

Ottawa County
Family and Children First Council



Service Coordination Mechanism
SFY 2010



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2011 Service Coordination Mechanism

SERVICE COORDINATION MECHANISM PURPOSE AND OVERVIEW

The Ottawa County Family and Children First Council is committed to the principles of cooperation and collaboration among all our agencies, to make significant and measurable outcomes in the lives of children and their families. The Ottawa County Service Coordination Mechanism supports the achievement of Ohio's commitments to child well-being:

1. Expectant Mothers and Newborns Thrive
2. Infants and Toddlers Thrive
3. Children Are Ready for School
4. Children and Youth Succeed in School
5. Children and Youth Engage in Healthy Behaviors
6. Youth Successfully Transition into Adulthood

These commitments are supported by certain underlying values:

1. Children have the right to live with their own families.
2. Children have the right to be nurtured and protected in a stable family environment.
3. When children are at risk of harm, the community has the responsibility to intervene.
4. Families are our community's most important resource and must be respected, valued, and encouraged to build upon their strengths.
5. The racial, cultural and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.
6. Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.
7. Families have a right to individualized service provision that addresses the multiple needs of their children.

The Ottawa County Service Coordination Mechanism has been established, updated, and reviewed by the Ottawa County Family and Children First Council, its Executive Committee and its Strategic Planning Committee. This includes representation from the following agencies: Ottawa County Job & Family Services, Ottawa County Commissioners, Ottawa County Health Department, Erie/Ottawa County Mental Health Recovery Board, Ottawa County Board of Developmental Disabilities and Early Intervention partners in Help Me Grow, Ottawa County Ohio State University Extension Office, Ottawa County Juvenile Court, WSOS Community Action Commission, The Ability Center, North Point Educational Service Center, Help Me Grow Project Director, and parent representatives. It is written in compliance with Ohio Revised Code 121.37 and 121.38 to serve as the guiding document for the coordination of services in Ottawa County.

The Ottawa County Service Coordination Mechanism provides a process for planning individualized services and supports to families. Service Coordination is available to families of youth age 0 through 21, who present multiple needs that cannot be met by a single service provider. This planning process is a child-centered, family-focused

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collaborative effort to enhance families' opportunities for success. Any single agency may meet the needs of families referred to Service Coordination and the Service Coordination Mechanism will not replace that or any agency's role. If that agency, with the family's approval, feels that collaboration with other agencies is necessary to meet the needs of the family, the Service Coordination Mechanism can then be initiated.

There are three levels of Service Coordination provided by the Family Preservation Program of Ottawa County's Family and Children First Council.

- I. Information and Referral is the level of Service Coordination primarily for families referred to Service Coordination whose needs can be met through referral to the appropriate service provider, agency, or other community support system. This level of service is determined by the Family and Children First Council Coordinator during Intake and Assessment.
- II. Service Coordination Case Management is the level of Service Coordination for families who present low to moderate multi-systemic needs and/or are currently involved with multiple systems and services. This level of service begins when the Wraparound Coordinator meets with the family to develop the Individual Family Service Coordination Plan. This plan will help the family set goals and outline action steps as they navigate through systems to meet the family's multiple needs.
- III. Wraparound Team Facilitation is the level of Service Coordination for families who present moderate to high multi-systemic needs and/or are currently involved with multiple systems and services. This level of service begins when the Wraparound Coordinator meets with the family to develop the Individual Family Service Coordination Plan. During this meeting, the Wraparound Coordinator discusses with the family appropriate services and supports team members. The Wraparound Coordinator will then coordinate Wraparound Team Meetings with the family, and services and supports team members to develop further the Individual Family Service Coordination Plan.

When a family already receiving Service Coordination through Help Me Grow becomes involved in the Ottawa County Service Coordination Mechanism, Help Me Grow will act as the primary service provider. Help Me Grow provides service coordination and case management for the family. The Wraparound Coordinator will facilitate Wraparound Team Meetings as described in this Service Coordination Mechanism. The Service Coordination Mechanism will support and provide assistance for the family's Help Me Grow Plan in coordination with the family's other systemic needs. The family will be assured that the service coordination process will continue to be conducted per Help Me Grow federal and state regulations, policy, and procedure to maintain compliance with section 3701.61 of the Ohio Revised Code.

The Ottawa County Service Coordination Mechanism has been adopted by the Ottawa County Family and Children First Council. The Service Coordination Mechanism will be distributed to Council member agencies who will then share the Service Coordination Mechanism with their agency staff. The Service Coordination Mechanism is a part of the Family and Children First Council Member Handbook and is reviewed as new members come on board with the council. An overview of the Service Coordination Mechanism is also given at each Intake and Assessment.

