordination, and will provide needed updates to that guidance, when necessary. The office of OFCFC provides resources to assist the counties in operational aspects of service coordination and to advise the state and Cabinet Council (CC) of the status of service coordination in the state.

When requested, the CC will review individual Family Service Coordination plans through an OFCFC State Service Coordination Committee made up of representatives from the state departments making up the CC and from the office of OFCFC. The State Service Coordination Committee will review cases where there is an unmet family need that the county council is unable to fulfill, or when the county is unable to develop a family service coordination plan that leads to significant improvement in family functioning or stability. This committee will review case documents submitted by the county and make recommendations to the CC for its review and approval. With the CC approval, the office of OFCFC will respond, in writing, to county council requests within 45 days of the receipt of the request by the State Service Coordination Committee. The review will include a review of the county service coordination process, as well as a review of the services and supports included in the family plan. Also included, will be the review of the family circumstances and of the life domains being addressed. There is no state funding currently available to pay for funding requests by counties for services or residential care for children in service coordination.

The State Service Coordination Committee will review such requests and make recommendations to the CC for its review and approval. With the OFCFC Cabinet Council's approval, the OFCFC will

respond in writing, to the county FCFC requests for dispute resolution review within 30 days of the receipt of the request by the State Service Coordination Committee.

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

The county juvenile court judge may be the county's final arbiter of the county service coordination disputes. The OFCFC CC will not review cases for which the complainants have sought a juvenile court ruling. The OFCFC CC administrative review must be requested and completed prior to seeking resolution through the county juvenile court as final arbiter of the dispute.

SHARED FUNDING PROCEDURES

When alternatives to out-of-home placement have been exhausted as reasonable and appropriate responses to the child and family situation, the CFT will meet as an opportunity to begin planning for community supports for the family during placement and to begin planning for the child's return to the community. Shared funding will be sought from the family and participating Child and Family Team agencies. Each agency will be responsible for determining funding streams that can be accessed to assist with the cost of placement. The Lead Case Manager will make contact to the placement agency to determine the appropriateness and cost of placement. The Lead Case Manager will notify the CCFCF Program Coordinator of these details. CCFCF Program Coordinator will develop a shared funding agreement to be signed by all fiscally responsible parties outlining the expected cost per day and total cost per quarter needed from each agency. Shared funding agreements will be developed quarterly as needed. Nothing in this division shall be interpreted as overriding or affecting decisions of a juvenile court regarding out-of-home placement.

SERVICE COORDINATION MECHANISM REVIEW

Per O.R.C. 121.37, the service coordination mechanism shall be developed and approved with the participation of the county entities representing child welfare; mental retardation and developmental disabilities; alcohol, drug addiction, and mental health services; health; juvenile judges; education; the county family and children first council; and the county early intervention collaborative established pursuant to the federal early intervention program operated under the " Individuals with Disabilities Education Act of 2004," 20 U.S.C.A. 1400. The Champaign County Family and Children First Council Service Coordination Mechanism will be reviewed at least annually or as the need to amend arises. It is the responsibility of the Executive Committee (which includes entities representing child welfare; mental retardation and developmental disabilities; alcohol, drug addiction, and mental health services; health; juvenile judges; education; the family and children first council; and the county early intervention collaborative) to ensure the Service Coordination Mechanism is upheld and current. The CCFCF Director will provide updates regarding the implementation of the Service Coordination Mechanism and will also make the Executive Committee aware of any policy or legislative changes that will cause Executive Committee to amend or change the current Service Coordination Mechanism. It is the CCFCF Director's responsibility to assure that the mechanism on file with OFCF reflects current practice. Upon written request to Champaign County FCFC, service coordination data will be submitted to the state for the purpose of evaluation.

Addendum A (1 of 3)



CHAMPAIGN COUNTY
FAMILY & CHILDREN FIRST COUNCIL

312 Patrick Avenue
 Urbana, OH 43078
 Phone (937) 652-2646
 Fax (937) 652-2648

FORMAL Child and Family Team Eligibility Criteria:

1. Custodial parent must be a resident of Champaign County.
2. The child must not be over the age of 21 years.
3. The child must have multiple-system unmet needs.
4. At-Risk Screening Tool Score
5. Completed Strength/Needs Assessment, Release of Information

A. REFERRAL INFORMATION

DATE OF REFERRAL:	Name of person making referral: _____ Agency/Relationship to child: _____ Agency Address: _____ Phone Number: _____
--------------------------	--

