

Meigs County Family and Children First Council

Service Coordination Mechanism



July 16, 2015

Service Coordination Mechanism Cover Sheet

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I. Overview and Purpose

The Meigs County Family and Children First Council as established under Ohio Revised Code 121.37 is committed to providing coordinated services to all families with children birth through age 21. We are committed to providing strength-based, family-centered services that recognize the family as the child's first and most influential teacher. By partnering with parents to develop the most useful and efficient service coordination plan, it is the hope of the Council that the needs of families and children will be met. In Meigs County, the purpose of service coordination is to provide a means for families to adequately address their needs which may not have been met in traditional agency systems.

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

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

- Services are delivered using a family-centered approach;
- Services are responsive to the cultural, racial and ethnic differences of the population being served;
- Service outcomes are evaluated;
- Available funding resources are fully utilized or integrated;
- Service Coordination services and community supports are utilized;
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged;
- Duplicative efforts among agencies are reduced or eliminated;
- Most importantly, families are fully involved in decision making for the children and are provided with family advocacy options.

II. Commitment to Child Well-Being

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

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

The Council's endorsement of these commitments is demonstrated in continuing efforts to coordinate a continuum of care across age groups and service needs. These services are coordinated and funded for the least duplicative and most collaborative service plans possible. The Council makes an effort to keep an accurate listing of current programs and services available. Current information may be obtained by contacting the Council Coordinator at

meigsfcfc@gmail.com, through the Council website at *meigsfcfc.weebly.com*, or through the County Chamber of Commerce website at *www.meigscountychamber.com*.

III. Identified Children

The purpose of service coordination is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems, including any multi-need child. Typically, this child would be experiencing behavior problems, school-related problems, family instability, mental health or substance abuse issues, physical/emotional abuse, neglect, or health issues. In many instances, the severity of problems would threaten the family's ability to maintain the child in the home. The Service Coordination process is accessible to multi-need children through age 21.

IV. Designation of Service Responsibilities

- ***Intersystem Coordinator:*** The coordinator will facilitate initial meetings for the family, family team leader and family teams, followed by managing and tracking progress of subsequent meetings and the individual family service plans. The coordinator can also consider Council objectives for families and children. The coordinator is responsible for reporting requirements assigned by law or otherwise assigned as a condition of service coordination. The coordinator will also facilitate the dispute resolution process. The coordinator will meet with the Intersystem Collaborative Committee.
- ***Intersystem Collaborative Committee Chair:*** The Intersystem Collaborative Committee chair person will assist the Intersystem Coordinator with facilitation of monthly meetings, tracking progress of families in service coordination.
- ***Intersystem Collaborative Committee Secretary:*** The Intersystem Collaborative Committee Secretary will assist the Intersystem Coordinator in facilitation of monthly meetings by preparing Team Lead rosters. The Intersystem Collaborative Secretary will maintain all service coordination in a secure location, following HIPPA regulations. The Intersystem Collaborative Committee Secretary will assist the Intersystem Coordinator with required data to be submitted to the Ohio Family and Children First Council and to meet HB 289 requirement.
- ***Team Leader:*** The Family team leader will facilitate and coordinate services within a Family Team. The Family team leader will collect necessary information from service providers and be responsible for submitting reports to the Coordinator.
- ***Family Teams:*** The Family teams include service facilitators that will act in the best interests of the child and family to create a quality and comprehensive family service coordination plan. Family teams will submit required reports to the Family team leader.
- ***Intersystem Collaborative Committee:*** The Intersystem Collaborative Committee meets to problem-solve case planning issues, review child and family team plans when required, identify and work to resolve service gaps, as well as participate in the dispute resolution process when required.
- ***MCFCFC Executive Committee:*** The Executive Committee will participate in the dispute resolution process when required. The scope of their involvement is defined in the dispute resolution process section of this SCM.

V. Procedure for Referring a Child/Family

Referrals can be initiated by any agency (including Juvenile Court) or any family voluntarily seeking services. All referrals will be directed to the Meigs County FCFC Coordinator.

- A. ***Parent/Guardian Referral:*** A parent/guardian may access service coordination for their child through any Family and Children First member agency or by calling the council coordinator. Direct service staff in all participating agencies will have access to a referral packet. Agency staff will facilitate completion of these forms as well as initiate contact with the coordinator at Meigs County Family and Children First to arrange an initial meeting with the family and child which will occur within seven (7) days of the parent's voluntary referral. At this point, every parent is offered the services of a Parent Advocate. If the parent chooses to utilize the services of a Parent Advocate, staff will facilitate initial contact. * Parent Advocates can be made available at any time during the service coordination process.
- B. ***Agency Referral (including Juvenile Court):*** A formal referral for service coordination is made through the Meigs County FCFC Coordinator. The referring entity shall provide the following to the coordinator:
 - a. ***Signed Authorization of Release of Information***
 - b. ***Completed Referral form***
 - c. ***At-Risk Screening Tool***

Completed paperwork must be provided to the Coordinator *prior* to the initial meeting, set within seven (7) days of the initial referral. Emergency service coordination meetings can be scheduled if a situation warrants immediate action. Such meetings will occur within three (3) days of request. The Family Teams will meet as needed or as deemed appropriate by the family, team leader, team members, and coordinator or at least on a monthly basis.

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

VI. Service Coordination Meetings

The following agencies have participated in the development of this plan/process and regularly participate in the Meigs County Family and Children First Council meetings, which occur bi-monthly, and the Intersystem Collaborative Committee meetings, which occur monthly.