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REFERRAL AND INTAKE

Addendum A

Referrals for Service Coordination may come from public or private school systems, children services, juvenile court, any public or private service provider, or an individual family or community member.

A referral can be made by contacting the Family and Children First Council Coordinator. When a referral is made, the Family and Children First Council Coordinator will provide a referral form to the referring person or agency. The Family and Children First Council Coordinator will review the process and assist them as needed. Once the referring person or agency completes and returns the referral form, the Family and Children First Council Coordinator will begin the screening process for Service Coordination. **All** referrals are accepted for review by the Family and Children First Council Coordinator.

The referral form provides documentation of the following (*Addendum A*):

- a. Contact information for the family being referred including caregiver information and child(ren) information.
- b. Information regarding the agency and/or individual making the referral. The date the referral is made.
- c. A summary of the reasons for referral and a summary of the risk and crisis areas.

The Family and Children First Council Coordinator will attempt to contact the referred family within 5 days of receiving the referral. There will be three attempts to contact the referred family by telephone. After the third attempt, a referral letter will be sent to the contact address provided. A referral outcome notice will be sent to the referring person/agency to inform them of the situation. If no contact is made after 30 days of the letter being sent, the referral outcome will be documented as unable to make contact with the family. A follow-up referral outcome notice will be sent to the referring person/agency.

When contact is made, the Family and Children First Council Coordinator will set an appointment with the family for a Service Coordination Intake and Assessment. The Intake and Assessment may be scheduled to occur in the office, at the family's home, or other accessible location. After Intake and Assessment, a referral outcome notice will be sent to the referring person/agency.

The Intake and Assessment provides documentation of the following:

- a. PRC TANF eligibility
- b. Release of Information
- c. Family Assessment

At the Intake and Assessment, if determined appropriate, the Family and Children First Council Coordinator will also discuss additional resources for any immediate needs prior to assignment to a level of Service Coordination.

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SERVICE COORDINATION, WRAPAROUND TEAMS, AND OUT-OF-HOME PLACEMENT

After the Intake and Assessment, the Family and Children First Council Coordinator will meet with the Wraparound Coordinator to discuss the results of the Intake and Assessment. The Wraparound Coordinator will then meet with the family to determine the appropriate level of Service Coordination.

If families present low to moderate multi-systemic needs and/or are currently involved with multiple systems and services, the Wraparound Coordinator will provide Service Coordination Case Management. The Wraparound Coordinator meets with the family to explore further the strengths and needs of the family as identified during the Intake and Assessment. The Wraparound Coordinator will work with the family to develop the Individual Family Service Coordination Plan. This plan will help the family set goals and outline action steps as they navigate through systems to meet the family's multiple needs. The Wraparound Coordinator will meet with the family as necessary to monitor progress towards completing the Individual Family Service Coordination Plan. During this level of Service Coordination, if the family's multi-systemic needs escalate to moderate or high, the Wraparound Coordinator and the family can develop a Family Team to transition to the Wraparound Team Facilitation level of Service Coordination.

If it is determined that Wraparound Team Facilitation is the appropriate level of Service Coordination for a family, the Wraparound Coordinator will assist the family in choosing Family Team Members. Families will be encouraged to consider anyone who may have had a positive impact on their lives as well as current or needed service providers, social workers, teachers, counselors, probation officers, school staff, church members, relatives, or any other support person. Members may be added to the team at any time to address needs or concerns that arise while the family is receiving Service Coordination. The Wraparound Coordinator will then organize Wraparound Team Meetings with the family, and other Family Team Members to develop the Individual Family Service Coordination Plan. The family's needs and limitations will be considered when arranging Wraparound Team Meeting dates and locations. Advanced notice will be provided to the Wraparound Team via email or telephone. Wraparound Team Meetings may be initiated by the family or other team members if a need to modify or review the Individual Family Service Coordination Plan arises by contacting the Wraparound Coordinator.

The family has a right to request changes in the Individual Family Service Coordination Plan or in Family Team membership. In addition, the family may invite additional support persons to any team meeting. The intent is to empower the family to influence and/or direct the Service Coordination Mechanism and the implementation of the Individual Family Service Coordination Plan.