B. YOUTH DEMOGRAPHICS

1. Last Name:	First Name:	Middle:	Social Security #																																													
2. DOB: / /	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F		4. Race/Ethnicity:																																													
5. Currently living with:		Relationship to child:																																														
6. Who has custody of the child?		Relationship to child:																																														
7. School District of Residence: Is this child on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		School District Attending:																																														
8. Who lives in the household with this youth? <table border="0"> <thead> <tr> <th><u>Live With</u></th> <th><u>Name</u></th> <th><u>Social Security #</u></th> <th><u>Age</u></th> <th><u>Gender</u></th> </tr> <tr> <th>(check)</th> <th></th> <th></th> <th></th> <th>(M/F)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>_____</td><td></td><td></td><td></td></tr> </tbody> </table>		<u>Live With</u>	<u>Name</u>	<u>Social Security #</u>	<u>Age</u>	<u>Gender</u>	(check)				(M/F)	<input type="checkbox"/>	_____				9. Child's Current Address: Child's Phone Number: Parent's Address (if different): Parent's Phone Number:																															
<u>Live With</u>	<u>Name</u>	<u>Social Security #</u>	<u>Age</u>	<u>Gender</u>																																												
(check)				(M/F)																																												
<input type="checkbox"/>	_____																																															
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<input type="checkbox"/>	_____																																															
<input type="checkbox"/>	_____																																															
10. Family Members & Close Friends to Child/Family: <table border="0"> <thead> <tr> <th><u>Name</u></th> <th><u>Relationship</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		<u>Name</u>	<u>Relationship</u>	_____	_____	_____	_____	_____	_____	11. Are the parent's employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?: _____ Phone Number: _____																																						
<u>Name</u>	<u>Relationship</u>																																															
_____	_____																																															
_____	_____																																															
_____	_____																																															
12. Is the family affiliated with a church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what church _____		13. Does the child have a primary care physician? <input type="checkbox"/> Yes <input type="checkbox"/> No																																														

Addendum A (continued)

C. PRESENTING NEEDS

1. Briefly describe the presenting problem or areas of need. Please include the length of time the problem has existed:
2. Explain what community resources have been exhausted to ensure the least restrictive service implementation:
3. Identify the end goal or mission of the family and agencies involved:

D. TEAM FORMATION INFORMATION

1. Who is the lead contact person working with the family? Name: _____ Agency: _____ Phone: _____																					
2. What is the best time and method to meet or reach the family and where do they prefer to meet at?																					
3. Are there cultural considerations that the team should be aware of?																					
4. What agencies are currently involved with the family? Please check all that apply: <table border="1"><thead><tr><th><u>Name of Agency</u></th><th><u>Contact Person</u></th><th><u>Phone Number</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	<u>Name of Agency</u>	<u>Contact Person</u>	<u>Phone Number</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name of Agency</u>	<u>Contact Person</u>	<u>Phone Number</u>																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			

Please submit the Referral, Screening Tool, Assessment Summary, & Release of Information to:
Jenna Trillet, Program Coordinator
312 Patrick Avenue, Urbana, Ohio 43078
(937) 652-2646
(937) 652-2648 Fax Line

Family and Children First Council Use Only	
Date referral received: _____	Received By: _____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
Date family notified of status: _____	
IF DENIED, WHAT RESOURCES/RECOMMENDATIONS WERE PROVIDED? _____	

Addendum A (continued)



CHAMPAIGN COUNTY
FAMILY & CHILDREN FIRST COUNCIL

312 Patrick Avenue
 Urbana, OH 43078
 Phone (937) 652-2646
 Fax (937) 652-2648

Informal Child & Family Team Referral Form

Referral Source: _____ Agency: _____
 Contact Number: _____

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

	<u>Name of Agency</u>	<u>Contact Person</u>	<u>Phone Number</u>
<input type="checkbox"/>	Mental Health:		
<input type="checkbox"/>	Alcohol/Drug Treatment:		
<input type="checkbox"/>	Caring Kitchen		
<input type="checkbox"/>	Champaign Co. Children's Protective Services		
<input type="checkbox"/>	Champaign Co. Health District		
<input type="checkbox"/>	Champaign Co. Help Me Grow		
<input type="checkbox"/>	Champaign Co. Job and Family Services		
<input type="checkbox"/>	Champaign Co. Domestic Relations-Juvenile-Probate Court		
<input type="checkbox"/>	Champaign Co. Board of Developmental Disabilities		
<input type="checkbox"/>	Champaign Residential Services		
<input type="checkbox"/>	WIC		
<input type="checkbox"/>	Other _____		
<input type="checkbox"/>	Other _____		