- Family and Children First Council
- Meigs County Juvenile Court
- Meigs County Department of Job and Family Services/Children Services Department
- Meigs County Health Department
- Woodland Centers, Inc.
- Meigs County Board of DD
- Meigs County Local Schools
- Meigs County Help Me Grow
- Health Recovery Services
- Meigs County Sheriff's Office

- Treatment Alternatives to Street Crime (TASC)
- Gallia-Jackson-Meigs Board of ADAMHS
- Gallia-Meigs Community Action Agency
- Athens-Meigs Educational Services Center
- Heart of the Valley Head Start
- Ohio Department of Youth Services
- Family Advocate
- Early Childhood Collaborative Committee

Notice of team meetings will be made to individual entities, parents, and others designated by the family, with the family's needs and requests being considered when scheduling the time/locations of the meetings. Mandated parties including: family, mentor, advocate, or support person of the family's choice, appropriate staff from involved agencies, and appropriate school district representatives will be notified with the permission of the parent/guardian. This notice shall be made in the timeliest manner; in writing if time allows, or by telephone/email/personal contact. No agency will be notified of an individual case without the written consent of the parent/guardian.

VII. Components

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

- *Children have the right to live with their own family.*
- *Children have the right to be nurtured and protected in a stable family environment.*
- *When children are at risk of harm, the community has the responsibility to intervene.*
- *Families are our community's most important resources and must be respected, valued, and encouraged to build upon their strengths.*
- *The racial, cultural, and ethnic heritage of children and 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 the right to individualized service provision that addresses the multiple needs of their children.*

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

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

- **Service Coordination** – When a child scores between 7-14 points on the At-Risk Screening Tool and currently involved agencies need funding or resources to resolve a specific issue. Team meetings with involved agencies will be held at least monthly.
- **High Fidelity Wraparound (ENGAGE)** – When a child scores 15 points or more on the At-Risk Screening Tool and/or the youth or young adult is between the ages of 14-21 and meets other requirements of the ENGAGE population. A neutral facilitator will lead the Wraparound meetings that will vary in frequency according to family needs (at least monthly).

Once a level of care has been determined, the procedure is as follows:

- A. The Coordinator, the referring agency or the agency most familiar with the family, as well as the family will meet to discuss the service coordination process, family strengths and possible goals. A Family Team consisting of appropriate agencies will be chosen, and discuss possible goals for the family.
 - a. If the family agrees, the referring agency will be designated as lead agency for the Family Service Coordination Plan. That agency's designated staff member will lead/facilitate the family's Service Coordination plan meetings, track progress of the plan and meetings to report to the Coordinator and schedule reviews as necessary. This designation may be changed at the family's request and agencies will work to facilitate a smooth transition. The Dispute Resolution Process is explained to parents at this time and parents will receive a copy of the Dispute Resolution Process brochure.

- B. The Coordinator will contact the members of the Family Team to inform them of the meeting time. At this meeting, the Coordinator, Team Leader, Family Team members and the family will evaluate family strengths, formulate a Family Service Coordination Plan, ensure that all agencies are aware of their responsibilities toward the family, identify any further assessments or referrals that are deemed necessary, and determine the frequency at which meetings should be held regarding the child's services, which will take place on at least a monthly basis. The Coordinator, agency members and family will sign off on the plan and receive a copy. A Crisis/Safety plan will be developed during this meeting.
 - a. The Team Leader will facilitate communication between the family, Family Team members and the Coordinator. Meeting times, progress, concerns and issues should be reported to the Coordinator for tracking and update purposes. This staff member is generally responsible for enacting the crisis plan if needed before a full plan can be developed.
 - b. Goals set forth in the plan will have specific timelines to be monitored for appropriate progress. The progress on these goals will be reported by the Team Leader to the Coordinator, who will report to the Intersystem Collaborative Committee.
 - c. Families may initiate a meeting to develop or review their plan by notifying the Team Leader or Coordinator if they desire to do so. A family's service plan shall not be changed without the parents/legal guardians being present.
 - d. Between meetings, parents and service providers may contact the Coordinator for assistance in accessing funding, referrals, or specialized services that is specified on the family's Individual Family Service Coordination Plan.

- C. The Intersystem Collaborative Committee, consisting of agency directors or designated supervisory staff will meet to review, discuss, and collaborate on ideas, possible concerns, or problems regarding Family Service Coordination Plans. Individual agency's supervisory staff will receive their correlating direct service staff's roster (designated team lead for a family) that includes updates on progress and missing data. The Intersystem Collaborative Committee will meet on the first Thursday of every month at 9:00 a.m. at the Meigs County Department of Job and Family Services.

VIII. Family Service Coordination Plans

The Council, in concert with each individual family, will develop and maintain a family service coordination plan. The plan will identify and organize providers, services and responsibilities. Services may be provided by public and private agencies and informal supports such as neighborhood associations, neighbors, other families and churches. Families have an active role in writing the individual family service coordination plan and share a responsibility for carrying out the plan. Each individual family service coordination plan is different because each child and family is different. Family Service Coordination Plans will ensure services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment to each family.

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

IX. Out of Home Placement/Unruly/Delinquent Children

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

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

X. Outcome Monitoring/Tracking

- The Protective Factors survey pre-test is completed prior to completion of the Individual Service Coordination Plan to assist in identifying needs of the family. Prior to being released from service coordination, the family completes the post-test (assists the county in identifying common trends).
- Once the Individual Service Coordination Plan is completed the parent/guardian completes the Family Participation Survey to evaluate family participation and to ensure that cultural consideration was taken in the creation of the Individual Family Service Coordination Plan (assists the county in assuring client and family rights).
- Individual Family Service Coordination Plans are monitored for progress toward goals by family team members using the Meigs County Service Coordination Team Meeting Worksheet. Goals for the family are recorded on the sheet, which include a time period for reviewing the goal(s). If goals are not obtained in the period in which they are set, an

explanation for not obtaining the goal is required on the worksheet (assists teams in identifying completion of service coordination).

At the end of the fiscal year, pre and post-test Protective Factors surveys for each family will be reviewed by the Council Coordinator to assist in measuring the success rate for service coordination which is provided to the Meigs County Family and Children First Council and is reported on the House Bill 289 report.