The Service Coordination Mechanism is designed to meet the goals as expressed in the Family and Children First Council vision statement that "children feel safe and secure in a stable family home". Throughout the Service Coordination process, there is a commitment to follow "best practice" principles. For example, in regard to each child, the Wraparound Coordinator and

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Wraparound Team will consider which is more traumatic for the child – to leave the child in the home or to remove the child from the home.

If a child currently involved in the Service Coordination process requires an out-of-home placement a Wraparound Team Facilitation meeting will be conducted. The meeting will be conducted prior to any non-emergency out-of-home placement. In the case of an emergency out-of-home placement, a Wraparound Team Facilitation meeting will be called within ten (10) days of the placement.

The out-of-home placement Wraparound Team Facilitation meeting provides the team the opportunity to make sure that all community-based options have been exhausted and discuss alternatives to placement. If there is no other alternative to out-of-home placement, the Team will discuss the appropriate placement options, and review the Individual Service Coordination Plan for necessary supports for the family during placement. When considering out-of-home placement, the Wraparound Team will consider the least restrictive environment, in this order (from least restrictive to most restrictive): relative home, foster home, therapeutic foster home, group home, unlocked residential facility with residents going to a public school, unlocked “campus style” residential facility with school on premises, and finally a locked facility with school in building. This meeting also provides opportunity to begin planning for the child’s reunification with the family and the community.

Payment for out-of-home placement is determined by the outcome of the adjudication, which warranted an out-of-home placement.

None of the provisions in this section shall be construed as usurping or overriding the decisions and authority of the Juvenile Court or Job and Family Services in the consideration of out-of-home placements.

PROTECTING FAMILY CONFIDENTIALITY

Addendum B

Addendum C

The members of Ottawa County Family & Children First Council recognize the ethical responsibility to maintain the confidentiality of all families. In order to facilitate confidentiality a Release of Information form (*Addendum B*) is discussed with the family during the Information and Referral level of Service Coordination, and is utilized during the Service Coordination Case Management and Wraparound Team Facilitation levels of Service Coordination. The family signs the Release of Information during Intake and Assessment, which is effective for one year and renewable with a new signed Release of Information. The release provides for timely sharing of appropriate information, and may be revoked by the family at any time – a guarantee stated in the form. In accordance with Help Me Grow policy and procedure, Help Me Grow personnel give a Parents Rights Brochure and use the Help Me Grow release, which follows all the Ohio Department of Health guidelines.

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At the Wraparound Team Facilitation level of Service Coordination, all team members sign a confidentiality agreement that details the confidentiality of information disclosed through the Wraparound Team Facilitation meetings. (*Addendum C*)

FAMILY ASSESSMENT OF STRENGTHS AND NEEDS

Addendum D1

Addendum D2

After a family is referred to Service Coordination, the Family and Children First Council Coordinator meets with the family to do an Intake and Assessment. The Intake and Assessment stage of Service Coordination is a meeting in which documentation of PRC TANF eligibility, Release of Information, and a Family Assessment (*Addendum D1*) are established.

The Family Assessment is a strengths and needs based assessment that sets the baseline for monitoring and tracking outcomes of Service Coordination. The Family Assessment consists of a number of questions relating to the 9 life domain categories and 23 sub-categories that are monitored and tracked in the Family Development Matrix (*Addendum D2*).

The Family Assessment measures a family's strengths and needs on the following scale: Thriving (5), Self-Sufficient (4), Stable (3), At-Risk (2), and Crisis (1). The life domain categories and sub-categories are as follows:

- Basic Needs: Shelter, Food, Clothing, Transportation, Finances
- Health Factors: Physical, Developmental, Emotional & Mental
- Relationships: Peer, Family, Community/Social
- Education: Childhood Development, School Success, Adult Education
- Employment: Youth, Adult
- Child Care: Parental, Other Care
- Child Safety: Home Environment, Other Environment
- Judicial System Involvement: Parental, Youth
- Immigration and Resettlement: Parental, Youth

The Family Assessment is an adaptation and combination of the Lincoln Action Program Family Assessment Tool and EScore Household & Child Concerns Checklist.

After the Intake and Assessment, the Family and Children First Council Coordinator discusses the results with the Wraparound Coordinator to determine the level of Service Coordination in which the family will participate. The Wraparound Coordinator then monitors and tracks the strengths and needs of the family on a monthly basis in the Family Development Matrix.

The Family Development Matrix directly correlates to the baseline set by the Family Assessment. It uses the same measurement scale, life domain categories, and sub-categories.

