

Montgomery County
Service Coordination Mechanism
Amendment

June 2015

Montgomery County Family and Children First Council

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Montgomery County Service Coordination Mechanism Overview:

The Family and Children First Council (FCFC) membership includes family representatives and representatives from major public human service agencies, school districts, United Way and, local governments. The Council is the collaborative planning forum for health and human services in our community. The vision of the Family and Children First Council is that Montgomery County is a place where families, children and adults live in safe, supportive neighborhoods, care for and respect one another, value each other, and succeed in school, the workplace and life.

The Council and the Human Services Planning & Development Department (HSP&DD), which supports the Council, do not provide direct services. They facilitate and help bring partners together to ensure access to services, build upon the strength of services in the community that are already working for families and develop new service initiatives. The purpose of the Montgomery County FCFC Service Coordination Plan is to provide coordinated access to services for families in the community. These families can be referred by another agency or make self-referrals for assistance in addressing current needs, barriers or obstacles to support and preserve personal and family stability. The Montgomery County FCFC Service Coordination Plan was developed with family representatives, and representatives from various public systems such as Children Services, Public Health, Developmental Disability Services (DDS), Juvenile Court, public schools, Alcohol, Drug Addiction, and Mental Health Services (ADAMHS), Help Me Grow (HMG) and members of the FCFC Service Brokers and Agency Directors Committees.

Access to FCFC Service Coordination will be available to all children through the age of 21, or up to the age of 22 with multi-systemic needs and families residing in Montgomery County (see chart on page 7). Referrals going directly to and between service agencies in Montgomery County in the normal course of their work are not actively participating in FCFC Service Coordination. Specific referrals/requests for FCFC Service Coordination will be received and follow the mechanism procedures. As a part of this plan, service coordination for *Help Me Grow* eligible families will continue to be provided consistent with policies and rules adopted by the Ohio Department of Health. If the Help Me Grow system cannot meet the need, then the case may be referred to FCFC Service Coordination if the involved service providing agencies or family feels it would be beneficial.

The Human Services Planning & Development Department is routinely contacted by agencies, individuals and families seeking varying levels of assistance. General definitions have been developed to identify levels of service intervention to address these requests which range from low to medium to high depending on the needs presented:

Low Level intervention services are typically responses to inquiries that are relatively quickly or easily addressed by the Human Services Planning & Development Department. These may include a telephone number for an agency, questions about a program, a better understanding of which agencies or programs may be best suited to address their needs, or an understanding of how local policies or procedures may affect their needs, as well as other similar questions. Low level interventions do not meet the criteria for reporting in the local contact log.

Medium Level intervention services focus on making referrals to an appropriate agency in the community to address the request and needs of the child or family. The Human Services Planning & Development Department often provides referrals and/or information resulting in referrals utilizing the No Wrong Door System Navigation. Due to the complexity of social

service systems, many people are unable to navigate through the systems and may feel rejected or frustrated in their efforts to obtain help. This may discourage them and cause them to simply drop out of the system without receiving the necessary assistance. "No Wrong Door" refers to a service system that welcomes people in need and assists them in connecting with desired services regardless of the agency where they try to gain access. "No Wrong Door" policies commit all service agencies to respond to the individual's stated and assessed needs through either direct services or linkage to other appropriate programs. This is an alternative to addressing only the needs that may be within the scope of a specific agency, helping consumers connect to other needed services. Medium level interventions meet the criteria for reporting in the local contact log.

High Level intervention services have a higher probability of becoming an FCFC Service Coordination referral. These contacts typically entail much more complex issues. Once enough information is provided to identify initial needs, contact is made with a member of the Service Brokers Committee. The information is then discussed / reviewed to reach a decision on the benefits of FCFC Service Coordination. If FCFC Service Coordination is selected, a lead agency will be contacted to begin the process and coordinate a meeting to discuss the child or family concerns including multi-system / multi-agency needs and establishing a family team meeting. High level interventions meet the criteria for reporting in the local contact log.

The Service Brokers Committee is a subcommittee established by the FCFC.

Organizationally, it reports to the FCFC Agency Directors' Committee. The Service Brokers are line staff of the agencies they represent and have dotted line responsibility to the agency Executive Directors which gives them access and ease of authority to reduce obstacles and increase efficiencies to move to answers and resulting actions for the cases they facilitate. They assist with the facilitation of services for youth and families by establishing a better relationship among community agencies and by advocating collaboration across agencies and systems. Service Brokers also have the authority to intervene when concerns arise with a child or family within their respective agencies to ensure that appropriate services occur.

The Service Brokers include representatives from Montgomery County Juvenile Court, Ohio Department of Youth Services, Kinship Caregiver Coalition, Public Health, Developmental Disability Services, Montgomery County Department of Job and Family Services (including Children Services Division), Montgomery County Court of Common Pleas, Dayton Public Schools, Montgomery County Educational Services Center, the Emergency Housing Coalition (which represents agencies serving the homeless), Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) and Greater Dayton Premier Management (public housing authority).

The Diversion Team exists to prevent unnecessary removal of children from their home. The goal of Diversion is to stabilize the family after a crisis and to reduce the risk of placement of children in foster care. Referrals are accepted from community agencies that are actively serving the family and have developed a relationship with them. No self-referrals are accepted. The team is comprised of a representative from Children Services and Juvenile Court, the Diversion Team Leader and an Administrative Secretary. Referrals are reviewed to determine if they are appropriate and, if so, a meeting is scheduled with the family and the referring agency to prioritize needs. The Diversion team process is administered by the Children Services Division of our local Department of Job and Family Services.

ICAT (Inter-Agency Clinical Assessment Team) exists under the Ohio Administrative Code 5101:2-39-50 to coordinate funding and planning for the most challenging, multi-need youth in the community. The children served via ICAT are generally youth with the most complex needs in the community. Member agencies include: Department of Developmental Disabilities Services, Children Services, Juvenile Court, Dayton Public Schools, South Community Behavioral Healthcare Inc., ADAMHS, and Department of Youth Services. ICAT is typically used when an out of home placement is being considered with the goal of seeking the least restrictive environment based on the needs of the child. Cases referred to ICAT need to have two or more agencies willing to cost share a placement. ICAT meets several times a month to hear case presentations and to review progress on children already approved for placement.

Help Me Grow - All children enrolled in the Help Me Grow program receive service coordination/home visiting services in compliance with state and local *Help Me Grow* policies and rules, and for those children with delays and disabilities, in accordance with federal procedural safeguards. The Montgomery County Family and Children First Council is responsible for managing the Help Me Grow program in Montgomery County. Access to Help Me Grow services is coordinated through a Help Me Grow central intake and referral site at: (937) 208-GROW (4769). For those children who receive services under the Help Me Grow program, the service coordination mechanism shall be consistent with rules adopted by the Department of Health under Ohio Administrative Code 3701-8. For any Help Me Grow case in which the child/family is also receiving FCFC service coordination, the Help Me Grow Service Coordinator will take the lead in coordinating services.

The Montgomery County Human Services Planning & Development Department (HSP&DD) uses the Family Centered Services and Supports (FCSS) program to maintain children and youth in their own homes through the provision of non-clinical, community-based services. Families who have children in two or more systems identified through the county FCFC service coordination process are eligible for FCSS funded services and supports.

The target population for FCSS are those children (ages 0 through 21) with multi-systemic needs, who are receiving service coordination.