For the purpose of system/service monitoring, results of the surveys are reported at the Intersystem Collaborative Committee meeting. Aggregate information is presented to the Meigs County Family and Children First Council. Data such as number of cases, common problems, trends, and treatment needs are considered in Council strategic planning. This and any other requested data will be provided to the Ohio Family and Children First Cabinet Council upon request.

XI. Procedure for Protecting Confidentiality of Families

Information contained in a Family Service Coordination Plan, as well as any personal family information disclosed during service coordination meetings shall be respected with the highest confidentiality. Each agency's staff will follow, first and foremost, the confidentiality standards set forth by their employing agency.

Family information pertaining to service coordination will be kept by the Intersystem Coordinator at the Meigs County Department of Job and Family Services.

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

All forms, paperwork, and/or identifying information shall be kept in a secure location according to the policy of the lead agency. Service coordination files managed by the coordinator shall be secured in the Coordinator's office located at the Meigs County Department of Job and Family Services.

XII. Exit from Service Coordination

A family will be released from Service Coordination if:

- The objectives of the IFSCP are achieved
- The family chooses to discontinue service coordination
- The youth turns 22
- The family moves out of Meigs County, in which case the Coordinator would offer to make a referral to the FCF in the county of residence.
- The family repeatedly misses meetings, withdraws from services, or no longer has multiple services to coordinate. The coordinator will attempt to contact the family two times by phone. If there is no response, a letter requesting the family contact the Coordinator within ten days will be sent. If there is no response, the case will be closed.

XIII. Funding/Fiscal Strategies

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

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

In response to the System of Care: children's behavioral health funds are utilized for families in service coordination to provide effective community treatment services to meet families intensive behavioral health needs. Also, Council member agencies considered all possible avenues to maximize available funding and develop needed community-based services. Currently, FCSS dollars are used to provide funds for service coordination and individualized needs identified on the Individual Family Service Coordination Plan within the guidelines set forth for FCSS funds. A request for funds form is completed by the Team Leader and the coordinator reviews the request to ensure the request meets the FCSS requirements, and does not duplicate a service. Once approved the request is processed. FCSS funds are on a first-come, first-serve basis.

XIV. Public Awareness/Targeted Marketing

Upon approval of this revised service coordination mechanism, Council member agencies will be trained on the meaning, purpose and use of this document. This training will be provided by the coordinator.

The coordinator will also provide this training to agency staff who serve on the service coordination team. Copies of the SCM will be made available to agencies and staff by the Council coordinator.

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

XV. Quality Assurance

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

XVI. Dispute Resolution

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

- **Category A:** The family is in disagreement with an agency or the Council.
- **Category B:** A family in Help Me Grow, Part C services is in disagreement over provision of services.
- **Category C:** One agency is in disagreement with another agency regarding a plan.

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

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

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

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

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

1. The coordinator is designated as the liaison for the receipt of complaints regarding service coordination:

FCFC Coordinator
175 Race Street; P.O. Box 191
Middleport, Ohio 45760
(740) 992-2117 extension 104

2. Parents or custodians shall be informed of their right to use the dispute resolution process.
 - a. Those parents or custodians who are denied access to the service coordination process at the point of referral will be informed of their right to use the dispute resolution process and will be provided a written copy of the Council's dispute resolution process.

- b. During intake, parents or custodians will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
 - c. Any member of the service coordination team or any member of council who receives a complaint from a parent or custodian regarding service coordination will inform the complainant of their right to use the council's dispute resolution process and provide the complainant with the contact information for filing a complaint.
 - d. The coordinator will provide a copy of the dispute resolution process to the parent or custodian filing a complaint.
3. The coordinator will notify the council chair and administrative agent of the complaint within seven (7) calendar days.
4. Each agency represented on a county council that provides services or funding for services that are the subject of the dispute resolution process initiated by a parent or custodian must continue to provide those services and the funding for those services during the dispute resolution process.
5. The Council's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council chairperson will appoint another member of the Council to serve in that person's stead.
6. The investigation of the complaint will include at least the following:
 - a. Conducting an on-site investigation as determined necessary;
 - b. Interviewing the parent or custodian and giving the parent or custodian the opportunity to submit additional information, in writing;
 - c. Interviewing relevant providers and giving providers an opportunity to submit additional information in writing, and;
 - d. Reviewing all relevant information and making a decision
7. The Council's Executive Committee will issue a written decision to the parent or custodian within sixty (60) calendar days from receipt of the complaint. Situations determined to be an emergency by the Council's Executive Committee will be addressed within thirty (30) calendar days. The written decision will address each allegation and include finding of facts, conclusions, and the reasons for the council's decisions.
8. When the provision of service or funding cannot be resolved through the designated dispute resolution process, the final arbitrator will be the presiding juvenile court judge. The Coordinator will assist the parent or custodian in filing the case with the juvenile court within seven (7) days of the failed dispute resolution process. The coordinator will assist the family in providing assessment and treatment information for the court.

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

Purpose: Ohio Department of Health (ODH), as the lead agency, shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county family and children first councils, is responsible for assuring effective implementation

of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each county shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

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

1. An individual or organization may file a complaint with the Meigs County Family and Children First Council regarding the provision of early intervention services within the county. The Coordinator is designated as the liaison for the receipt of complaints. Contact information:

FCFC Coordinator
175 Race Street; P.O. Box 191
Middleport, Ohio 45760
(740) 992-2117 extension 104

2. The coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email, U.S. mail or fax) within seven (7) calendar days of receipt of the complaint.
3. The coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
4. The coordinator will explain the options available for dispute resolution, which include:
 - a. Filing a complaint with the county council;
 - b. Filing a complaint with ODH;
 - c. Requesting mediation;
 - d. Requesting an administrative hearing with ODH;
 - e. Filing a complaint with the provider of Part C service, if the provider has a resolution process for complaints.*
5. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
6. The Council's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council Chairperson will appoint another member of the Council to serve in that person's stead.
7. The investigation of the complaint will include at least the following:
 - a. Conducting an on-site investigation as determined necessary;
 - b. Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing;
 - c. Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing;

- d. Reviewing all relevant information and making a decision.
8. The Council's Executive Committee will issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The written decision must address each allegation and include finding of facts and conclusions and the reasons for the Council's decision. A copy of the decision will also be provided to ODH.**
9. The coordinator will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

*If the provider has a resolution process for complaints, the provider of Part C service must notify ODH and the county council of the complaint in writing (via email, U.S. mail or fax) within seven (7) calendar days of the receipt of the complaint. The provider of Part C services must issue a written decision to the complainant, the county council and ODH within thirty (30) calendar days from receipt of the complaint.