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INDIVIDUAL FAMILY SERVICE COORDINATION PLAN (IFSCP)

Addendum E

An Individual Family Service Coordination Plan (IFSCP) will be developed for a family participating in Service Coordination Case Management and Wraparound Team Facilitation levels of Service Coordination (*Addendum E*).

The Service Coordination Case Management IFSCP is developed when the Wraparound Coordinator meets with the family. Together, the Wraparound Coordinator and the family apply the strengths identified through the Family Assessment to the needs and concerns of the family. The Wraparound Coordinator helps the family to set goals and outline action steps in order to meet the needs and concerns of the family. The IFSCP will be monitored so that revisions and modifications can be made as necessary throughout the Service Coordination Process.

The Wraparound Team Facilitation IFSCP is developed at the Wraparound Team Facilitation Meeting. The Wraparound Coordinator, the family, and the Wraparound Team will work together to apply the strengths identified through the Family Assessment to the needs and concerns of the family. The IFSCP will outline the goals, action plan, and person or agency designated to carry out that portion of the plan. If there are other public systems required to have a comprehensive service or treatment plan, the Wraparound Coordinator will attempt to link and coordinate the Wraparound Team Facilitation IFSCP to the additional plans in order to eliminate duplication or conflicting goals for the family. The Wraparound Coordinator will monitor the Wraparound Team IFSCP so that revisions and modifications can be made as necessary throughout the Service Coordination Process.

DISPUTE RESOLUTION

Ottawa County Family and Children First Council believes that conflict during the Service Coordination Process should not impede on the delivery of services. Therefore, the Family and Children First Council is committed to resolving conflict within the Service Coordination process at the lowest possible level and in a timely fashion. The Wraparound Coordinator will ensure that the Dispute Resolution Procedure is followed and responded to in an expeditious manner.

If a dispute arises while a family is involved with the Service Coordination process, it is advised that the grievant seek resolution through the individual agencies prior to initiating a formal Dispute Resolution Procedure. This Dispute Resolution Procedure is in addition to and does not replace any other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code.

Agencies represented on the council will be informed of the Dispute Resolution Procedure when trained in the Service Coordination Mechanism. Families involved in Service Coordination will be informed of the Dispute Resolution Procedure during Intake. If a dispute arises, the grievant is to contact the Wraparound Coordinator. The Wraparound Coordinator will attempt to resolve the dispute at the Team level. If that is not possible, the Wraparound Coordinator will inform the grievant of the Dispute Resolution Procedure. The following procedure will be followed when a family or agency (grievant) initiates a formal Dispute Resolution Procedure:

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1. To begin the Dispute Resolution Procedure, the grievant shall notify the Wraparound Coordinator to discuss the complaint. The Wraparound Coordinator will determine what steps if any have been taken to address the issue and whether the complaint is agency specific or if it is regarding the identified plan. If the complaint is agency-specific, the Wraparound Coordinator will direct the grievant to the appropriate agency contact. The Wraparound Coordinator will also make contact with the agency to make them aware that a grievant has made a complaint and when, how, and to whom they were directed. If the dispute cannot be resolved by directing the grievant to the appropriate agency, then it continues to the next step in the FCFC Dispute Resolution Procedure.
2. If the dispute is in regards to the formation of the IFSCP, the Wraparound Coordinator will provide the grievant with a Dispute Resolution Procedure Form. A meeting will be called to discuss the concerns of the grievant and modify the plan as needed with direction from the family. If the grievant is satisfied, the process ends.
3. If the dispute is unresolved at the Team Level, the Wraparound Coordinator will submit the Dispute Resolution Procedure Form (Appendix 1) to the Family and Children First Council Executive Committee within seven (7) days. The Wraparound Coordinator will contact the Family and Children First Council Coordinator to schedule a meeting with the Family and Children First Council Executive Committee to review the case and make the necessary modifications. The Wraparound Coordinator will schedule a Wraparound Team meeting to review the Executive Committee recommendation with the grievant, Wraparound Team members, and family. If the dispute is resolved, the process ends.
4. If the dispute is unresolved at the Ottawa County Family and Children First Council Executive Committee level, the grievant can file the dispute in either of the following ways:
 - a. The grievant can request to refer the complaint to the Ohio Family and Children First Service Coordination Committee. The grievant must contact the Ottawa County Family and Children First Council Coordinator to complete the request to the OFCF Service Coordination Committee within seven (7) days of the previous decision. The OFCF Service Coordination Committee will review the complaint and respond within 30 days. The Wraparound Coordinator will schedule a Wraparound Team meeting to review the recommendations with the grievant, Wraparound Team members, and family. If the dispute is resolved, the process ends.
 - b. The grievant can file a formal complaint with the Juvenile Court within seven (7) days of the previous decision made by the Ottawa County Family and Children First Council Executive Committee. If the grievant is a parent, the Wraparound Coordinator can assist the family with filing this complaint. The Juvenile Court judge will act as final arbitrator. If the grievant referred the complain to the Ohio Family and Children First Service Coordination Committee and was not satisfied with the results, the grievant can also file a formal complaint with the Juvenile Court as a final option in the dispute resolution process. The presiding Juvenile Court Judge will report the court's findings to the Wraparound Coordinator in writing. The Wraparound Coordinator will inform the family and team members of the decision in writing.