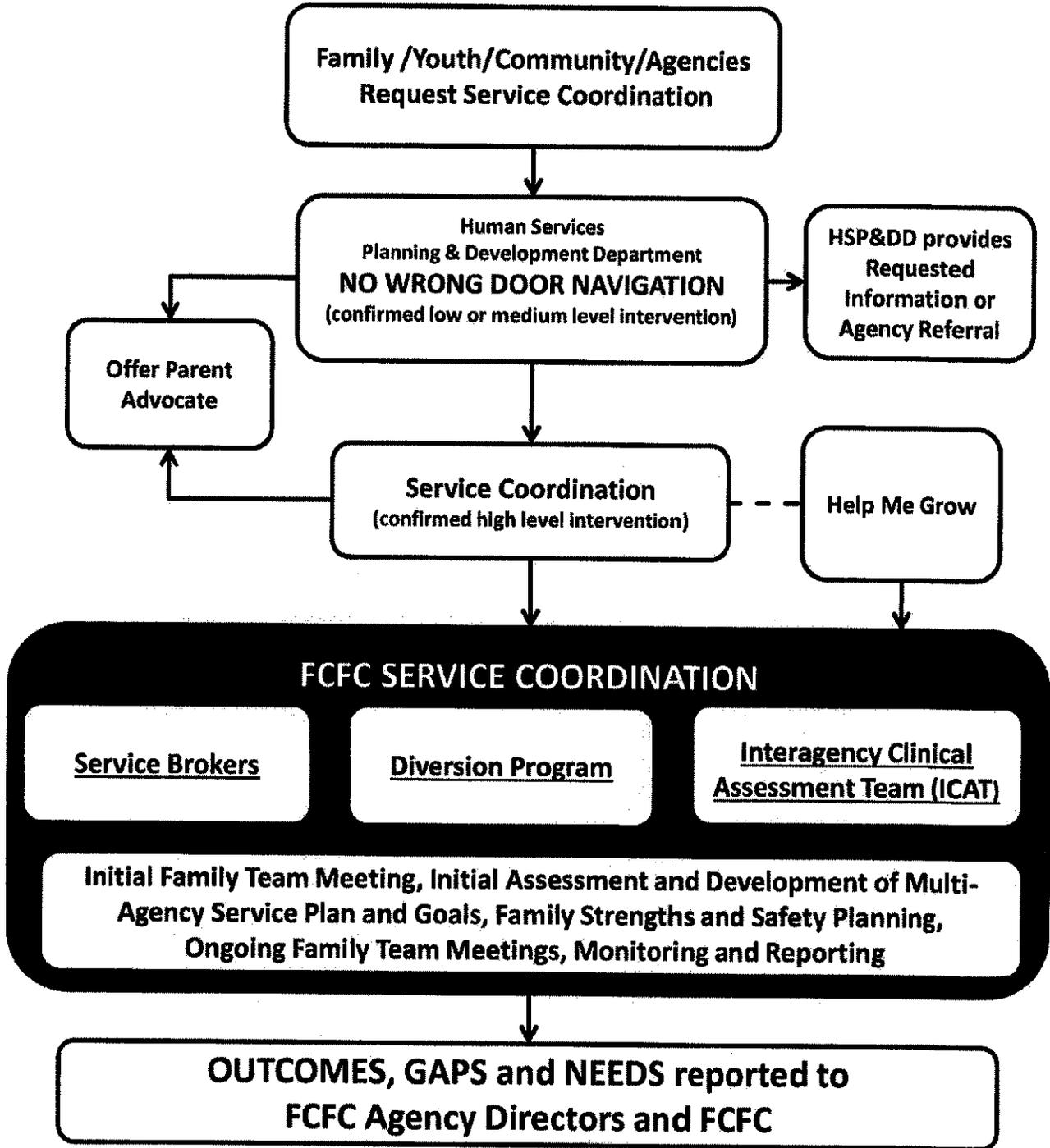
FCSS, formerly known as Family and Staff Teams or FAST, is built on the foundation that family involvement in service planning and implementation:

- a. is critical to successful treatment outcomes;
- b. strengthens the existing capacity of families to function effectively; and,
- c. ensures the safety and well-being of each family member.

Single agencies or programs providing service coordination (outside of the FCFC Service Coordination Mechanism) that may not be able to meet the family's needs, may refer families to FCFC service coordination for cross-system team planning. If these families meet the criteria for FCFC service coordination and an FCFC Individual Family Service Coordination Plan (IFSCP) is developed that identifies an FCSS eligible service or support, FCSS funds may be used for the purpose(s) identified in the family plan. In order to prevent duplication of plans or conflicting expectations of the family, the agency/program family service coordination plan should be integrated into or linked to and coordinated with the FCFC IFSCP.

The service coordination flow chart below identifies how a child or family enters and moves through service coordination:

**MONTGOMERY COUNTY HUMAN SERVICES PLANNING & DEVELOPMENT
DEPARTMENT SERVICE COORDINATION FLOW CHART**



Family Advocate Offered: Families involved with FCFC Service Coordination are offered access to the services of a family advocate through the Parent Advocacy Connection (PAC). PAC is a grassroots organization of trained advocates who reflect the cultural and ethnic makeup of the families they serve. These family advocates assist parents in understanding how to navigate the various child serving systems, research the various options available to them and work effectively with professionals to get the best outcome for their child. Montgomery County parents are served by Pam Harris (937) 903-0694, email pjharris52774@aol.com.

Information and Training on the Service Coordination Mechanism

Information and training is supported by the Human Services Planning & Development Department and coordinated by each service agency for the families they serve and their staff. Information will also be included on the Montgomery County FCFC website and within literature distributed in the community. Additional trainings will be offered to other community agencies as requested. Members of the FCFC and its committees have been involved in the service coordination planning process and will also be a source of information in the community. Any family contacting the FCFC for services will be referred to the Human Services Planning & Development Department and screened based on the criteria previously described for low, medium and high level intervention services. Those meeting the initial criteria described will be referred for FCFC Service Coordination through the following process. FCFC Service Coordination may only be accessed through this process. FCFC Service Coordination may not be initiated by any other process or without the direct involvement of the Human Services Planning & Development Department.

1. Service Coordination Mechanism Procedures:

A person or family voluntarily seeking services, an agency, or Juvenile Court may contact the FCFC to request information or to make a referral which may result in FCFC Service Coordination. Montgomery County FCFC Service Coordination serves all children through the age of 21 or up to the age of 22 with multi-systemic needs and families residing in Montgomery County. Contact information for the Montgomery County Human Services Planning & Development Department which provides support to the FCFC is as follows:

Montgomery County Human Services Planning & Development Department
451 W. Third Street, 9th floor
Dayton, Ohio 45422-3100
Main Office (937) 224-4695
Kima Cunningham (937) 224-8469 or
Catherine Rauch (937) 224-1541

Service Request

A service request log will be kept by the Human Services Planning & Development Department which will record contacts that result in a medium or high level intervention service. The contact log includes the initial referral information collected; the date / time of the request, contact information of the caller and/or the person seeking services, a brief description of the request / concerns being expressed, contact information of the person taking the request or referral, and the disposition - response and/or the outcome to the request or referral. (Attachment A)

The FCFC Service Coordination process begins once the needs of the children or family are determined to meet High Level intervention and joint determination is reached through consultation with the Service Brokers. In addition, if one of the collaborative team members

believes that the needs of a family they are working with can best be served through service coordination, the agency can initiate this process with a referral to HSP&DD for service coordination. After determining that FCFC Service Coordination is appropriate, the referral (Attachment B) is made. The referral will either be directed to the Service Broker representing the service system / agency which initially seems to fit the role of lead agency or will come from the agency itself to the HSP&DD Program Coordinator. This Service Broker or the Program Coordinator will review the initial information, confirm lead agency role, or contact any additional Service Brokers to select initial lead system / agency. The lead will then contact the family to establish the first family team meeting (including completion of Attachment C). At any time during the FCFC Service Coordination process, any of the Montgomery County collaborative teams that are in place may be consulted and / or included in planning or service components: Service Brokers, Diversion Team, Interagency Clinical Assessment Team (ICAT) or Agency Directors. The initial and ongoing needs of the family will determine what is appropriate / necessary to work with the family and may further determine which agency will serve as the lead for the coordination of services. Ongoing follow-up and family team meetings will be determined and scheduled based on the needs of the family.

Service Coordination Forms

See the chart below for Montgomery County service coordination forms and who will complete each form.