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

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

Category C: Agency Dispute with County Council Decisions

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

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

1. The Coordinator is designated as the liaison for the receipt of complaints:
FCFC Coordinator
175 Race Street; P.O. Box 191
Middleport, Ohio 45760
(740) 992-2117 extension 104
2. The Coordinator will notify the council chair and administrative agent of the complaint within seven (7) calendar days.

3. The Council's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council Chairperson will appoint another member to the Council to serve in that person's stead.
4. The investigation of the complaint will include at least the following:
 - a. Conducting an on-site investigation as determined necessary
 - b. Interviewing relevant providers and giving providers an opportunity to submit additional information in writing, and;
 - c. Reviewing all relevant information and making a decision.
5. The Council's Executive Committee will issue a written decision to the complainant within sixty (60) calendar days from receipt of the complaint. Situations determined to be an emergency by the Council's Executive Committee will be addressed within thirty (30) calendar days. The written decision will address each allegation and include findings of facts and conclusions and the reasons for the council's decision.
6. On completion of the process, the Executive Committee shall issue a written determination that directs one or more agencies represented on the council to provide services or funding for services to the child.
7. The determination shall include a plan of care governing the manner in which the services or funding are to be provided. The decision maker shall base the plan of care on the Family Service Coordination plan developed as part of the county's SCM and on evidence presented during the local dispute resolution process. *The Executive Committee may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency.*
8. An agency subject to a determination pursuant to a local dispute resolution process shall immediately comply with the determination, unless the agency objects to the determination by doing one of the following, not later than seven (7) days after the date the written determination is issued:
 - a. If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, filing in the juvenile court of the county having jurisdiction over the child's case a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child.
 - b. If the child is not a child described above, filing in the juvenile court of the county served by the county council a complaint objecting to the determination.
9. The court shall hold a hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. At least five (5) days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose

of the court hearing. In the case of a motion filed under division (B)(1) of this section (4a noted above), the court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child, if appropriate, and shall provide notice as required for those hearings.

10. Except in cases in which the hearing is conducted as part of the adjudicatory or dispositional hearing, a hearing held pursuant to this division shall be limited to a determination of which agencies are to provide services or funding for services to the child. At the conclusion of the hearing, the court shall issue an order directing one or more agencies represented on the county council to provide services or funding for services to the child. The order shall include a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the family service coordination plan developed as part of the county's SCM and on evidence presented during the hearing. An agency required by the order to provide services or funding shall be a party to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.
11. While the local dispute resolution process or court proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the county council before dispute resolution was initiated. If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.



*Meigs County Family and Children First Council
Service Coordination Referral Form*

Demographic Information:

Child Name: _____

Address: _____

Phone number _____ Cell Phone Number _____

Age: _____ DOB: _____ Male Female

Parent/Guardian: _____ Marital Status: _____

Who has custody of the child? _____ Relationship _____

Address: (If different from above) _____

Phone number: (If different from above) _____

Who does the child live with? _____ Relationship _____

Address: (If different from above) _____

Phone number: (If different from above) _____

Family Members in the household:

Lives With	Name	Age	Gender
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Is Parent/Guardian Employed? Yes No If yes, where: _____

Source of Income: _____

Insurance Provider: _____

Does Child Have a Regular Family Doctor? Yes No If yes, who: _____

Education History:

School Attending: _____ Current Grade Level: _____

IEP on file: Yes No ETR on file: Yes No Regular Attendance: Yes No

Check Agencies Currently Involved with the Family:

Name of Agency:	Contact Person w/Phone or Email:
<input type="checkbox"/> Athens Meigs ESC	
<input type="checkbox"/> Help Me Grow (EI, Home Visiting)	
<input type="checkbox"/> Health Recovery Services	
<input type="checkbox"/> Hopewell Health Centers	
<input type="checkbox"/> Integrated Services	
<input type="checkbox"/> Meigs County Board of DD	
<input type="checkbox"/> Meigs County DJFS	
<input type="checkbox"/> Meigs County Children Services	
<input type="checkbox"/> Meigs County Health Department	
<input type="checkbox"/> Meigs County Juvenile Court	
<input type="checkbox"/> TASC of Southeastern Ohio	
<input type="checkbox"/> Woodland Centers	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

Reason for Referral: _____

Referral Made By: _____ Phone _____

Agency: _____ Date: _____

Please forward referral form with signed authorization for release of information to:

Brooke Pauley, Coordinator

Meigs County Family and Children First Council

175 Race Street, P.O. Box 191

Middleport, Ohio 45760

(740) 992-2117 extension 104

Fax: (740) 992-7500

meigsfcfc@gmail.com

Date Coordinator received referral for services: _____ Date of initial contact with family: _____



*Meigs County Family and Children First Council
Notice of Privacy Practices*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Meigs County Family and Children First Council (FCFC) is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

Circumstances that may require FCFC to use or disclose your health information include, but are not limited to:

- To public health authorities as required by law;
- In response to a court order;
- For law enforcement purposes;
- When necessary to reduce or prevent a serious threat to your health, and safety of another individual or the public;
- To federal officials for intelligence and national security activities authorized by law;
- To parents/guardians in the course of planning for care/treatment;
- Within FCFC for the purposes of treatment, payment or health care operations.

Health information pertaining to family planning, sexually transmitted disease, and/or HIV will not be released without your specific authorization.