Youth Name: _____ Date of Birth: ____ / ____ / ____
 Gender: ____ Male ____ Female Social Security #: _____
 Parent/Guardian: _____ Living with: _____
 Address: _____
 Race: _____ Home phone: _____
 Marital Status: _____
 Family Size: _____ Adjusted Gross Mo. Income: _____
 Mental Health Diagnosis: _____ Alcohol or Drug issue? _____
 Primary Care Physician: _____ Autism Spectrum? _____

Checklist for Funding or Service Request

Completed	Required documentation to be submitted to the Family & Children First Council.
	Proof of service coordination (minutes/notes from interagency team meeting with signature verifying the parent/youth were present).
	Consent for Release of Information
	Funding/Service Request Form
	Copy of At-risk Rating Screening Tool

Family and Children First Council Use Only	
Date referral received: _____	Received By: _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date family notified of status: _____
If denied, what resources or recommended services were offered? _____	

Addendum B



CHAMPAIGN COUNTY
FAMILY & CHILDREN FIRST COUNCIL

CHAMPAIGN COUNTY INTERSYSTEM CHILD AND FAMILY TEAM
UNIVERSAL RELEASE OF CONFIDENTIAL INFORMATION

Name of Youth _____
Social Security # _____ Date of Birth _____

As parent or legal guardian, I authorize the following **initialed** agencies to obtain and release information regarding _____:

- * _____ Logan-Champaign Counties Mental Health, Drug and Alcohol Services Board
- * _____ Champaign County Family and Children First/CFT/Diversion Team
- _____ Adriel
- _____ Board of Education (district of residence/attendance): _____
- _____ Champaign County Board of Developmental Disabilities
- _____ Champaign County Department of Health, including WIC/BCMh
- _____ Champaign County Department of Job and Family Services, including Children's Services
- _____ Champaign County Domestic Relations-Juvenile-Probate Court
- _____ Champaign County Help Me Grow
- _____ Choices
- _____ Consolidated Care, Inc.
- _____ Consumer Advocacy Model (CAM)
- _____ Mercy Well Child Clinic
- _____ Oesterlen Services for Youth INC.
- _____ Parent Advocate (PAC) _____
- _____ Parent Mentor, Jacqueline Howley _____
- _____ Stepping Stones Outreach Ministries
- _____ Wellspring
- _____ Other: _____

The agencies initialed above may share with each other, the following information in order to develop a service plan for the above named youth.

- | | |
|--|--|
| * _____ Medical Records | * _____ Psychotherapy Records |
| * _____ Children's Protective Services Information | * _____ Verbal Exchange of Information |
| * _____ Scholastic/Attendance Records | * _____ |
| * _____ Psychological Reports | * _____ |

I further understand that these records are protected by state and federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time. This consent expires automatically 180 days from the date signed

Signed this _____ Day of _____, 2____.
Signature of Parent or Guardian: _____
Witness: _____

Revoked/date: _____ Signature: _____

Witness: _____

IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING FEDERAL LAW APPLIES TO YOU:

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR, Part2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as other-wise permitted by 42 CFR, Part 2. A general authorization is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumer.

Addendum C

Champaign County Child and Family Teams Sign-In Sheet

Child: _____ Date: _____
Lead Case Manager: _____ Agency: _____

I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, finding evaluations, and/or actions taken during today's meeting are CONFIDENTIAL. Except as required to carry out the duties of my employment, this information is not subject to disclosure – pursuant to Ohio Revised Code Chapters 2305, 2317, 4757, and 5122. . By signing this document, you agree to keep all information shared confidential.

<u>TEAM MEMBERS PRESENT</u>
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

<u>TEAM MEMBERS ABSENT</u>
1. _____
2. _____
3. _____
4. _____
5. _____

Addendum D

CHILD AND FAMILY STRENGTHS/NEEDS ASSESSMENT SUMMARY

Please explain the family’s strengths and needs in each area.

Level 5 – Crisis (please describe in detail)

Level 4 – Significant need in this area (please describe in detail)

Level 3 – Moderate need in this area (please describe in detail)

Level 2 – Mild need in this area (Moderate Strength)

Level 1 – No need in this area (Significant Strength)

Check any benefits the family is currently receiving:					
<input type="checkbox"/> Medicaid	<input type="checkbox"/> OWF	<input type="checkbox"/> WIC	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	
<input type="checkbox"/> Insurance	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Housing assistance	<input type="checkbox"/> IV-E
<input type="checkbox"/> Worker’s Compensation	<input type="checkbox"/> PASSS (adoption subsidy)	<input type="checkbox"/> Kinship Funds	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other	
Medicaid Number:	Insurance Number:	Insurance Phone #: ()			
Name of Insurance:			Name of Insured:		