Attachment Label	Form Name	Who Completes The Forms
Attachment A	Service Request Log Montgomery County Human Services Planning & Development Department	HSP&DD Staff
Attachment B	Montgomery County Family and Children First Council Referral for Montgomery County FCFC Service Coordination	HSP&DD Staff / Lead Agency providing service coordination
Attachment C	Montgomery County FCFC Service Coordination Family Team Meeting Invitation	Lead agency providing service coordination (as needed)
Attachment D	Montgomery County FCFC Service Coordination Collaborative Meetings Confidentiality Statement	Lead agency providing service coordination (as needed)
Attachment E	Montgomery County Authorization for Release of Information	Lead agency providing service coordination
Attachment F	Montgomery County FCFC Service Coordination Parent/Custodian Dispute Resolution Process Form	Lead agency providing service coordination

Attachment Label	Form Name	Who Completes The Forms
Attachment G	Montgomery County FCFC Service Coordination Multi-Agency Service Plan	Lead agency providing service coordination
Attachment H	Montgomery County FCFC Service Coordination Referral/Services Preapproval Form – Family-Centered Services and Supports Request	HSP&DD Staff/ Lead agency providing service coordination
Attachment I	Montgomery County FCFC Service Coordination Referral/Services Modification Form	Lead agency providing service coordination
Attachment J	Montgomery County FCFC Service Coordination Referral/Services Invoice	Lead agency providing service coordination

2. Notification of service coordination plan meetings:

Notifications of the meetings and locations are sent to all appropriate involved entities (including school district representative and the parent support persons) by the assigned lead agency responsible for the service coordination. Consideration will be given for scheduling, but not to the point of sacrificing addressing service needs and barriers that require timely assistance. Measures are taken to allow enough time for receipt of the notice prior to the meeting date. Written notice (Attachment C) by email or US mail is preferred, but not viewed as a limiting factor to preserve expedience. Location of the meetings will be determined at the time the meeting is set as this may change depending on the services received.

3. Procedure permitting a family to initiate a meeting / invite support person:

A family may contact the Human Services Planning & Development Department or the assigned lead agency responsible for service coordination to initiate a meeting to develop or review their family service coordination plan. Meetings for the coordination of services are scheduled considering the availability of the parent and then the availability of all the others to be involved with the plan. Consideration is given to the urgency of the matter when scheduling the meeting. The parent may also include in the meeting representatives of their choice, i.e. family advocate, mentor, and/or support person.

4. Procedure ensuring service coordination plan meeting occurs prior to a non-emergency out-of-home placement:

Any family service coordination planning meetings which are prior to a non-emergency out-of-home placement or within ten days after placement in the case of an emergency will be coordinated with Job and Family Services - Children Services Division (JFSCSD). It is the goal of JFSCSD to engage families in the protection of their child; to evaluate the needs of children removed from potentially dangerous situations, obtain adequate care for them with a minimum amount of stress to the child, family and/or relatives; to provide placement services for a child (on a temporary basis) and begin the goal of working towards reunification. Primary responsibility for

after-hours diversion belongs to JFSCSD Crisis After-Hours staff, CrisisCare staff, appropriate law enforcement officers and Juvenile Court Intervention Center staff operating as a coordinated Crisis Response Team with assistance from the JFSCSD Administrator on-call. The JFSCSD Administrator on-call is available 24 hours per day.

In the event of an emergency removal, a parent/caretaker is given a Notification of Legal Rights form, which explains their legal rights as a parent. The family is notified that the next work day, a post-placement meeting will be held to determine service coordination for the child and family. The family may invite and are encouraged to bring additional support persons/relatives to attend the meeting.

Pre-placement meetings are held at the request of the family and/or agency staff. Once the Human Services Planning & Development Department has been notified of a request by the family for a pre-placement meeting the information will be referred to the appropriate agency for the scheduling of an FCFC service coordination meeting. Notification will be provided to all parties involved including support persons requested by the parent and/or caregiver. The following services have been identified over the years as necessary resources for out-of-home placement prevention: emergency shelter/respite; crisis intervention/assessment; counseling; daycare; homemaker/home management; home-based services; day treatment; alcohol and other drug assessment and treatment; domestic violence-related services; pre-school; one-on-one mentoring; behavior management; emergency financial assistance; and transportation. Specific agreements/contracts with providers for these "wrap-around" services are developed based on the needs of the family.

Montgomery County has an Intersystem Diversion Team which is specifically charged with placement prevention strategies. This team may be contacted to provide resources to FCFC Service Coordination. It includes representatives from Montgomery County Job and Family Services - Children Services Division and Montgomery County Juvenile Court as well as a Team Leader. The Diversion Team is available to meet with families on a daily basis, Monday through Friday. The Diversion Team Leader is also available Monday – Friday for emergency diversion service planning. If a family is deemed eligible, a family meeting is held with the family and their identified support persons (i.e. Help Me Grow representatives are encouraged to attend) and the diversion team to discuss and outline a plan to promote family stability. For instance, during a meeting financial resources may be identified as a barrier for the family and in order to stabilize the family crisis, resources are approved and a family diversion plan is created. The focus of the team is to prevent the unnecessary placement of children. The team utilizes creative strategies to prevent the placement of children while supporting the family. These efforts are less expensive than foster care and reduce the emotional strain on the children and their families.

The Diversion Team Leader is also the Coordinator of the Montgomery County Interagency Clinical Assessment Team (ICAT). ICAT may be contacted to bring resources to FCFC Service Coordination as planning occurs for children returning home from out of home placement. (FCFC Service Coordination is not available for children in out of home placement.) ICAT has been in place for a number of years to coordinate planning and funding for multi-need youth in Montgomery County. ICAT exists through Ohio Administrative Code 5101:2-39-50. The ICAT member agencies include the local Board of Developmental Disabilities Services (DDS), Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS), Montgomery County Job and Family Services - Children Services Division, Dayton Public Schools, Montgomery County

Schools, Montgomery County Juvenile Court, South Community, Inc. (an ADAMHS behavioral health agency) and the Department of Youth Services. ICAT meets several times a month.

5. Procedure for monitoring progress and tracking outcomes:

The goals of the FCFC Service Coordination Multi-Agency Service Plan will be monitored and tracked by the assigned lead service coordination agency. This information will also be provided to the Human Services Planning & Development Department (HSP&DD) to facilitate collection of data and reporting to the FCFC and Ohio FCF Cabinet Council. This reporting is important to help identify local service needs, gaps and solutions. The HSP&DD will follow up regularly on open cases in the contact log with lead agency contacts. Because of the complexity of any cases that may present and the requirements of public state mandated agencies, such as Job and Family Services - Children Services Division, ADAMHS, Juvenile Court and DDS, it is entirely probable that additional agency specific plans and goals may be required. If so, each of the public state mandated agencies currently has in place methods and procedures to track and monitor their service delivery outcomes, which must be conveyed within any appropriate protected HIPAA compliance to the assigned lead service coordination agency.

6. Procedure for protecting the confidentiality of families:

An interagency confidentiality agreement approved by the County Prosecutor for HIPAA compliance will be signed by each of the service delivery agencies involved in service coordination. The agreement will acknowledge that all discussions, records and reports produced during and as a result of the interagency meetings are confidential and not subject to disclosure under Ohio law and rules (Attachment D). Therefore, the participating agencies and their representatives agree not to disclose in any manner whatsoever any information discussed during the meetings or contained in any agency reports without expressed written authorization of the parent/guardian, the agency or system (Attachment E). It would also be made known that any unauthorized disclosure of the information discussed or contained in any of the above named records may result in civil or criminal liability. Confidentiality will be reaffirmed by the parent/guardian, family support persons and agency representative signature on the Confidentiality Statement (Attachment D). Any family record information kept in the office will be secured.

7. Procedure for assessing the needs and strengths of any child and family referred:

Children and Families referred and introduced into FCFC Service Coordination will be initially assessed through the referring agency's intake and assessment process. The assessment process identifies individual, family and child demographics, eligibility status, child and family strengths. Additional information may include substance abuse involvement, education, court involvement, mental health and psychiatric, psychological and mental health status, emotion disorders, developmental diagnoses, placement history and multi-agency involvement. It also allows for the inclusion of any accompanying documentation and reports.

Due to the complexity of cases that may present and the requirements of public state mandated agencies, such as Job and Family Services - Children Services Division, ADAMHS, Juvenile Court, and DDS, it is entirely probable that additional agency specific assessments may be required to support appropriate system access. If so, each of the public state mandated agencies will assess for any additional strengths and needs of the families they serve. It is our desire to minimize repetitive assessments and facilitate timely service coordination in a collaborative environment with all the agencies involved in the service coordination plan mechanism.