Disclosures outside of the FCFC will require your written authorization. You may revoke such authorization at any time.

Your rights regarding your health information:

- You have the right to request restrictions on certain uses and disclosures of your health information. The Family and Children First Council is not required to agree to the requested restriction.
- You have the right for your communications regarding your health information to be confidential.
- You have the right to inspect, copy, or request amendment of your health information.
- You have the right to receive an accounting of the disclosures of your health information.
- You have the right to obtain a paper copy of the Notice of Privacy Practices upon request.

You may exercise any of these rights by submitting a written request to the FCFC Coordinator.

FCFC is required to protect your health information, including maintaining the privacy of your health information and providing you with this notice. FCFC is required to abide by all the terms of the notice currently in effect. FCFC reserves the right to change the terms of this notice and to make the new notice provisions effective for all health information that it maintains. The current notice will be posted in the FCFC office. You may obtain a copy of the current notice by submitting a written request to:

FCFC Coordinator
P.O. Box 191
Middleport, Ohio 45760

You may file a complaint with the FCFC Coordinator if you feel your privacy rights have been violated without fear of retaliation. You must submit your written complaint to the FCFC Coordinator.

If you have further questions regarding this notice, you may contact the FCFC Coordinator at (740) 992-2117, extension 104.

Signature of Youth/Parent/Guardian _____ Date _____



*Meigs County Family and Children First Council
Client Rights and Responsibilities*

Clients have the right to:

1. Receive quality services in a respectful manner without discrimination
2. Make an informed choice of services
3. Know the qualifications of staff that provide them with services
4. Receive and understand information and instructions about their service needs
5. Consent to or refuse services before they are provided
6. Know the nature and purpose of services
7. Refuse services with the receipt of information and the consequences of refusal
8. Be informed prior to any transfer or discharge from services
9. Expect confidentiality of information and protection of their child's records
10. Receive timely response to their needs along with reasonable continuity and coordination of services
11. Know how to voice any grievance about their services
12. Receive services based on a comprehensive family service coordination plan
13. Be part of the process of updating the family service coordination plan when family needs change
14. Services for the child that are responsive to the strengths, needs, family culture, race and ethnic group
15. Services that are provided in the least restrictive environment

Clients have the responsibility to:

1. Give accurate information about their mental health, substance use, and domestic violence issues as well as other circumstances which might impact upon the care of their children
2. Assist by making and keeping a safe environment
3. Notify the family team lead agency if scheduled appointments need to be changed
4. Notify the agency if there is a change in your living arrangements
5. Work with the family team in planning, reviewing, and changing their family service coordination plan
6. Inform the family team immediately if they have any concerns or problems with the service they are receiving

I have reviewed and understand my rights and responsibilities and have been informed that my comprehensive family service coordination plan will be developed. Also, I have received and have had explained to me the Dispute Resolution Process brochure.

Client Signature

Date

Staff Signature

Date

I may be contacted for follow-up information as part of agency program evaluation and quality improvement. This usually constitutes client satisfaction surveys. Any and all information is strictly confidential. A sampling of clients is included in follow-up activities about what has happened, both positively and negatively, due to service. If I refuse to be included, it will not impact services.

Client Initials: _____



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

YOUTH NAME _____

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, Homeless (2 pts)	<input type="checkbox"/> Suspected Abuse in current placement (2 pts)
<input type="checkbox"/> Availability of Weapons (2 pts)	<input type="checkbox"/> Parent w/Severe Chronic Illness (2 pts)	<input type="checkbox"/> Parent w/Drug or Alcohol problem (2 pts)
<input type="checkbox"/> Limited Developmental Capacity to maintain personal safety (2pts)	<input type="checkbox"/> Sexual Acting Out/Impulsivity – Current or History (2pts)	<input type="checkbox"/> Parent w/Chronic/Acute Mental Illness, DD (2 pts)
<input type="checkbox"/> Aggressive Behaviors (toward others, animals, property) (1pt)	<input type="checkbox"/> Drug/Alcohol Use (1 pt)	<input type="checkbox"/> Lack of Caregiver Supervision and/or Neglect (1 pt)
<input type="checkbox"/> Resides in High Crime Neighborhood (1 pt)	<input type="checkbox"/> Negative Peer Involvement and/or Gang Activity (1 pt)	<input type="checkbox"/> Anorexia/Bulimia (1 pt)
<input type="checkbox"/> Suspended, Expelled, Dropped out of School (1 pt)	<input type="checkbox"/> Family Conflict (1 pt)	<input type="checkbox"/> Truancy (1 pt)
<input type="checkbox"/> Known/Suspected criminal activity (1 pt)	<input type="checkbox"/> Prejudicial Thinking/Ideation (1 pt)	<input type="checkbox"/> Limited ability to control anger (1 pt)
<input type="checkbox"/> Unrestricted Internet Access (1 pt)	<input type="checkbox"/> Impulsive Behavior (1 pt)	<input type="checkbox"/> Emotional/Educational Disabilities (1 pt)
<input type="checkbox"/> Depression – Current or History (1 pt)	<input type="checkbox"/> Held Back/Behind in Grade level (1 pt)	<input type="checkbox"/> Difficulty accepting supervision/instruction (1 pt)
<input type="checkbox"/> Youth with Severe Chronic Illness (1pt)	<input type="checkbox"/> Youth with Chronic/Acute Mental Illness, DD (1 pt)	<input type="checkbox"/> Stealing (1 pt)
<input type="checkbox"/> Enuresis/Encopresis (1 pt)	<input type="checkbox"/> Self-Esteem Problems (1 pt)	<input type="checkbox"/> Lying (1 pt)

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

Total Score _____

Intake by _____

Information Source _____

Relationship to Youth _____

Risk Screen Interpretation

Score of:

Results in:

15+

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

7-14

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

1-6

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

DEFINITIONS FOR AT-RISK SCREENING TOOL

Suicidal 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.