1. FINANCES LEVEL _____ (Describe source of income; cash assistance, food stamps/monthly amount)

2. EMPLOYMENT LEVEL _____ (Describe employment; part-time/full-time; name of employer)

3. HOUSING LEVEL _____ (Rent/own/section 8; house/apartment; monthly payment)

4. TRANSPORTION LEVEL _____ (Describe source of transportation/monthly payment; resources used in the past)

5. EDUCATION/TRAINING LEVEL_____ (Involvement in school/training; resources used in the past: IEP; MFE; 504 Plan; BIP; FBA; SED/SBH)

Addendum D (continued)

6. MENTAL HEALTH LEVEL_____ (Involvement in therapy/agency/frequency; Describe issues being addressed; Medication; Psychiatric/Psychological Assessment)

7. ALCOHOL AND/OR DRUGS LEVEL_____ (Involvement in therapy/frequency/individual and/or group?)

8. HEALTH/NUTRITION LEVEL_____ (Medical conditions; WIC benefits; access to health care; food supply)

Family Medical Provider(s): _____ Phone: _____

9. PARENTING AND FAMILY RELATIONSHIPS LEVEL_____ (Parenting classes; family support)

10. SOCIAL SUPPORT (Ethnic Factors/Cultural Influences) LEVEL_____ (support groups/religious organizations)

11. LEGAL INVOLVEMENT LEVEL_____ (involvement with court/Legal Aide; probation/charges/detention; Describe issues)

12. UNMET NEEDS LEVEL_____

13. OTHER LEVEL_____

14. SKILLS/TALENTS OF THE YOUTH (talents or skills the youth excels in)

Addendum D (continued)

15. FAMILY STRENGTHS (what the family does well together)

16. FAMILY INTERESTS (activities, clubs, events the family enjoys participating in)

17. CULTURAL CONSIDERATIONS (religious, spiritual, economic, educational, and/or ethnic values/beliefs/ideals/traditions)

18. RESILIENCY LEVEL ____ (how well the family bounces back from crises)

19. PAST INTERVENTIONS TO ASSURE LEAST RESTRICTIVE ENVIRONMENT:

AGENCIES NOT CURRENTLY INVOLVED THAT NEED REPRESENTATION:

Name of Agency

The unmet need the agency can assist with:

Addendum E

**Champaign County Intersystem Child and Family Teams
Comprehensive Family Service Plan**

Child's Name: _____ Birth Date: _____

Parent/s or Guardian/s Name and Address: _____

School of Residence: _____ Referred By: _____

Custody Status: Mother: ____ Father: ____ Both: ____ Other: _____

Current Release of Information Date: _____

Date Comprehensive Family Service Plan was developed: _____

Date Completed Quarterly Review 1: _____ Review 2: _____ Review 3: _____

Lead Case Manager and Agency: _____

Agency Agreement:

The names below indicate agency participation in the implementation of the comprehensive service plan.

Representative	Agency	Initial
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental/Guardian Agreement:

I agree with ____ not agree with ____ the Comprehensive Service Plan as written.

Signature Date

Signature Date

Long-Term Objective:

Goals that must be met in order to reach objective:	Service and Responsible Agency Staff Person	Target Date	Funding
1.			
2.			
3.			

Assurances:

This Comprehensive Family Service Plan was developed according to all laws and rules pertaining to the activities of Local Child and Family Teams and on behalf of the Youth herein named.

Date

Signature of Program Coordinator

Date

Signature of Lead Case Manager

Date

Signature of Family and Children First Council Director

Champaign County At-Risk Rating Screening Tool

In 2006, the Administrative Cluster Team of the Champaign County Family & Children First Council began to work to develop an implementation plan for the Wraparound Strength Based Planning Model. It was important to this group that as a community we begin utilizing a proven effective and purposeful means of working with families in the Cluster program and other team processes. As a part of this implementation, it was determined to be important to come up with an at-risk screening tool that could be used by all the child serving systems and agencies within the county to determine the level of risk a youth presented to his/her self and others at the point of intake, disruption or crisis. It was equally important to use this tool to provide a consistent means for determining which level of intervention (Formal Child and Family Team, Informal Child and Family Team, or Information Sharing/Referral) could best serve the family in need.