8. Procedure for developing a family service coordination plan:

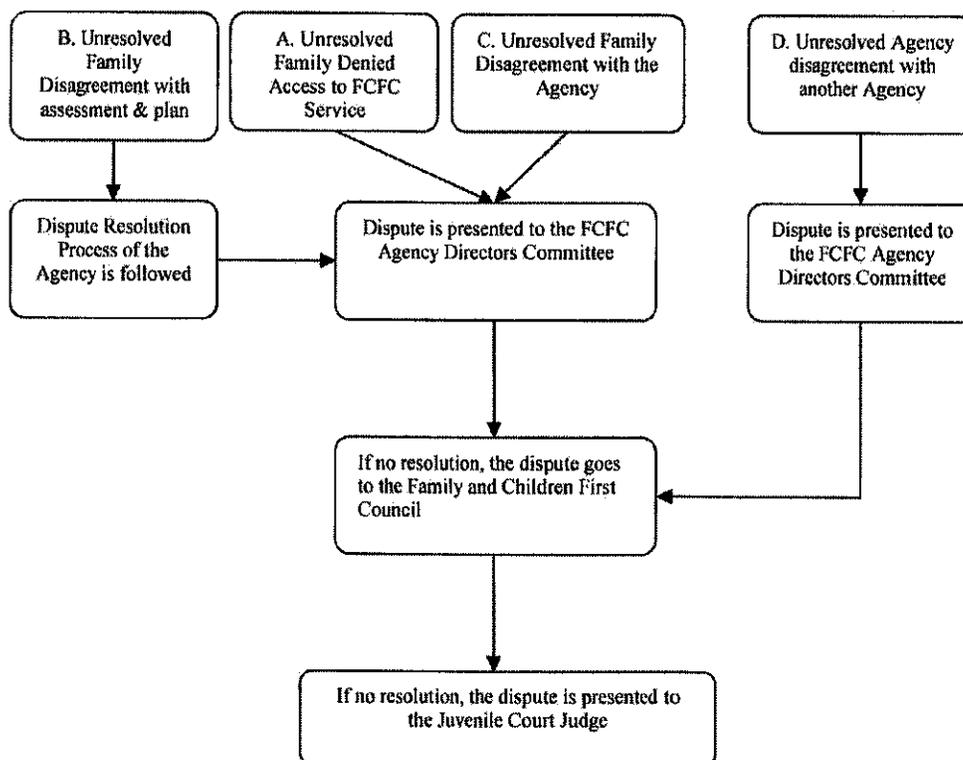
The lead agency working with the family team will develop the Multi-Agency Service Plan (Attachment G). This plan will guide the planning and subsequent follow up for the family. It establishes treatment goals, timeframes, responsibilities to be met, and any estimated costs.

System of Care Family-Centered Services and Supports may only be accessed by children and families that are FCFC Service Coordination clients. Children and families seeking specific access to System of Care Family-Centered Services and Supports will be assessed using Attachment G and Attachment H, which are specific to their service needs.

9. Dispute Resolution Process:

Families will be made aware of the Dispute Resolution Process when they begin the Service Coordination process and will have access to it as situations unfold and it may be requested. At any time during this dispute resolution process, parents or family members may involve the services of an advocate to assist in providing support (Attachment F).

Dispute Resolution Diagram



Montgomery County has developed its own local Dispute Resolution Process which does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. The local Dispute Resolution Process also must not be interpreted as overriding or affecting decisions of a juvenile court regarding out-of-home placements, home placements, long-term placements or emergency out-of-home placements. These decisions fall strictly within the authority of the Juvenile Court.

Despite the best efforts and intentions of all parties involved – families, professionals and agencies – including the use of family-centered assessment tools and the development of a collaborative service plan developed to be responsive to the individualized child/family's unique strengths, needs and desires, it is recognized that disputes may arise during this often challenging work. Montgomery County's dispute resolution process is guided by three principles:

1. Those closest to the dispute are encouraged to resolve it themselves;
2. The family/child may access the assistance of the Parent Advocacy Connection to receive a representative or they may designate any other family/child advocate they choose during all steps of the process; and
3. Any services being received by a family/child at the start of a dispute resolution process will remain available during the process.

Time frames are also an important element in this process and those mentioned in this section are intended to balance the need of the disputants for a quick resolution and the need for time to prepare and assemble material for the meetings. If a dispute involves an emergency situation, every effort will be made to shorten the time frames. The nature of the dispute and any potential legal issues will determine what appropriate course of action will be taken.

The guideline for dispute resolution requires an FCFC finding of determination no more than 60 days from initiation. The FCFC, through the Human Services Planning & Development Department, is responsible for this process, but the FCFC must rely on its statutory and voluntary partners to provide human and financial resources to support the service needs of the children and families it serves. These services, particularly statutory services may include those with specific state, federal or grant guidelines for appeals, administrative review, hearings and disputes. The FCFC has no legal authority to override such requirements. The FCFC must also balance its timeline to meet / respect the changing needs of the children and families it serves. Requests for due cause, legitimate intent, lack of availability, scheduling, lack of information, appeals, administrative review, hearings and disputes by/for/or on behalf of children, families, staff and agencies should be considered to ensure that the best decisions may be determined. It should also be noted that while 14 and 30 day timeframes have been identified for dispute resolution steps, more expedient resolution will be desired / sought. The FCFC will administer its 60 day requirement within its legal ability.

There may be several **types of disputes** including, most commonly, one of the following:

- A. The family/child is denied access to FCFC Service Coordination
- B. The family/child disagrees with an assessment and/or proposed service plan; or
- C. The family/child disagrees with one particular agency; or
- D. One agency disagrees with another agency or with the proposed service plan, or a resulting decision/action.

Family Service Coordination Dispute Resolution:

A. The family/child is denied access to FCFC Service Coordination

Step One (14 working days)

If the family/child disagrees with the determination that they have not met the criteria to be accepted into FCFC Service Coordination, the dispute resolution will begin with an additional review by the Human Services Planning & Development Department staff and the Service Brokers.

Step Two (14 working days)

If the family/child, the Human Services Planning & Development Department and the Service Brokers cannot resolve the conflict within fourteen (14) working days without reasonable justification, the dispute will be presented to the FCFC Agency Directors Committee at their next meeting. If the Agency Directors regularly scheduled meeting date is more than 14 days away, a special meeting will be called to discuss the dispute.

Additional time may only be extended if valid reasons support / warrant such a decision. The Agency Directors Committee may appoint a subcommittee to review the dispute and make a recommendation. Members of the committee will, with family/child input, clearly define the dispute and develop possible alternative solutions.

B. The family/child disagrees with an assessment and/or proposed service plan

Step One (14 working days)

If the family/child disagrees with an assessment and/or the proposed service plan itself, the dispute resolution procedures of that agency will be used first. For example, each of the major county systems (Montgomery County Juvenile Court, Ohio Department of Youth Services, Kinship Caregiver Coalition, Public Health, Developmental Disability Services, Montgomery County Department of Job and Family Services (including Children Services Division), Montgomery County Court of Common Pleas, Emergency Housing Coalition (homeless), Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS), Greater Dayton Premier Management (housing authority), and school districts in the county) have staff designated to assist families and children resolve problems related to service plans, service delivery, or other issues. Each of the systems' dispute resolution processes must be exhausted prior to implementation of the Service Coordination dispute resolution process.

Step Two (14 working days)

If the family/child and the agency cannot resolve the conflict within fourteen (14) working days without reasonable justification, the dispute will be presented to the FCFC Agency Directors Committee at their next meeting. If the Agency Directors regularly scheduled meeting date is more than 14 days away, a special meeting will be called to discuss the dispute. Additional time may only be extended if valid reasons support/warrant such a decision. The Agency Directors Committee may appoint a subcommittee to review the dispute and make a recommendation. Members of the committee will, with family/child input, clearly define the dispute and develop possible alternative solutions.

C. The family/child disagrees with one particular agency

Step One (14 working days)

If the family/child disagrees with one particular agency, as stated, the dispute resolution procedures of that agency should be used first. If no resolution is reached within fourteen (14) working days without reasonable justification, the Diversion dispute will be presented to the FCFC Agency Directors Committee (ADC) at their next meeting. If the Agency Directors regularly scheduled meeting date is more than 14 days away, a special meeting will be called to discuss the dispute.

Additional time may only be extended if valid reasons support / warrant such a decision. The Agency Directors Committee may appoint a subcommittee to review the dispute and make a recommendation. Members of the committee will, with family/child input, clearly define the dispute and develop possible alternative solutions.

Step Two (14 working days)

If the family/child and the agency cannot resolve the conflict within fourteen (14) working days without reasonable justification, the dispute will be presented to the FCFC Agency Directors Committee at their next meeting. If the Agency Directors regularly scheduled meeting date is more than 14 days away, a special meeting will be called to discuss the dispute.

Additional time may only be extended if valid reasons support / warrant such a decision. The Agency Directors Committee may appoint a subcommittee to review the dispute and make a recommendation. Members of the committee will, with family/child input, clearly define the dispute and develop possible alternative solutions.