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Throughout the Dispute Resolution Procedure, the Family Preservation Program of the Family and Children First Council will continue to work with families/guardians and agencies to insure that services outlined in the IFSCP are delivered so that there is no serious disruption to needed services and supports for the child and family. Within 60 days of the initial Wraparound Team Meeting regarding the dispute, the Dispute Resolution Procedure will be complete or submitted to the Juvenile Court Judge for arbitration.

Families receiving Service Coordination through Family Preservation Program that are also involved in the Help Me Grow program are entitled to accessing the Dispute Resolution Procedure described above to resolve conflicts that may arise related to Family Preservation Program Service Coordination. During the Dispute Resolution Procedure, reference will be made to the Help Me Grow policies. At any time, families have the right to file Help Me Grow specific grievances with the Ohio Department of Health, Bureau of Early Intervention Services located at 246 N. High, P.O. Box 118, Columbus, Ohio 43216-0118, by phone (614) 644-8389, or email beis@odh.state.oh.us. Family and Children First Council will adhere to all timelines, processes and procedures described in the Ohio Department of Health, Bureau of Early Intervention Services, Ohio Procedural Safeguards (Appendix 2), Help Me Grow policies to assure that the Dispute Resolution Procedure is aligned with the Help Me Grow Dispute Process.

SERVICE COORDINATION AND WRAPAROUND TEAM COMPONENTS AND PROCESS

Addendum F

The Wraparound Coordinator will lead Service Coordination Case Management and/or Wraparound Team Facilitation in the development of the Individual Family Service Coordination Plan (IFSCP). The family, including age appropriate children, is encouraged to be fully engaged in the development of the IFSCP. The Family Assessment will be a reference point for determining the appropriate goals and action plan for the IFSCP.

The IFSCP will identify and define the steps of the action plan that are intended to help the family meet the goals as outlined in the IFSCP. For each step of the action plan, the team will establish a measurable goal, a person or agency accountable for seeing the action through, and a timeline for the completion of the action step. The funding of any services as outlined in the action plan will be determined and responsibility agreed upon in the IFSCP. If services are not readily available, the action plan will outline the efforts to bridge the gaps in services.

With the family's input and approval, an individual from the Wraparound Family Team will be selected to monitor the progress, schedule reviews, and plan future meetings. This person may be the Wraparound Coordinator or other member of the team. Reviews of the plan will occur on a regular basis as deemed necessary by the team. Meetings can take place weekly, bi-weekly, monthly, or as appropriate.

The family is encouraged to be fully involved so that the Service Coordination process is done in the least restrictive manner possible for the family. This includes the importance of the family's voice in choosing an action plan that is indicative of their strengths, culture, race, and ethnicity. The Wraparound Family Team will explore such issues as family values, traditions, customs, and

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beliefs throughout the Service Coordination process. The IFSCP will be developed with the full cooperation of the parents and with respect for their background.

If a youth involved in the Service Coordination process, is alleged to be unruly, the Family Assessment or subsequent meeting will be critical to early identification and intervention. When the alleged unruly behavior is identified, the Wraparound Coordinator will suggest that a representative from the Juvenile Probation Office become a part of the team. At the IFSCP review, the goal to divert the youth from court involvement will be added to the IFSCP along with an appropriate action plan. If a multi-systemic need youth, prior to involvement with the Service Coordination process, has been adjudicated as unruly, the IFSCP will develop an action plan to assist the youth in preventing additional behaviors that result in court involvement.