The At-Risk Screening Tool was patterned after a tool developed by the Logan Family and Children First Council and the Stark County Family Council and adopted by the Champaign County Administrative Cluster Committee:

- Director of Champaign County Family and Children First Council
- Director of MHDAS Board of Logan/Champaign Counties
- Director of Service Systems of Logan/Champaign Counties
- Superintendent of Champaign County Board of MR/DD
- Director of Champaign County Dept. of Job & Family Services
- Administrator of Champaign County Dept. of Job & Family Services
- Champaign County Dept. of Job & Family Services Supervisor of Family and Adult Services
- Champaign County Dept. of Job & Family Services Supervisor of Child Protective Services
- Champaign County Juvenile Court Judge
- Champaign County Juvenile Court Family Advocate
- Clinical Supervisor of Consolidated Care, Inc.

**Champaign County Family and Children First
At-risk Screening Tool**

Youth Name: _____

Current Youth Agency Involvement

What agencies are currently involved with the family? Please check all that apply:		
<u>Name of Agency</u>	<u>Contact Person</u>	<u>Phone Number</u>
<input type="checkbox"/> Mental Health:		
<input type="checkbox"/> Alcohol/Drug Treatment:		
<input type="checkbox"/> Caring Kitchen		
<input type="checkbox"/> Champaign Co. Children's Protective Services		
<input type="checkbox"/> Champaign Co. Health District		
<input type="checkbox"/> Champaign Co. Help Me Grow		
<input type="checkbox"/> Champaign Co. Job and Family Services		
<input type="checkbox"/> Champaign Co. Domestic Relations-Juvenile-Probate Court		
<input type="checkbox"/> Champaign Co. Board of Developmental Disabilities		
<input type="checkbox"/> Champaign Co. Residential Services		
<input type="checkbox"/> WIC		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

Know Presenting Risks to Child/Youth:

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

<input type="checkbox"/> Destruction of property (1pt)	<input type="checkbox"/> Hygiene Problems (1 pt)	<input type="checkbox"/> Other (describe): _____ _____ (1 pt)
--	--	--

Are you requesting a Child & Family Team meeting because the family is experiencing barriers within or between agencies? NO YES

If yes, please describe: _____

Total Score _____

Intake By _____

Information Source _____

Relationship to Youth _____

Risk Screen Interpretation

Score of:

Results in following action:

Any "3" point item

An Emergency Child & Family Team meeting will be held w/in 48 hrs. The Program Coordinator will ensure a meeting occurs.

15+

FORMAL Child and Family Team assigned to Program Coordinator due to the high risk, high need situation of the youth/family which requires active interagency collaboration and facilitation.

7-15

INFORMAL Child and Family Team
Currently involved agencies continue to provide service coordination but do not need the use of a neutral facilitator. Program Coordinator will accept requests from the Child and Family Team to access available funding.

1-6

INFORMATION & REFERRAL
Family will be linked up with existing community services and a Child and Family Team is not formed. Agency representatives will take normal action per their agency to continue providing services for the child, youth, and/or family.

DEFINITIONS FOR AT-RISK SCREENING TOOL

Suicide ideation, gestures, or attempts (3 pts)

Ideation: Youth states, talks, or thinks about hurting or killing self.

Gestures: Youth engages in non-life threatening behavior, concurrent with thoughts and/or talk about suicide.

Attempt: Serious life threatening attempt with clear intent and desire to commit suicide. (Attempted hanging; potentially lethal overdose; involvement of a gun)

Self Injurious Behaviors: (2 pts)

Self harming behaviors that are not life threatening and may be of a chronic nature such as : cutting, head banging, ingestion or insertion of objects.

Violent Behaviors (Towards others, animals or property): (3 points)

Behaviors that cause serious harm, injury, or damage to people, property or animals. Example: domestic violence, animal torture, extensive property damage with intent to harm.

Fire Setting Behaviors: (2 points)

Fascination with fire, play with matches or objects that have the potential to set fire and harm self or others. Previous reports of fire setting or pattern of concerns related to fire.

Runaway: (2 points)

History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts

Chargeable Sex Offense (3 points)

Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.

Aggressive Behaviors (Towards animals, property, others, etc): (1 point)

Youth demonstrates behaviors that are potentially dangerous or harmful to people, property, or animals, without serious damage. Examples: Bullying, threatening.

Verbal or Written Threats to Others: (2 points)

Youth states or writes threat of harm toward people, places, or things.

Suspended, Expelled, or Dropped Out of School: (1 point)

Youth has multiple suspensions from school that places him or her at risk of expulsion, is expelled from school, or has dropped out of school.

Known/Suspected Criminal Activity: (1 point)

Youth is suspected of, or admitted to, being involved in activities that are chargeable offenses; has current pending court charges for criminal behaviors(s); or the youth has been found "guilty" of criminal charges.