To Be Used When:

- A. The family/child is denied access to FCFC Service Coordination
- B. The family/child disagrees with an assessment and/or proposed service plan;
- C. The family/child disagrees with one particular agency

Step Three (30 working days)

If any dispute remains unresolved, and is not resolved by the heads of the agencies involved or the ADC, it will be referred to the FCFC at their next meeting. (If the next Council meeting is scheduled more than two weeks later, a special meeting will be scheduled sooner.) The Council will seek to negotiate a solution and may, if necessary, rely on a majority vote to resolve the dispute. The decision reached by the Council will be considered binding on all system entities. Appropriate notifications will be made to appropriate state departments, agencies, claimants, and other interested parties within the timelines outlined above.

If the dispute cannot be resolved through the procedure discussed above, then the final arbitrator of individual case resolution will be the presiding juvenile court judge. A dispute resolution filing will be made within seven working days after the failed dispute resolution process. All documentation, including assessment and treatment information, will be part of the filing.

D. Agency to Agency Dispute Resolution: One agency disagrees with another agency or with the proposed service plan, or a resulting decision/action

Step One (14 working days)

If one agency disagrees with another agency or with the proposed service plan, then within fourteen (14) working days without reasonable justification, the dispute will be presented for discussion at a meeting of the heads of the agencies involved in the actual/proposed service plan. The family/child (and other support persons) will be invited to the meeting at which the agency heads will seek to negotiate a solution to the dispute.

Additional time may only be extended if valid reasons support / warrant such a decision.

Step Two (30 working days)

If any dispute remains unresolved, and is not resolved by the heads of the agencies involved or the ADC, it will be referred to the FCFC at their next meeting. (If the next Council meeting is scheduled more than two weeks later, a special meeting will be scheduled sooner.) The Council will seek to negotiate a solution and may, if necessary, rely on a majority vote to resolve the dispute. The decision reached by the Council will be considered binding on all system entities. Appropriate notifications will be made to appropriate state departments, agencies, claimants, and other interested parties within the timelines outlined above.

If the dispute cannot be resolved through the procedure discussed above, then the final arbitrator of individual case resolution will be the presiding juvenile court judge. A dispute resolution filing will be made within seven working days after the failed dispute resolution process. All documentation, including assessment and treatment information, will be part of the filing.

Help Me Grow:

Families receiving services through the Help Me Grow program are entitled to access the Dispute Resolution process described above to resolve conflicts that may arise in the delivery of their services. This can be done by the family contacting 1) the service coordinator/home visitor involved, 2) that staff person's supervisor, 3) the provider agency's Program Director, or 4) the Montgomery County Help Me Grow Contract Manager.

If unresolved at the program level, the dispute may be referred to the FCFC. The Council will seek to negotiate a solution and may, if necessary, rely on a majority vote to resolve the dispute. The entire Help Me Grow dispute resolution process shall conclude within 30 calendar days from the receipt of the complaint and a written decision shall be issued.

At any time, Help Me Grow families have the right to file a complaint with the Ohio Department of Health, Bureau for Children with Developmental and Special Health Needs located at 246 High St., Columbus, Ohio 43215 or email BEIS@odh.ohio.gov. The Montgomery County Family and Children First Council will adhere to all timelines, processes and procedures described in the Ohio Department of Health, Bureau for Children with Developmental and Special Health Needs, Ohio Procedural Safeguards, Part C: Early Intervention Help Me Grow policies or rules.

Service Coordination Mechanism Plan:

1. Designates service responsibilities among various agencies:

The Council and the Human Services Planning & Development Department, which supports the Council, do not provide direct services. They facilitate and help bring partners together to build upon the strength of services in the community that are already working for families and develop new service initiatives. Each of the public human services agencies has specific service responsibilities as dictated by law and/or the Boards which govern them. For example, Montgomery County Job and Family Services - Children Services Division investigates all reports of child abuse, neglect and dependency. Public Health services are provided by Public Health – Dayton and Montgomery County. The Montgomery County Department of Job and Family Services administers federal and state public assistance and child support programs; federal, state, and county medical assistance, social service, day care and workforce development programs. Behavioral health services are addressed by our local Alcohol Drug Addiction and Mental Health Services Board. Services for individuals with developmental or physical disabilities are provided by the local Board of Developmental Disabilities Services. Unruly and delinquent youth issues are addressed through the Juvenile Court and prevention is addressed through the Juvenile Court's Intervention Center. Public housing needs are addressed through Greater Dayton Premier Management and services for families who are homeless are provided by the St. Vincent de Paul Society. Families requesting services not directly provided by these agencies will be referred to additional community resources.

In Montgomery County consultation and referrals for multi-agency youth and cases with multiple barriers are most frequently discussed with or referred to our FCFC Service Broker Committee which includes membership by: Department of Job and Family Services (including Children Services Division), Public Health – Dayton and Montgomery County, Juvenile Court, Emergency Housing Coalition (homeless agencies), Greater Dayton Premier Management (housing authority), Ohio Department of Youth Services, Developmental Disabilities Services, Educational Services Center, Kinship Caregivers Coalition, Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS), Common Pleas Court and Dayton Public Schools or our Inter-Agency Clinical Assessment Team (ICAT) which includes membership by: Board of Developmental Disabilities Services, Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS), Job and Family Services - Children Services Division, Dayton Public Schools, Montgomery County Schools, Montgomery County Juvenile Court, South Community, Inc. (an ADAMHS behavioral health agency) and the Department of Youth Services.

The vast majority of FCFC Service Coordination referrals originate from the Service Brokers or other contracted agencies with the Diversion Team and ICAT serving as resources if necessary. The Service Brokers and contracted agencies have many years of collaborative experience and cross-systems knowledge as well as experience with the numerous situations families face. They are very qualified to synthesize the strengths and needs identified through assessment into the Multi-Agency Service Plan (Attachment G). They are also experienced in understanding and working with available funding options to support needs, implement the service plan and follow through on monitoring, tracking and quality assurance.

2. Designates an individual to track progress, schedule reviews and facilitate meetings:

Public human service agencies have designated, experienced staff to schedule reviews, facilitate meetings and to track the progress of services provided to families. Families have a voice in determining the designated individual for this role. The Council will track any service coordination referrals received and made to the public human service agencies.

3. Services are responsive to the strengths, needs, family culture, race and ethnic group and are provided in the least restrictive environment:

Once the FCFC Service Coordination process is initiated, the lead agency works with the family and other team members to assess the family strengths, needs, family culture, racial and ethnic identity (Attachment G). Agencies providing services are expected to demonstrate values and engage in practices which promote a culturally diverse and culturally competent service delivery system for children and families. Accessibility to services in this plan is guaranteed to all families, regardless of their cultural, language barriers, or special needs. In addition, agencies serving children and families will not discriminate against any employee, applicant for employment, or any client on the basis of race, color, sex, religion, national origin, age, handicap, disability, ancestry, veteran status, or any other factor prohibited by state or federal law.

The Family and Children First Council also encourages participation in county-wide diversity activities, such as the Dayton Dialogue on Race Relations. This initiative has engaged many organizations throughout our community, including many FCFC member organizations, to eradicate racism and create a more harmonious Miami Valley community that better understands, appreciates and values the diverse strengths and ambitions of its residents. In addition, the FCFC supports the many other initiatives that are underway throughout our community to improve cultural competency in building better awareness, relationships and service delivery.

4. Service Coordination Planning Specific to Alleged Unruly Children:

Service Coordination of alleged unruly children will be referred to the Juvenile Court for determination of the appropriate level of need. The first priority will be to refer to the Juvenile Court's Intervention Center (IC) which uses approaches to divert youth away from the traditional court process and assess for community-based prevention / intervention services that may assist the youth and family in moving toward more stable behaviors or relationships.

When an unruly juvenile case is unofficially handled through the IC, an Assessment Specialist will meet with the child and parents to conduct an administrative hearing for any referrals received, or an interview in the event the parent and child "walk-in" to the IC. During any such face to face contact, the Assessment Specialist will assess the dynamics of the situation and develop a service plan which includes options for further court-involved discipline and consequences for failed diversion, as well as possible linkages to community services. If necessary, these recommendations will be reviewed by the Juvenile Court Judge who will establish court consequences for parents, as well as the child, if each responsibility is not maintained (only in the 10 & Under Program).