Acute Family Crisis (2 pts)

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

Runaway – Current or History (2 pts)

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

Availability of Weapons (2 pts)

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

Limited Developmental Capacity to maintain personal safety (2 pts)

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.

Aggressive behaviors (toward others, animals, property) (1 pt)

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

Resides in high crime neighborhood (1 pt)

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

Suspended, Expelled, Dropped out of school (1 pt)

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 pt)

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

Unrestricted Internet Access (1 pt)

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

Depression – current or history (1 pt)

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

Youth with Severe Chronic Illness (1 pt)

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

Enuresis/Encopresis (1 pt)

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

Violent Behaviors (toward others, animals, property) (3 pts)

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

Hears voices/sees things (2 pts)

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

Victim of Physical, Emotional or Sexual Abuse (2 pts)

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)

Youth/Family's lack of stable residence/homeless (2 pts)

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

Parent w/Severe Chronic Illness (2 pts)

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 youth.

Sexual Acting Out/Impulsivity Current or History (2 pts)

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

Drug/Alcohol Use (1 pt)

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

Negative Peer Involvement and/or Gang Activity (1 pt)

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

Family Conflict (1 pt)

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

Prejudicial Thinking/Ideation (1 pt)

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

Impulsive Behavior (1 pt)

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

Held Back/Behind in Grade Level (1 pt)

Youth has been retained one or more years in school

Youth with Chronic/Acute Mental Illness/DD (1 pt)

Youth is impaired by a long or short-term mental illness or developmental delay where the disability compromises or limits his or her abilities

Self-Esteem Problems (1 pt)

Youth lacks confidence, pride or satisfaction in oneself

Chargeable for Sex Offense (3 pts)

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

Fire Setting – Current or History (2 pts)

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.

Verbal/Written threats to others (2 pts)

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

Suspected Abuse in current placement (2 pts)

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

Parent w/Drug or Alcohol Problem (2 pts)

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 w/Chronic/Acute Mental Illness, DD (2 pts)

Parent or caretaker has significant mental illness, developmental disability 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

Lack of Caregiver Supervision and/or Neglect (1 pt)

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

Anorexia/Bulimia (1 pt)

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

Truancy (1 pt)

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

Limited ability to control anger (1 pt)

Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger

Emotional/Educational Disabilities (1 pt)

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

Difficulty accepting supervision/instruction (1 pt)

Youth demonstrates difficulty following instructions or resists instruction from supervisors

Stealing (1 pt)

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

Lying (1 pt)

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

Destruction of Property (1 pt)

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

Hygiene Problems (1 pt)

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



*Meigs County Family and Children First Council
Strengths, Needs, Cultural Questionnaire*

Family Name: _____

Date: _____

1. List several positive characteristics or strengths of your family, including children.
2. Are there any social activities that are enjoyed by the entire family? (Faith based, recreational, etc.)
3. What goals would you like to see your family/child accomplish in the next month?
4. What goals would you like to see your family/child accomplish in the next year?
5. What are the three most distressing issues you are having with your child/family?
6. Who does the family turn to in times of need? (Death of a loved one, divorce, illness, financial stress)?
7. What seems to help even if it doesn't solve the problem?
8. Apart from your immediate family, list by name the most important people in your child's life (Examples: extended family, friends, neighbors, clergy, health professionals)
9. If you had all the support and money you needed, what would you change about your family's situation?
10. What customs or traditions are important to you/your family?

✓ Please check the appropriate boxes as they apply to your child/children.

Health Problems		Homicidal Attempts		School Behavior Problems	
Physical Disability		Homicidal Threats		Self-Mutilation	
Developmental Delay		Hyperactivity/ADD		Sex Offender	
Learning Disability		Inappropriate Sexual Behavior		Sleep Disturbance	
Victim of Physical/Sexual Abuse		Problems with Authority		Stealing	
Fighting		Problems with Peers		Suicide Attempt	
Fire Setting		Peers outside of age range		Suicidal Ideation	
Hallucinations or Delusions		Running Away		Tantrums/Severe Anger	
Truancy		Unwarranted Aggression/Anger		Vandalism	
Withdraw		Victim of Neglect		Underachievement	
Other		Other		Child is age 0-3	

✓ Please consider all members of your household when completing the following.

	Receive	Request Info		Receive	Request Info
Housing Assistance			Health Insurance		
Food Stamps			Dental Insurance		
Cash Assistance			HEAP		
SSI			WIC		
Medical Card			Child Support		
Child Care Assistance			Home Weatherization		
Unemployment			Legal Aid		
Counseling			Employment Programs		
Parenting Education			GED/Adult Basic Education		
Drug/Alcohol Program			Early Intervention		
Home Visiting (HMG)			Mental Health Program		
IEP/ETR			Other		

I give permission to be referred or receive information for the above services that I have marked.

Yes

No

Signature

Date



Meigs County Family and Children First Council
Authorization for Release of Information

Child's Full Name, Child's DOB, Social Security Number, Sex (circle one): male female, Advocate: Y N, Parent(s)/Guardian(s):

Address:

School: Grade Level: Does child have IEP? Yes No

Phone Number: Contact information of referring agency:

Please describe child's needs which warrant a referral for services:

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

- Checkboxes for various agencies: Alexander Local Schools, Athens Meigs Educational Service Center, Big Brothers Big Sisters, BSVI/BVR, Ohio Department of Youth Services, Eastern Local School District, GJM BADAMHS, Gallia-Jackson-Vinton JVSD, Gallia-Meigs Community Action Agency, Heart of the Valley Head Start, Holzer Clinic/Holzer Hospital, Hopewell Health Centers, HRS/Bassett House, Integrated Services of Appalachian Ohio, Meigs County Board of DD, Meigs County DJFS, Meigs County Health Department, Meigs County Help Me Grow, Meigs County Juvenile Court, Meigs County Prosecuting Attorney, Meigs Local School District, O'bleness Memorial Hospital, OASIS Foster Care Network, Pediatrician: Dr., Parent Advocacy Connection, Planned Parenthood of SE Ohio, PRISM, Sojourners, Southern Local Wellness Center, Southern Local Schools, TASC of Southeastern Ohio, Woodland Centers, Inc, Worthington Centers, Other, All of the Above

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

Circle One: Initial:
Yes No _____

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

Yes No _____

Case Information: The above identifying information, plus medical (except for HIV, AIDS, and drug and alcohol treatment records) and social history, treatment/service history, psychological evaluations, Individualized Education Plans (IEP's), Individualized Family Service Plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding me or the individual named above (disability, type of services being received and name of agency providing services to me or the individual named above).