Availability of Weapons: (2 points)

Youth has access to obtaining weapons through self, family, friends, or neighbors.

Depression: (1 point)

Youth or parents state the the youth appears to be depressed, withdrawn, and/or shows marked diminished interest or pleasure in activities.

Hears voices or sees things: (2 points)

Youth states hearing voices or seeing things that are not based in reality.

Impulsive Behaviors: (1 point)

Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others.

Anorexia or Bulimia: (1 point)

Youth exhibits or is known to have clear patters of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.

Victimization: (2 points)

Reports of sexual and/or physical abuse of the youth, past or present.
[Professional must follow duty to report mandate if this event has not already been reported.]

Sexual acting out: (2 points)

Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcomes

Youth uses drugs or alcohol: (1 point)

Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.

Negative peer involvement or gang activity: (1 point)

Peer or gang involvement that results in negative behaviors by the youth.

Parents with chronic/acute mental illness, developmental delay, mental retardation:
(2 points)

Parent or caretaker has significant mental illness, developmental disability, or mental retardation where the disability compromises or limits his or her ability to care for the needs of the youth and family. Parents disability may limit their ability to monitor and supervise the youth.

Parent with Drug or Alcohol Problem: (2 points)

Parent or caretaker has a substance abuse problem which compromises or limits his or her ability to care for the needs of youth and family. Such use may limit their ability to monitor and supervise the youth.

Parent with severe chronic illness: (2 points)

Parent or caretaker has significant chronic illness that is debilitating and limits his or her ability to care for the needs of youth and family. Parent's illness may limit their ability to monitor and supervise the youth.

Resides in high crime neighborhood: (1 point)

Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family? Normal daily activity and functioning is limited because of these safety concerns.

Prejudicial thinking: (1 point)

Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views pose a potential risk to others or property.

Unrestricted internet access: (1 point)

Evidence of access and/or exposure to internet sites that pose a risk or danger to the youth; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.

Lack of caregiver monitoring and/or supervision: (1 point)

Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes.

Emotional or Educational Disabilities: (1 point)

Youth has been assessed to have a serious emotional, developmental, and/or learning disability which may cause functional impairment or limit daily activities, or educational progress.

Acute Family Crisis: (2 points)

Family is experiencing a crisis (family defined) that restricts or limits their resources or abilities to care for monitor/supervise youth's safety or behaviors.

Family Conflict: (1 point)

Verbal or physical family disagreements that pose a real or potential risk or safety concern to the youth and/or family.

Youth's Lack of Stable Residence/Homelessness: (2 points)

Youth does not have consistent ongoing housing which may lead to additional instability and safety concerns.

Current Placement Suspected Child Abuse: (2 points)

Abuse is suspected or alleged by current caregiver/guardian, which places child at imminent risk or danger.

Limited Developmental Capacity to Maintain Personal Safety: (2 points)

Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently. Inability to fully understand safety concerns in certain situations and take appropriate action to maintain safety.

Truancy: (1 point)

Admitted or reported failure to attend school on a regular basis which may result in legal action.

Limited Ability to Control Anger: (1 point)

Youth demonstrates difficulty in managing emotions with limited abilities in

controlling or managing his or her anger.

Held Back/Behind in Grade: (1 point)

Youth has been retained one or more years in school.

Difficulty Accepting Supervision/Instruction: (1 point)

Youth demonstrates difficulty following instructions or resists instruction from supervisors.

Youth with severe chronic illness: (1 point)

Youth is impaired by a long-term condition or illness that limits his/her physical ability.

Youth with chronic/acute mental illness, developmental delay, or mental retardation: (1 point)

Youth is impaired by a long or short-term mental illness, developmental delay, or has been diagnosed mentally retardation where the disability compromises or limits his/her abilities.

Stealing: (1 point)

Youth willingly takes the property of another without permission with the intention of wrongfully keeping it.

Enuresis/Encopresis: (1 point)

Youth has episodes of bedwetting, urinary incontinence, or fecal incontinence that is not related to the natural development of the youth.

Self-esteem Problems: (1 point)

Youth lacks confidence, pride, or satisfaction in oneself.

Lying: (1 point)

Youth makes untrue statements with the intent to deceive or creates false/misleading impressions.

Destruction of property: (1 point)

Youth ruins or tears up property without consideration of owner or cost to repair.