All Individual Family Service Coordination Plans will include timelines for the completion of the action plan. The action plan is a series of short-term steps needed to help the family reach their goals as outlined in the IFSCP. The Wraparound Coordinator will monitor the progress towards completing the action plans outlined in the IFSCP. The Family Development Matrix is an accompanying tool that will measure the progress towards reaching the goals as each action plan is completed. The Wraparound Coordinator will schedule full reviews of the IFSCP on a regular basis as appropriate for each set of goals and action plans. Service Coordination continues until all IFSCP goals are met or the family chooses to leave the Service Coordination process. When no additional multi-systemic needs or concerns are brought up at IFSCP reviews, planning to transition out of Service Coordination will begin.

All Individual Family Service Coordination Plans will include a Safety and Crisis Plan (*Addendum F*). In preparing the Safety and Crisis Plan, potential problems to the action plan and/or potential crises are to be identified. Once the potential safety and crisis issues are identified, intervention strategies are developed to provide support to the family during the crisis. If a crisis occurs, the contact person is to contact the Wraparound Coordinator so that the IFSCP can be reviewed and updated accordingly.

MONITORING PROGRESS AND TRACKING OUTCOMES

Ottawa County has established a database for monitoring and tracking families' participation in the Service Coordination Process. This database tracks participation from referral to exit.

At the Information and Referral stage of service coordination, family demographic information, areas of risk and/or crisis at referral, referral source, and referral outcomes are tracked in the database.

At the Service Coordination Case Management level and the Wraparound Team Facilitation level, more detailed family demographic information, Individual Family Service Coordination Planning progress, involvement with a parent advocate, youth educational and juvenile court involvement, and youth out-of-home placement is tracked in the database. Additionally, the Family Development Matrix is used to monitor family progress in 9 life domain categories and 23 sub-categories. The Wraparound Coordinator reviews and records family progress across the Family Development Matrix categories on a monthly basis.

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Database reports and Family Development Matrix summaries are utilized to monitor family progress in Service Coordination and are presented to the Family and Children First Council bi-monthly. These reports will enable the council to monitor outcomes, the effectiveness of the service coordination process, and give the council the opportunity to make recommendations regarding the level and nature of services offered in the county. The council also will be able to suggest and create new services to fill any gaps that become apparent throughout the process.

Service Coordination Data will be available to the state and submitted upon request.

Throughout the monitoring and reporting procedures of service coordination, the results will be presented in such a way as to maintain family confidentiality.

FISCAL STRATEGIES

Family and Children First Council intends to explore opportunities to maximize the use of the System of Care: Family Centered Services and Supports (SOC: FCSS) funds to support Service Coordination Level III and to assist in meeting the unique non-clinical needs of families involved in Service Coordination. These funds are braided with local grant funding and resources from Job & Family Services to provide all levels of Service Coordination through the Family Preservation Program to families across a spectrum of eligibility requirements. Payments for service coordination are made on a cost reimbursement basis. Unencumbered funds will be made available for other identified family needs.

Funding decisions for services identified in Individual Family Service Coordination Plans will be based on available funding & viable solutions determined by the Family Team and the agencies involved in providing the identified services. Family and Children First Council also explores unique funding opportunities like private trusts and other organization funding sources for specific family-centered services as needed by families involved in Service Coordination.

QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT POLICY

Family and Children First Council will continuously monitor the Service Coordination Mechanism through multiple channels. The effectiveness of Service Coordination for families is monitored through the Family Development Matrix. Specific short-term Service Coordination strategies can be modified to help facilitate families' successful completion of their IFSCP's.

Another tool that will be used to evaluate the success of the Service Coordination Mechanism will be a participant survey (Appendix 3). This survey allows families to provide feedback in regards to the Wraparound Coordinator, the planning process, team meetings, and their overall experience with Service Coordination.

Additionally, Family and Children First Council develop outcome measurements that are reported to United Way for the funding received for the Family Preservation Program. These measurements look at the overall effectiveness of the Service Coordination Mechanism in achieving outcomes related to the Child Well-Being Indicators number 4 and 5.

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The aforementioned tools are used to analyze and evaluate the effectiveness of the Service Coordination Mechanism. Family and Children First Council will annually review these results and, as appropriate, make strategic efforts to improve and revise the Service Coordination process.