Information regarding the following shall not be released unless initialed below:

Yes No _____

HIV and AIDS related diagnosis and treatment

Yes No _____

Substance abuse diagnosis and treatment

Yes No _____

Financial Information: Public assistance eligibility and payment information provided for establishing eligibility, included but not limited to, pay stubs, W2s, tax returns, and other financial information.

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

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

This consent expires on the _____ day of _____, 20_____.

Signature of Person Date Signature of Parent/Guardian Date

Witness Date Originating Agency Date

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

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

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies: Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulation (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization of the release of medical or other information is NOT sufficient for this purpose.
2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies: This information has been disclosed to you from confidential records protected from disclosure by State law. You shall make no further disclosure of this information without the specific written and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnosis.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state law.



*Meigs County Family and Children First Council
Crisis/Safety Plan*

Date: _____

When: (Name and action or thought of the child)

_____ is to:

1. _____
2. _____
3. _____

_____ is to:

1. _____
2. _____
3. _____

If this does not work, follow the phone tree:

1. _____
2. _____
3. _____

I assisted with the creation of this crisis/safety plan, and agree with the contents.

Client Signature

Parent Signature

Team Leader Signature



*Meigs County Family and Children First Council
Family Team Meeting Worksheet*

Please check appropriate box. If it is a follow up meeting, please indicate by placing a number in the provided blank. Example: follow up family team meeting 4, follow up team meeting 5, etc. **Date:** _____

Initial Team Meeting	Second Team Meeting	Third Team Meeting	Follow Up Team Meeting	Removal from Home
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<p>Child Name: _____</p> <p>Parent Name: _____</p> <p>Child D.O.B.: _____</p> <p>Referring Agency: _____</p> <p>Family Team Leader: _____</p> <p>Service Coordination Start Date: _____</p> <p>Service Coordination End Date: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">School</td> <td style="width: 25%;">Current Location</td> <td style="width: 25%;">IEP If yes, updated?</td> <td style="width: 25%;">Next Team Meeting</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Medication</td> <td>Diagnosis</td> <td>Social/Recreational Update</td> <td>Mental Health Update</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Drug/Alcohol Update</td> <td>Medical Update</td> <td>Education/Vocational Update</td> <td>Legal Update</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	School	Current Location	IEP If yes, updated?	Next Team Meeting					Medication	Diagnosis	Social/Recreational Update	Mental Health Update					Drug/Alcohol Update	Medical Update	Education/Vocational Update	Legal Update				
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<p>Checklist for information required in file:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Release of Information <input type="checkbox"/> Notice of Privacy Practices <input type="checkbox"/> Clients Rights and Responsibilities <input type="checkbox"/> Family Participation Survey <input type="checkbox"/> Explain Dispute Resolution Process <input type="checkbox"/> Explain purpose of SC <input type="checkbox"/> Explain "family centered" <input type="checkbox"/> Family Team Introduced <input type="checkbox"/> Process for TM w/in 10 days of placement <input type="checkbox"/> Timelines Met for Meeting. If no, why: _____ 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Strengths/Needs Discussed?</td> <td style="width: 33%;">IFSCP Initiated?</td> <td style="width: 33%;">Goal and Timelines Defined?</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p style="margin-top: 10px;">Goals Met: _____</p> <p>Current Needs: _____</p>	Strengths/Needs Discussed?	IFSCP Initiated?	Goal and Timelines Defined?			
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Family Team Leader: Please update this form each time a Family Team Meeting takes place. The information will be used to complete monthly and quarterly reports. All data collected will be reported back to the Ohio Family and Children First Cabinet Council.



*Meigs County Family and Children First Council
Individual Family Service Coordination Plan*

Name: _____

Date: _____

Life Domain	Needs (Goals)	Strengths	Actions (Services)	Person or Agency Who Will Do This?	When will This Be Done?
Residence					
Social					
Emotional/ Psychological					
Educational/ Vocational					
Financial/ Legal					

Meigs County Family and Children First Council

The process for handling each disputed situation is based on the assumption and belief that individuals will seek understanding and resolution informally before initiating the formal conflict resolution process.

In many instances, a Parent Advocate is helpful in resolving issues informally. Parent Advocates can be made available at any time during the service coordination process, including during times of dispute.

Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination.

The Coordinator is designated as the liaison for the receipt of complaints regarding service coordination.

FCFC Coordinator
175 Race Street, P.O. Box 191
Middleport, Ohio 45760
(740)992-2117 extension 104

Meigs County Family and Children First Council

Brooke Pauley, Coordinator
175 Race Street
P.O. Box 191
Middleport, Ohio 45760

(740)992-2117 extension 104
meigsfcfc@gmail.com
meigsfcfc.weebly.com

Meigs County Family and Children First Council

Dispute Resolution Process



*Creating a community,
through collaborative
services and programs,
where children and
families are valued
and supported.*

Service Coordination: Dispute Resolution Process

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

Category A: The family is in disagreement with an agency or the Meigs County Family and Children First Council

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

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

Category A:

The local dispute resolution process shall be used to resolve disputes between a child's parents and the county council regarding service coordination. A parent or custodian who disagrees with a decision rendered by a county council regarding services for a child may initiate the dispute resolution process established in the county's Service Coordination Mechanism.