Hygiene Problems: (1 point)

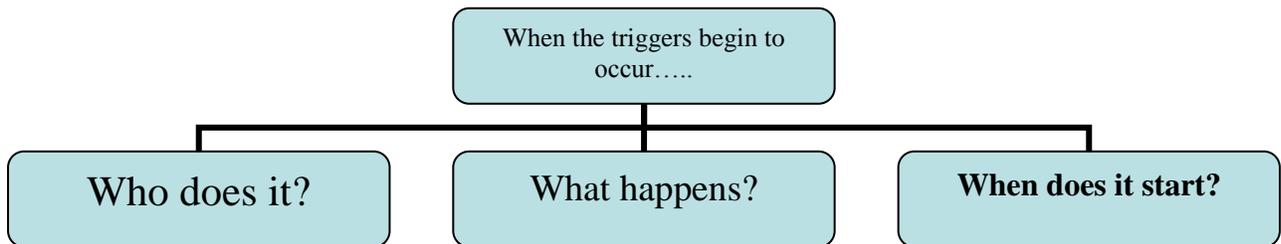
Youth lacks proper self-care techniques, has body odor, and appears dirty or unkempt.

Addendum F

Crisis Plan

Family: _____

Date Developed: _____



Plan for Managing the Crisis

If things start to get out of control...

When things are out of control...

After the situation is calm, what will happen?

Reinforcements (positive results)

Consequences (negative results)

Parent Signature: _____

Date: _____

Youth/Child Signature: _____

Date: _____

ATTACHMENT F *This document is a tri-fold brochure. The layout of the following 3 pages has been lost to meet the format of this document.

SERVICE COORDINATION THROUGH THE INVOLVEMENT OF THE FOLLOWING AGENCIES AND ORGANIZATIONS SERVING FAMILIES

I. *Adriel School

- *Caring Kitchen
- *Catholic Charities
- *Champaign County Public Schools
 - Graham Local
 - Mechanicsburg Exempted Village
 - Triad Local
 - Urbana City
 - West-Liberty Salem Local
- *Champaign County Board of Developmental Disabilities
- *Champaign County Department of Job and Family Services
- *Champaign County Domestic Relations-Juvenile-Probate (Family) Court
- *Champaign County Help Me Grow
- *Champaign Residential Services, Inc.
- *Consolidated Care, Inc.
- * Consumer Advocacy Model (CAM)
- * Council on Rural Services
- *Lawnview Child and Family Center
- *Mac-A-Cheek Learning Center
- *Mental Health, Drug and Alcohol Services Board of Logan & Champaign Counties
- *Mercy Reach
- *Mercy Well Child Clinic
- *Parent Advocacy Connection
- *Parent Mentor
- *Sycamore House
- * Stepping Stones Outreach Ministries
- *Tri-County CAC
- * Wellspring

CHILD AND FAMILY TEAMS ARE FUNDED BY THE FOLLOWING LOCAL AGENCIES AND ORGANIZATIONS:

Champaign County Board of Developmental Disabilities
Champaign County Department of Jobs and Family Services
Champaign County Public Schools:
 Graham Local
 Mechanicsburg Exempted Village
 Triad Local
 Urbana City
 West-Liberty Salem Local
Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties
Council on Rural Services
Champaign County Domestic Relations-Juvenile-Probate (Family) Court

**Champaign Co. Family and Children First Council provides service coordination through
Child and Family Teams.**

**Director, Stacey Logwood
(937) 652-2645
fcfdirector@ctcn.net**

**CHAMPAIGN COUNTY
INTERSYSTEM
CHILD AND FAMILY TEAMS
“Linking Families to Services”**



“TOGETHER WE CAN MAKE A DIFFERENCE”

**If you know of a family that needs assistance, please contact
Jenna Trillet, Program Coordinator
(937) 652-2646
fccluster@ctcn.net**

WHAT IS A CHILD AND FAMILY TEAM?

Child and Family Teams are made up of family members and service providers from Champaign County agencies, organizations, and schools that meet to share information and use collaborative strategies, while providing assistance to remove barriers to needed services.

WHAT HAPPENS AT A CHILD AND FAMILY TEAM MEETING?

At a Child and Family Team (CFT) meeting, the family shares information about their child(ren), Family members and service providers identify the child’s individualized needs and strategize on how to meet those needs to reduce the problems that a family is experiencing. A Comprehensive Family Service Plan (CFSP) is developed for each family that includes the services needed, as well as, the goals and outcomes desired by the family. The Child and Family Team meets regularly to ensure that the child and family receive all needed services and until goals of the CFSP are met.

CFT meetings are a safe place for families to gain access to needed services, work through existing barriers, and gain assistance from local professionals.

WHAT IS THE VALUE OF A CHILD AND FAMILY TEAM?

Families receive support, assistance, and advice in a neutral setting. Crisis/Safety planning, goal setting, and accountability are critical functions of the team. The team strives to keep the family together, improve the behavior of children, increase family stability, and improve learning.