Ottawa County Family & Children First Council Service Coordination/Wrap Around Referral

Caregiver Information			
Full Name(s):		Relationship to Child:	
Address:			
City, State, Zip:		Cell Phone:	
Home Phone:		Children in the Home	
<small>check (✓) box for child of direct concern</small>			
Child's Last Name	Child's First Name	Birth Date	Grade
Referral to Service Coordination/ Wrap Around			
Agency Providing Referral:		Phone Number:	
Person Making Referral:			
Date of Referral:		Intake Date: (for agency use)	

Please include a summary of the reasons for referral (include any relevant details):

***** For Agency Use *****

Referral Outcome	Intake/Assessment Set		
Follow-up Call	Do not want services		
Contact Letter Sent	Referred to other services		
No Response Received			

Reasons for Referral to Service Coordination/ Wrap Around Services	
Check any of the following areas of the Family Development Matrix in which the family is either "At Risk" or "In Crisis"	
Need	At Risk In Crisis Notes to Service Coordinator
Basic Needs	
Shelter	
Food	
Clothing	
Transportation	
Finances	
Relationships	
Family Community/ Social	
Education	
Childhood Development Youth School Success Adult Education	
Employment	
Youth Adult	
Health Factors	
Physical Health Developmental Delays Emotional/ Mental Health	
Child Care	
Parental Care Other Care	
Child Safety	
Home Environment Other Environment	
Judicial System Involvement	
Parental Youth	
Immigration and Resettlement	
Child Family	

Family and Children First Council of Ottawa County

Client Authorization for Information Sharing

I hereby authorize the Member agencies of the Family & children First Council of Ottawa County, named on the reverse side of this Authorization to exchange, give, receive, share, or disclose information in their records, from whatever source derived, related to my participation and that of my minor children:

Name of Child	Date of Birth	Name of Child	Date of Birth
Name of Child	Date of Birth	Name of Child	Date of Birth
Name of Child	Date of Birth	Name of Child	Date of Birth

in the services provided by one or more of these agencies.

I understand the following:

1. The purpose of this information sharing is to improve the communication about services to me and my family.
2. Each of the member agencies has agreed:
 - a. to share this information only with other member agencies as named on the reverse side of this Authorization;
 - b. not to share information with non-member agencies without my written consent or a separate authorization to release information; and
 - c. information exchanged due to this authorization will not be used against me or my children for purposes of criminal investigation, prosecution, or sentencing, unless otherwise required by law or judicial order.
3. Any and all rights to confidentiality, which I may have under state or federal law, will continue, except for information covered by this form.
4. This Authorization shall not restrict Information-Sharing otherwise authorized by law.
5. I may revoke this Authorization at any time except for information that has been previously exchanged.
6. This Authorization shall expire on _____ or until revoked by me by providing written notice, whichever comes first.
 - a. Send written notice to revoke Authorization to:
 Family and Children First Council
 8043 West State Route 163
 Oak Harbor, OH 43449

I authorize sharing of the following information: (check and initial if yes and sign below)

- YES _____ Case Information: Identifying information, plus medical and social history, treatment/service history, psychological evaluations, IEP's, IFSP's, transition plans, vocation assessments, grades and attendance, financial information and other personal information held by any of the member agencies regarding me or my minor children.
- YES _____ HIV and AIDS related diagnosis and treatment.
- YES _____ Substance abuse diagnosis and treatment.

If yes: This Authorization for information has been explained to me. I have read the disclosures below. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

Signature of Parent/Guardian	Date Signed
Relationship of Person Signing to Client	Person Facilitating this Authorization

**I am Authorizing the release of information to the following specific persons/agencies, and Member Agencies:
(Check and initial each for authorization.)**

- | | | | |
|--------------------------------|--|--------------------------------|--|
| <input type="checkbox"/> _____ | Port Clinton City Schools, Benton-Carroll-Salem Schools, Genoa Schools, Danbury Schools, Put-In-Bay Schools, Immaculate Conception, St. Boniface, Woodmore Schools, PENTA, Vanguard, EHOVE | <input type="checkbox"/> _____ | Ottawa County Common Pleas Court
General and Domestic Relations |
| <input type="checkbox"/> _____ | North Point Educational Service Center | <input type="checkbox"/> _____ | Ottawa County Juvenile/Probate Court |
| <input type="checkbox"/> _____ | County Board of Developmental Disabilities | <input type="checkbox"/> _____ | Ohio Department of Youth Services |
| <input type="checkbox"/> _____ | The Ability Center | <input type="checkbox"/> _____ | CASA |
| <input type="checkbox"/> _____ | MHRB of Erie and Ottawa Counties | <input type="checkbox"/> _____ | WSOS, Community Action Commission |
| <input type="checkbox"/> _____ | Ottawa County Head Start | <input type="checkbox"/> _____ | Hospital: _____ |
| <input type="checkbox"/> _____ | NAMI | <input type="checkbox"/> _____ | Attorney: _____ |
| <input type="checkbox"/> _____ | Bayshore Counseling | <input type="checkbox"/> _____ | GAL: _____ |
| <input type="checkbox"/> _____ | Firelands | <input type="checkbox"/> _____ | Doctor: _____ |
| <input type="checkbox"/> _____ | The Giving Tree | <input type="checkbox"/> _____ | Other: _____ |
| <input type="checkbox"/> _____ | Ottawa County Health Department | <input type="checkbox"/> _____ | Other: _____ |
| <input type="checkbox"/> _____ | Ottawa County Department of Job and Family Services | <input type="checkbox"/> _____ | Other: _____ |
| <input type="checkbox"/> _____ | Ottawa County Early Childhood Coordination Committee | <input type="checkbox"/> _____ | Other: _____ |
| <input type="checkbox"/> _____ | Ottawa County Transitional Housing | <input type="checkbox"/> _____ | Other: _____ |