Options which may be utilized in the service plan may include a wide range of alternatives, including: short-term respite, mentoring services, parent education services, office or in-home individual and/or family counseling, alternative education assistance, asset development, mediation, anger management, behavior modification assistance, and other community-based services to address specific needs.

Process dealing with a child who is alleged to be an unruly child:

The Juvenile Court's Intervention Center (IC) is a 24-hour, 7 days a week centralized intake, screening, assessment, processing and services department. Referrals to the Court for alleged delinquent or unruly youth all come through the IC. The IC has established a collaborative process for dealing with cases unofficially thus affording the opportunity to divert the youth from further Court involvement.

A new case may start with a youth being physically brought to IC's Secure-side by the police. CrisisCare interviews all such youth, as well as any other youth upon request, resulting in completion of a Behavioral Health screening. Job and Family Services - Children Services Division staff are available to intervene with cases involving issues of Abuse, Dependency or Neglect. Emergency Foster Care may be available to help in the diversion of youth from Detention and the ability to continue to handle a matter unofficially. Other cases may begin with a police report being "mailed-in", when a youth is released to their parent or guardian or as a "walk-in" or phone-in by an interested party. Services are available immediately for youth brought to the IC.

Cases handled unofficially may be referred out for services including diversion programs, mental health or drug and alcohol counseling and/or treatment, work groups, individual and family counseling, and mediation. Most unofficial cases are handled via Administrative Hearings or via the Dayton Mediation Center, usually scheduled within seven to fourteen days of the referral to Court. The IC Assessment Specialist, who acts as the hearing officer, uses the Administrative Hearing to explore the issues that may have contributed to the criminal or unruly behavior so as to recommend what action the child and family might take to keep the case unofficial and to link the family with appropriate services. Behavioral Health screens may be completed by CrisisCare, and diagnostic mental health assessments scheduled, as a result of concerns arising in the course of the Administrative Hearing. Crisis and safety planning are also parts of the process and are addressed in detail with the family. Service coordination timelines for children and families are established based on their individual needs.

Almost any recommendation the Assessment Specialist makes will include some type of service referral and require completion of appropriate consequences. The entity or agency referred to reports back as to the cooperation, success or failure of the child and family so the case may be closed or moved on for further action, as appropriate. As a result of the findings of the Behavioral Health Screens, CrisisCare may refer the child and family for a full diagnostic mental health and/or alcohol and other drugs assessment. All Intervention Center services, including but not limited to Administrative Hearings, CrisisCare assessments, drug test sampling, counseling, mediation, and work program referrals may be available to any youth depending upon the nature of the referral and the particular case.

5. Timelines for family service plan goals:

The goals and timelines outlined in the family service plan will be determined by the needs of the family and the support systems in place. Multiple timelines will be negotiated through the systems by the assigned lead service coordinating agency, the other members and the family. The family and team will monitor progress and success through discussion, updates and the review of the Disposition of Services (Attachment H) which is completed by the HSP&DD Program Coordinator. Future meeting schedules will be determined at each meeting. The Human Services

Planning & Development Department will follow up periodically to monitor the progress and outcomes of the case.

6. Plan for short-term crisis and safety:

Any family crisis will be immediately assessed by the assigned lead service coordination agency and measures taken to address it. Short-term crisis and safety planning are currently an integral piece of the service coordination planning process and is documented in the Multi Agency Service Plan (Attachment G), if a plan of this type is needed. Each human service agency has policies and procedures in place to address emergency situations. Efforts will be made to target strategies that support the child and family during the time of crisis. Safety is a primary concern during any crisis and may require specific additional services.

Fiscal Strategies:

Montgomery County agencies have been involved with multi-system collaborative funding for many years. Funds are sought and/or identified for cross-systems or multi-disciplinary youth. Staff in each of the various systems are mindful of available resources and screen each person and service to determine eligibility for various financial resources whether it's drawing down entitlement funds or from other resources. Human Service Levy and TANF-PRC (Temporary Assistance to Need Families – Prevention, Retention and Contingency) funds are used along with the financial resources pooled for the Diversion Team. The Diversion Team is comprised of staff from JFS-CSD and may include other agencies as needed.

The ICAT Team includes Juvenile Court, Job and Family Services – Children Services Division, South Community (an ADAMHS agency), Board of Developmental Disabilities Services, ADAMHS, Dayton Public Schools and the Human Services Planning & Development Department. Funding is pooled from the individual agencies. While not a participating member of the team, the Department of Youth Services is a potential funding source when their youth are referred for services.

For consideration of funding assistance from ICAT or Family-Centered Services and Supports (FCSS), the child must have needs in at least two systems, such as mental health, juvenile justice, or child protection; the child/family must have limited or no financial resources; and all other financial resources have been explored and utilized including IV-E, Social Security, SSI, parental support and PASSS (Post Adoption Special Services Subsidy) funds.

Funding provided to the local non-profit services network from the Human Service Levy allows services to be wrapped around families to complement the services of the mandated agencies. The use of System of Care Family-Centered Services and Supports through certain non-clinical community-based services also promotes the stability and well-being of children ages 0 through 21 with multi-systemic needs. System of Care Family-Centered Services and Supports funding is allocated to the Montgomery County Family and Children First Council by the State of Ohio Department of Mental Health. These funds provide community-based respite and specialized supports for multi-needs children.

The Council has also worked with the Agency Directors to explore use of the Regulation Free Zone Waiver Request to support service plan capabilities. This waiver could be used for an exemption from specific state department rules in order to implement a proposed innovative program or remove barriers to providing quality, seamless, coordinated services to Ohio families.

System of Care, formerly known as Access to Better Care (ABC), is to provide effective and appropriate community-based early intervention and treatment services. The emphasis will be for the ADAMHS Board in partnership with the Montgomery County Family and Children First Council to support early childhood mental health treatment and intensive home-based treatment with trauma informed practices.

Service Coordination Improvement Resources:

Montgomery County will continue to examine methods to improve the service coordination process. Feedback from families, service providers, the Service Brokers, Diversion Team and ICAT, and any other sources are highly valued. The fiscal climate is certainly challenging and the agencies, committees and teams continue to search for new alternatives and flexibility to access and use funding.

Service Coordination Mechanism Quality Assurance and Data:

For children/families served through the FCFC Service Coordination Mechanism, the quality assurance measures implemented will allow us to identify service gaps, where cross-system coordination works and where improvements are needed in the system. Contacts and referrals dispositions data will be maintained by the Human Services Planning & Development Department in a spreadsheet for analysis of needs, trends, and possible gaps. Service Brokers (meet bi-monthly), Diversion Team (meet as needed), and ICAT (meet at least bi-monthly) will maintain information on the number of families assessed, number of family plans initiated, and the status of meeting service goals for children/families in FCFC Service Coordination. The information gathered will be used as a part of our continuous quality improvement process for the children and families we serve. Summary information on needs, trends, service gaps, and training needs from activities under this Service Coordination Plan will be presented at least quarterly for review at the Agency Directors Committee (ADC). The Agency Directors Committee will report any findings or recommendations on needs and gaps resulting from this Service Coordination Plan to the Family and Children First Council on an annual basis.

Appendices (Forms) ATTACHED

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ATTACHMENT A

INFORMATION / SERVICE REQUEST LOG
Montgomery County Human Services Planning & Development Department

DATE & TIME	CONTACT FROM: (INITIAL CONTACT PERSON)	STAFF CONTACT	DETAILS	REFERRED TO	DISPOSITION OF CALL	LEVEL OF NEED (MEDIUM OR HIGH)

Montgomery County Human Services Planning & Development

Referral for Montgomery County FCFC Service Coordination *(To be completed by HSP&D Staff)*

Date of the Receipt of the Referral:

Contact Information for the person being referred:

- Name:
- Phone Number: Cell Phone Number:
- Email:
- Address:

Brief Description of the Problems/Needs Being Experienced:

Family Request for Advocate: YES NO

Contact Information of the Person Referring:

- Name/Agency:
- Phone Number: Cell Phone Number:
- Email:
- Address:

Outcome of the Referral/Council Response to Referral:

Medium Level Service Coordination (Referral to Local Resource):

High Level Service Coordination (Family Team Meeting):

Date of Family Team Meeting:

Signature of HSP&D Staff

Date

**Montgomery County
Human Services Planning & Development Department**

FCFC Service Coordination Family Team Meeting Invitation

TO: _____

FROM: _____

DATE: _____

You are invited to participate in a Family Team Meeting being held for:

Name: _____

Family team meetings are dedicated to looking at the strengths and needs of this child and family and developing a comprehensive individualized plan. This team will provide ongoing support to this family to assist them in becoming successful. Please bring with you any information that you feel would be beneficial.