WHO CAN MAKE A REFERRAL FOR A CHILD AND FAMILY TEAM?

Parents, family service providers, juvenile court, and school personnel request services to the program by submitting the necessary referral forms to the Program Coordinator. The family must agree to participate in the program before a meeting can be arranged as services are voluntary.

HOW MUCH DOES CHILD AND FAMILY TEAM COST?

There are no charges the family is responsible for to receive service coordination.

ARE CHILD AND FAMILY TEAM MEETINGS CONFIDENTIAL?

Yes. The custodial parent(s) sign a Release of Information statement which allows agencies to share information with each other, but strict confidentiality is maintained.

SOME QUOTES FROM PAST PARTICIPANTS

“You offered support and guidance when we needed it. The thought of families going through similar situations without any type of help truly is frightening.”

“These meetings are an easier way to work through issues without increasing tension between families & professionals.”

“CFT meetings are a neutral place where both families and professionals can work together to solve difficult problems.”

DISCRIMINATION POLICY:

The Family and Children First Council programs do not discriminate in provision of services or employment because of religion, sex, ethnic background, handicap, age, or economic factors.

Champaign County Intersystem Child and Family Teams

Jenna Trillet, Program Coordinator

312 Patrick Avenue, Urbana, Ohio 43078

Telephone (937) 652-2646 Voice Mail

Fax (937)652-2648

To: Name/Parent or Guardian, Name/Agency or School Affiliation

From: Jenna Trillet, Program Coordinator

Family and Children First

Re: Name of youth

CFT Meeting Date: Day/Month/Year

Time:

Place: Family and Children First Council Office
312 Patrick Avenue
Urbana, OH 43078 (or agreed upon location)

With: Family Team

Please come prepared with up to date information.

If you are not able to attend please contact the coordinator at (937) 652-2646.



Champaign County Child and Family Teams

312 Patrick Avenue, Urbana, Ohio 43078

Child(ren): _____ **Date:** _____

I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, finding evaluations, and/or actions taken during today's meeting are CONFIDENTIAL. Except as required to carry out the duties of my employment, this information is not subject to disclosure – pursuant to Ohio Revised Code Chapters 2305, 2317, 4757, and 5122. . By signing this document, you agree to keep all information shared confidential.

<u>Goals to be Completed by Next Team Meeting</u>	<u>Responsible Party</u>
1. _____ _____	1. _____
2. _____ _____	2. _____
3. _____ _____	3. _____
4. _____ _____	4. _____
5. _____ _____	5. _____
6. _____ _____	6. _____
7. _____ _____	7. _____
8. _____ _____	8. _____

Other Team Members Who Are In Agreement With Plan

CFT GOALS REVISED: 6-25-2010

NEXT MEETING: _____

ATTACHMENT I

Family and Children First Intersystem Review Assessment

Date: _____
Name of youth: _____ **M/F**
Date of birth: _____ **Age:** _____ **School Attending:** _____
Name of parent(s)/guardian(s): _____
Medicaid Eligible: ___ Yes ___ No **Provider:** _____

Current Child and Family Team Members	Relationship/Agency/Organization <u>Lead Case Manager</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mental Health Diagnosis: _____
Mental Health Assessment: ___ Yes ___ No **Date** _____ **Agency** _____
Current Medications: _____
Physician(s): _____
CASii Score and Recommendations: _____

Current Services the youth is receiving: _____

Exhausted Community Resources: _____

Needs of the youth: _____

Available resources: _____

Barriers for the youth/family: _____

Desired outcome for the youth/family: _____

Placement History

Dates of Placement

Location of Placement

_____	_____
_____	_____
_____	_____
_____	_____

Criminal History: _____

Mental Health Treatment History: _____

Recommendations to Administrative CFT: _____

ATTACHMENT J

**Champaign County Family & Children First Council
Intersystem Child and Family Teams
Request for Dispute Resolution Process Initiation**

Person Requesting Services: _____

Role/Family Name or Agency Affiliation: _____

Phone/Email: _____

Date/location dispute occurred: _____

Specific Complaint:

Proposed Solution:

Attempts at Resolving Issue:

Date filed with Program Coordinator/PC signature:

Date: _____ PC signature: _____

Involved Agencies/Providers

_____	_____
_____	_____
_____	_____
_____	_____

RETURN COMPLETED FORM TO THE FCF PROGRAM COORDINATOR

312 Patrick Avenue

Urbana, OH 43078

PHONE: 937-652-2646

FAX: 937-652-2648