Category B:

Ohio Department of Health (ODH), as the lead agency shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county family and children first councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each county shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

Category C:

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

For more information regarding the Dispute Resolution Process or Service Coordination, please contact:

MEIGS COUNTY FAMILY AND CHILDREN FIRST COUNCIL

Brooke Pauley, Coordinator
175 Race Street
P.O. Box 191
Middleport, Ohio 45760

(740) 992-2117 extension 104
meigsfcfc@gmail.com
meigsfcfc.weebly.com



*Meigs County Family and Children First Council
Request for Dispute Resolution*

Between Parent and Council Part C Agency Dispute w/County Council

Purpose – To request formal dispute resolution as described in the Service Coordination Mechanism. Use this form to resolve issues relating to service coordination that defy a consensus solution among members of a family team, family, or agency.

Application – Submit this form to the FCFC Coordinator at 175 Race Street, P.O. Box 191, Middleport, Ohio 45760 or fax to (740) 992-7500, for resolution of issues regarding service coordination. A service coordinator, provider, family member, or other member of a family team may submit this request. Any council member may submit a request regarding Council business.

Submitted by: _____ Phone: _____

Position and Agency (if applicable):

Address: _____

Issue: (Identify the reason for this request)

Other information: (include pertinent resolution attempts and list interested parties)

I hereby request formal resolution of the concern. (Attach any pertinent documentation or additional comments.)

Signature: _____ Date: _____



*Meigs County Family and Children First Council
Family Participation Survey*

Service Coordination Planning Participation

To What Extent	A lot	Some	A Little	Not At All
Were your ideas valued in the planning services for your child?				
Were your family's values and culture taken into account when planning for your child?				
Did you agree with the service planning for your child?				
Were the needs/circumstances of your family considered in this planning?				
Were you able to influence planning for your child's treatment or services?				
Did your family team listen to your ideas about ways to change or improve treatment or service planning?				
Did staff make changes in the service plan for your child as a result of your suggestions?				

Comments: _____



*Meigs County Family and Children First Council
Parent Survey (Protective Factors)*

Parent Name: _____ Date Survey Completed: _____ Pre Test:
Post Test:

1. How was the survey completed?
 - Completed in a face to face interview
 - Completed by participant with staff available to help as needed
 - Completed by participant without staff present

2. Has the participant had any involvement with Child Protective Services?
 - Yes
 - No

3. School District Child attends:
 - Meigs Local Schools
 - Eastern Local Schools
 - Southern Local Schools
 - Alexander Local Schools

4. Type of Service: Identify the type of programs that most accurately describe the services the participant is receiving. Check all that apply:
 - Meigs County Juvenile Court
 - Family Mentor
 - Meigs County Board of DD
 - Mental Health
 - Health Recovery Services
 - Department of Job and Family Services
 - Early Intervention
 - Parent Education
 - Parent Support Group
 - Advocacy (self, community)
 - Planned and/or Crisis Respite
 - Homeless/Transitional Housing
 - Resource and Referral
 - Adult Education (GED)
 - Job Skills/Employment Prep
 - Prenatal Class
 - Special Education Services
 - Marriage Strengthening/Prep
 - Home Visiting
 - Other: _____

5. Sex:
- Male
 - Female
6. Race/Ethnicity:
- Native American
 - African American
 - Hispanic/Latino
 - Multi-Racial
 - Asian
 - African Nationals/Caribbean Islanders
 - Middle Eastern
 - White (Non-Hispanic/European American)
 - Native Hawaiian/Pacific Islanders
 - Other: _____
7. Marital Status:
- Married
 - Partnered
 - Single
 - Divorced
 - Widowed
 - Separated
8. Family Housing:
- Own
 - Rent
 - Shared Housing w/Relatives or Friends
 - Temporary (Shelter, Temporary w/Friends or Relatives)
 - Homeless
9. Family Income:
- \$0-\$10,000
 - \$10,001-\$20,000
 - \$20,001-\$30,000
 - \$30,001-\$40,000
 - \$40,001-\$50,000
 - More than \$50,001

10. Highest Level of Education:
- Elementary or Junior High School
 - Some High School
 - High School Diploma/GED
 - Trade/Vocational Training
 - Some College
 - 2-year Degree (Associates)
 - 4-year Degree (Bachelors)
 - Master's Degree
 - PhD or Other Advanced Degree

11. Which, if any, of the following do you currently receive?
- Food Stamps
 - Medicaid (State Health Insurance)
 - Earned Income Tax Credit
 - TANF
 - Head Start/Early Head Start Services
 - None of the Above

12. Please tell us about the children living in your household. If you have more than four children, please use the back of this sheet.

	Male	Female	Date of Birth	Birth Parent	Adoptive Parent	Grandparent	Sibling	Other Relative	Foster Parent
Child 1									
Child 2									
Child 3									
Child 4									

Part I: Please fill in the chart that describes how often the statements are true for you or your family. The scale represents a different amount of time.

Never Very Rarely Rarely About ½ the time Frequently Very Frequently Always

In my family, we talk about problems							
When we argue, my family listens to both sides							
In my family, we take time to listen to each other							
My family pulls together when things are stressful							
My family is able to solve our problems							

Part II: Please fill in the chart that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
I have others who will listen when I need to talk about my problems							
When I am lonely, there are several people I can talk to							
I would have no idea where to turn if my family needed food or housing							
I wouldn't know where to go for help if I had trouble making ends meet							
If there is a crisis, I have others I can talk to							
If I needed help finding a job, I wouldn't know where to go for help							

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and answer the questions with this child in mind.

Child's Age: _____

Child's Date of Birth: ___/___/___

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
There are many times when I don't know what to do as a parent							
I know how to help my child learn							
My child misbehaves just to upset me							

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About ½ the time	Frequently	Very Frequently	Always
I praise my child when he/she behaves well							

When I discipline my child, I lose control							
I am happy being with my child							
My child and I are close to each other							
I am able to soothe the child when he/she is upset							
I spend time with my child doing what he/she likes to do							