A team meeting for this family is scheduled on:

DATE: _____

TIME: _____

LOCATION: _____

If you cannot attend this meeting, please contact me at: _____

I look forward to working with you in the best interest of this child and family.

Sincerely,

AUTHORIZATION FOR RELEASE OF INFORMATION

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the Release of Medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

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.

Charges for this request may apply

Person's Full Name (please print)	Date of Birth	Social Security Number
Other Family Member	Date of Birth	Social Security Number

The following agency(ies) have my permission to exchange/give/receive/share/re-disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named persons. I am aware that once this information is released to another party, it may no longer be protected and is subject to redisclosure by the recipient. This information MAY include treatment for drug and/or alcohol abuse, psychiatric treatment, HIV Antibody Test (test for AIDS Virus) or AIDS related conditions. (Please identify all agencies that apply):

_____ _____
 _____ _____
 _____ _____

The original copy of this form is on file at: _____

Date and/or range of information to be released: _____

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 in the column prior to each type of information.)

Circle One	Initial	
yes	no	_____ Identifying Information: Name, birth date, sex, race, address and telephone number.
yes	no	_____ Social Security number.
yes	no	_____ Case Information: Circle information that is to be shared. Cross out information that is NOT to be shared.

Social History	Ind. Education Plan (IEP)	Grades and Attendance	Other
Treatment/Service History	Family Service Plan	Vocational Assessments	Other
Home Study	Transitional Plans	Disability Information	Other

Medical Information:
 yes no _____ HIV and AIDS related diagnosis and treatment.
 yes no _____ Other Medical Information: Circle information that is to be shared. Cross out information that is NOT to be shared.

Immunizations	Emergency Room Treatment	Medications Prescribed	Physical Exam	Child Health
Prenatal	Women/Infant/Children (WIC)	Physician Orders	Pathology Reports	Operative Reports
Psych. Assessments	Drug/Alcohol Abuse Treatment	Mental Health Treatment	Consultation	Final Diagnosis
STD	Drug/Alcohol Abuse Assessment	Mental Health Assessment	Radiological Reports	Laboratory Report

yes no _____ **Financial Information:** Public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W2s and tax returns, and other financial information.

I understand that the Authorization for Release of Information shall remain in effect for 180 days (60 days for hospitals) Initial _____ from the date of my signature below unless I specify an earlier expiration date in this space: _____. I also understand that I may cancel this Authorization for Release of Information at any time by stating so in writing with the date and my signature and delivering it to _____. The revocation does not include any information that has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that my signing or refusing to sign this Authorization will not affect public benefits or services that I or the individuals named above are eligible for. My signature below signifies my authorization for release of the information specified on this Form.

This authorization expires on the _____ day of _____, _____.

Person's Signature	Date
Signature of Authorized Representative	Date
Witness/Agency Representative	Date

If applicable, date of revocation: _____
 (Revocation must be submitted in writing.)

If the above signature is not that of the client/patient, explanation will be provided below and documentary evidence of appropriate papers shall be required to accompany this authorization: _____

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED AUTHORIZATION:

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

USER CHECKLIST

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Explain that the Release is voluntary not mandatory. <input type="checkbox"/> 2. Explain the purpose of the Release, which is to expedite services to the person who will need services from more than one agency. <input type="checkbox"/> 3. Explain that not signing it will not result in a refusal of services, but could result in a delay of services. <input type="checkbox"/> 4. Review all parts of the Release with the consumer and explain the purpose of each part. <input type="checkbox"/> 5. Review the specific information noted in the Release which the person may authorize to be shared.
 Make it clear to the person that he/she can authorize release of all data listed for all family members or only some of the data for selected family members.
 Explain how person who decides to authorize release of only a portion of the information makes this known by checking yes or no for an entire category, such as Financial Information.
 Explain that person can authorize release of only a portion of information in a category by crossing out information they do not desire shared. <input type="checkbox"/> 6. Inform the person that they can revoke the Release at any time for any reason, by stating so in writing. Any agency receiving a revocation is responsible for notifying other agencies listed on the Release of the revocation and/or forwarding a copy of the revocation to those agencies. <input type="checkbox"/> 7. Explain that the Release is valid for only up to 180 days, unless revoked sooner. Ensure the person understands that after the Release expires, agencies can no longer share information unless a new Release is executed by the person. <input type="checkbox"/> 8. If the person whose records are to be released is a minor, ensure the parent or guardian understands the Release, completes it, and signs. Without this process and signature, the Release is not valid. This does not apply when a minor, acting on his/her own initiative, has sought and received diagnosis and/or treatment for any STD, HIV, AIDS and/or drug or alcohol related condition. In these cases, the release of any medical information relating to such diagnosis or treatment can only be authorized by the minor who has sought and received such services. | <ul style="list-style-type: none"> <input type="checkbox"/> 9. Ensure you review with the person the law stated on the Release regarding HIV related diagnosis information, substance abuse, and diagnosis and treatment information. NOW, if the person believes completing the Release will expedite services to them, ask them to complete it. <input type="checkbox"/> 10. Note if child abuse or neglect records are needed, they may only be released with the written permission of the County Public Children's Services Agency. <input type="checkbox"/> 11. Encourage the person to know what records are in his/her before authorizing the release. <input type="checkbox"/> 12. The agency obtaining the original signature is responsible for maintaining the original Release in their agency record. <input type="checkbox"/> 13. The agency obtaining the original signature is responsible for giving a copy of the Release to the client. The client is responsible for presenting the copy to other agency (ies) or informing agency (ies) where the original is on file. <input type="checkbox"/> 14. Explain that the release is valid for only up to 60 days for hospitals, unless revoked sooner. The user must initial by the 60 days and cross out the 180 day total on the authorization. Ensure the person understands that after the Release expires, hospitals can no longer share information unless a new Release is executed by the user. <input type="checkbox"/> 15. Explain to the client/patient that if the information to be released is someone different than who has signed the authorization, than an explanation will be provided and documentary evidence of appropriate papers shall be required to accompany this authorization for the information to be released. <input type="checkbox"/> 16. Explain to the client/patient the circumstances under which information may be re-disclosed without an authorization. (i.e. Privacy Statement.) |
|---|--|

This form must be signed and attached to the Authorization for Release of Information form. My signature below signifies that the Form, its uses and my options for completing it were explained to me.

 Person's Signature

 Signature of Authorized Representative

 Witness/Agency Representative

 Date

 Date

 Date

**Montgomery County
Human Services Planning & Development Department**

**INFORMATION TO PARENT/CUSTODIAN ON RIGHTS UNDER
MONTGOMERY COUNTY'S FAMILY AND CHILDREN FIRST COUNCIL'S
DISPUTE RESOLUTION PROCESS
(Ohio Revised Code 121.37 (C)(9))**

The Montgomery County Family and Children First Council's Service Coordination Mechanism is the guiding document for the coordination of services in Montgomery County to children ages 0 through 21. Part of that document includes a *Dispute Resolution Process*, should a dispute arise between a child's parent or custodian and the county council regarding service coordination (attached).

By signing below, I understand that as a parent or custodian of a child, I have the right to use the Montgomery County Family and Children First dispute resolution process. I also understand that I have the right at any time during the dispute resolution process to involve the services of an advocate to assist in providing support.

To access the Dispute Resolution Process, I can contact:

Montgomery County Human Services Planning & Development Department
451 W. Third St., 9th Floor, Dayton, OH 45422-3100
Phone: (937) 225-4695
Fax: (937) 496-7714

This local dispute process does not replace other rights or procedures that parents/custodians have under other sections of the Ohio Revised Code. In addition, the local dispute resolution process does not override or affect decisions of Juvenile Court regarding out-of-home placements, home placements, long-term placements, or emergency out-of-home placements.

Case (Child) Name: _____

Parent/Guardian's Signature of Acknowledgement: _____

Parent / Guardian's Printed Name: _____

Date: _____

MONTGOMERY COUNTY MULTI-AGENCY SERVICE PLAN

Name		Lead Case Manager/Agency		DATE	
Medicaid #	D.O.B.	Effective Date	FROM:	TO:	Review Date
<p><i>Note strengths of the family, inclusive of the families' culture, race and ethnicity. Discuss any traditions or cultural influences relevant to treatment goals.</i></p>					
SPECIFIC TREATMENT GOALS			Projected Time Frame	Person Responsible	COST
(1) Home/Residential 001 – Non-clinical in-home visits 009 – Structured activities to improve family functioning					
(2) Family/Surrogate Family 002 – Non-clinical parent support groups 003 – Parent education and mentoring 008 – Safety and adaptive equipment					
(3) Psychiatric/Psychological/Behavioral/Emotional					
(4) Educational/Vocational					

SPECIFIC TREATMENT GOALS	Projected Time Frame	Person Responsible	COST
(5) Legal/Judicial			
(6) Social/Recreational 007 – <i>Social/recreational activities</i>			
(7) Physical/Medical/Dental/Substance Abuse			
(8) Safety/Crisis 008 – <i>Safety and adaptive equipment</i>			
(9) Other 005 – <i>Respite care (including summer camp)</i> 006 – <i>Transportation</i> 010 – <i>Parent Advocacy</i> 011 – <i>Service Coordination</i>			
(10) Safety Plan – <i>Provide a plan for dealing with short-term crisis situations and safety concerns:</i>			

MONTGOMERY COUNTY HUMAN SERVICES PLANNING & DEVELOPMENT DEPARTMENT
FCFC Service Coordination

REQUEST # _____
To be filled in by HSP&D

REFERRAL / SERVICES PRE-APPROVAL FORM
Family-Centered Services and Supports (FCSS) Request

ACTIVE FCFC SERVICE COORDINATION CASE:

- Family Service Plan Meeting Date:
- FCSS funding identified as a need

Lead Agency Requesting Family-Centered Supports & Services between 7/1/13 and 6/30/14:

Staff Contact:

Agency:

Phone:

Fax:

Email:

Child Needing Family Supports

Initial Request

Continuation Request

Child Name:

Date of Birth:

Age: 0-3 years 4-9 years 10-13 years 14-18 years 19-21 years

Address:

Legal Custodian Name & Relationship:

Phone:

Parental Home: Yes No Relative Home: Yes No

(Child/Youth cannot be in out-of-home care at the time of FCSS services)

FCSS funds are for child/youth with needs in 2 or more systems. Please check needs:

- | | |
|---|--|
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Delinquent |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Alcohol/Drug | <input type="checkbox"/> Help Me Grow |
| <input type="checkbox"/> Unruly* | |

*If child is deemed unruly, a process will be put in place to include methods to divert the child from the juvenile court system.

Describe how the child/youth has needs in multiple systems:

--

Funding Requested:

NOTE: Funds cannot be used for children in out of home placements, day care, clinical services, or as match for other federally-funded programs (including Medicaid). For guidelines on acceptable and non-acceptable use of FCSS funds see <http://fcf.ohio.gov/initiatives/systemofcareFCSS.aspx>.

1. Name of Service needed for the Child/Youth: (detail individual costs in Question #4)

\$	001 Non-clinical in-home parent/child coaching
\$	002 Non-clinical parent support group
\$	003 Parent Education
\$	004 Mentoring
\$	005 Respite Care (including summer camp): <input type="checkbox"/> in-home <input type="checkbox"/> out-of-home
\$	006 Transportation-specify type:
\$	007 Social Recreational Sports
\$	008 Safety and adaptive equipment
\$	009 Structured activities to improve family functioning
\$	010 Parent Advocacy
\$	011 Service Coordination (see State's methodology)
\$	012 Other
\$	TOTAL REQUEST

2. **Service Provider(s) Requested:**

3. **Duration Requested: From** _____ **through** _____

(Initial request will be considered for a maximum of 3 months per state fiscal year.)

Frequency

4. **Total Cost Breakdown: \$**

Detailed Description of Cost (e.g. # of hours per week x # of weeks):

5. **Is the Child/Youth at Risk of Removal from the Home** **Yes** **No**

6. **How will this Requested Service Reduce the Risk of Removal?**

7. **Has Family Requested an Advocate?** **Yes** **No**

8. **Does the child/youth have a primary care physician?** **Yes** **No**

APPROVALS

ATTACHMENT H

FCFC FUNDS WILL BE UTILIZED FOR AN ACTIVE CASE IN FCFC SERVICE COORDINATION.

Agency Signature: _____

Date:

The above signed acknowledges that any modification (increase or decrease) to this request must be submitted to the Montgomery County Human Services Planning & Development Department (HSP&D) via the FCSS Modification Form with any supporting documentation attached.

The above signed also acknowledges that failure to comply with HSP&D requirements to submit invoices within 30 days of the end of the service month will result in the unspent balance of this request being released for other FCSS requests in the county. _____ (initial)

HSP&D Approval:

Date:

Approval Emailed/Faxed to Lead Agency:

Date:

THIS PORTION TO BE COMPLETED BY HUMAN SERVICES PLANNING & DEVELOPMENT STAFF

DISPOSITION OF SERVICE COORDINATION REFERRAL

1. Did child / family receive services as outlined in the service plan? Yes No

If no , please list reason:

2. Describe outcomes noted as a result of the services provided:

3. Does child/family need additional / ongoing services? Yes No

If Yes, please explain:

Family-Centered Services and Supports (FCSS) Modification Form

I request modification (increase or decrease) of an approved FCSS request

Name: _____

Reason for Modification:

Agency: _____

Date: _____

Child Name: _____

FCSS Request #: _____
(YY - 00000)

Service	Original Budget	Modification: Increase or Decrease	Revised Budget	Cancel entire amount (check if applicable)
001 Non clinical in-home parent/child coaching			\$ 0.00	<input type="checkbox"/>
002 Non-clinical parent support groups			\$ 0.00	<input type="checkbox"/>
003 Parent education			\$ 0.00	<input type="checkbox"/>
004 Mentoring			\$ 0.00	<input type="checkbox"/>
005 Respite care (including summer camp)			\$ 0.00	<input type="checkbox"/>
006 Transportation (cab/taxi fares; gas vouchers)			\$ 0.00	<input type="checkbox"/>
007 Social/recreational supports			\$ 0.00	<input type="checkbox"/>
008 Safety and adaptive equipment			\$ 0.00	<input type="checkbox"/>
009 Structured activities to improve family functioning			\$ 0.00	<input type="checkbox"/>
010- Parent advocacy			\$ 0.00	<input type="checkbox"/>
011 Service Coordination			\$ 0.00	<input type="checkbox"/>
012 Other			\$ 0.00	<input type="checkbox"/>
TOTAL	\$ 0.00	\$ 0.00	\$ 0.00	<input type="checkbox"/>

Modification Approved by Montgomery County Human Services Planning & Development Department (HSP&D)

Name: _____

Date: _____

Emailed/Faxed to Agency: _____

FAMILY CENTERED-SERVICES AND SUPPORTS (FCSS) INVOICE

(PLEASE COMPLETE IN BLUE/BLACK INK)

Date:

Invoice:

SUBMIT INVOICE TO:
 Montgomery County
 Human Services Planning & Development Department
 451 W. Third St. 9th Floor
 Dayton, OH 45424
 PH: (937) 225-4695
 FAX: (937) 496-7714

PROVIDER/VENDOR

Name:
 Address:
 City:
 State: Zip Code:
 Phone:

ELIGIBLE SERVICES CODES:

- 001 – Non-clinical in-home parent/child coaching
- 002 – Non-clinical parent support groups
- 003 – Parent education
- 004- Mentoring
- 005 – Respite care (including summer camp)
- 006 – Transportation (SPECIFY COSTS IN COMMENT AREA BELOW)
- 007 – Social/recreational supports (SPECIFY ACTIVITY IN COMMENT AREA BELOW)
- 008 – Safety and adaptive equipment
- 009 – Structured activities to improve family functioning
- 010 – Parent advocacy
- 011 – Service coordination
- 012 – Other (SPECIFY ACTIVITY IN COMMENT AREA BELOW)

Date of Service	Name of Child(ren) Served	Age	Service provided (see eligible service code above)	Service Hours	Unit Cost	Total Cost
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00

COMMENTS/SPECIFICATIONS:

TOTAL PAYMENT REQUESTED FOR REIMBURSEMENT	0.00
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 Authorized Provider Signature

 Date

 Authorized HSP&D Staff Approval

 Date