Definition of "Case Information":

If this release authorizes the disclosure of Case Information, consent to such disclosure may include the following types of information, if it is in files of the agency disclosing this information:

- Identifying information: names, birth dates, sex, race, address, telephone number, social security number, type of services being received and name of agency providing services to me or my minor children. Medical records, including but not limited to results of physical and mental examinations, diagnoses of physical and mental disorders, medication history, physical and mental treatment services received, summary of treatment plans and treatment needs.
- Psychological and medical testing, including but not limited to any IQ tests or other tests of cognitive or emotional or mental status, and any reports of physical tests such as X-rays, CT scans, diagnostic blood testing, or other test results.
- All records of services provided by the Ottawa County Department of Job and Family Services except child abuse investigation reports.
- Juvenile court records.
- School records: This information is subject to the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g, and the Ohio Student Records Privacy Act, RC 3319.321.

To all Agencies receiving information disclosed pursuant to this consent:

If the records releases pursuant to this consent include records of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR, part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

If the records release includes information of 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



**Ottawa County
Individual Family Service Coordination Plan
(IFSCP)**

Form A

FAMILY TEAM PARTICIPANTS CONFIDENTIALITY STATEMENT

The Wraparound process is used to promote communication and coordination of services to the families enrolled in the Family Preservation Program. All persons participating in these meetings understand that the information shared at these meetings is considered confidential and will be used to improve communication about services for enrolled families.

Family Name:

Facilitator Name:

Date of IFSCP Meeting:

	Participants	Relationship/Role	Address	Phone	Email
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**** If a category is not applicable select Self-Sufficient (4) ****

Basic Needs:

Shelter

Do you rent or own? How much is your rent or mortgage payment?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Are you experiencing challenges in maintaining consistent housing that meets your basic needs, as far as location near school, work, childcare, the neighborhood, and personal space?

Food

Do you have enough food to meet your family's need?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Do you use Food Stamps, WIC, or other food assistance?

Have you ever received information on how to prepare nutritional meals for your family? If so, where?

Clothing

Do you have enough clothing and household items to meet your family's needs?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Where do you call/ go for clothing and household items? Are these services helpful?

Transportation

What transportation do you use? Is it reliable?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Does your transportation situation limit you from doing things?

Finances

Do you use a budget?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

What resources have you used to help you meet your monthly expenses?

Do you have any bills that have gone unpaid for an extended period of time?

FAMILY ASSESSMENT WORKSHEET

**** If a category is not applicable select Self-Sufficient (4)****

Health Factors:

Physical

Do you have enough resources to meet basic health and hygiene needs?

Are you or any of your children currently taking prescribed or over-the-counter medication?

Are your children's immunizations up-to-date? Do you have resources to cover medical expenses? (Medicaid, medical insurance)

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Developmental Delays

Do you or anyone in your family have a physical diagnosis?

If yes, does the disability prevent you or the family from working, going to school, meeting basic needs or performing daily tasks?

What agencies, if any, are you currently involved with for rehabilitation services?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Emotional/Mental

Do you or anyone in your family have a behavioral diagnosis?

If yes, does the condition prevent you or the family from working, going to school, meeting basic needs or performing daily tasks?

What agencies, if any, are you currently involved with for rehabilitation services?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Relationships:

Peer

What do you consider your support system to be? For example, when you want to celebrate, have a problem, or just want to talk, whom do you call?

Are you able to work through disagreements or problems with individuals you consider part of your support system?

Do you or your child have difficulty making friends, or seeking out friends who do not "cause trouble"?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Family

Do you have family members nearby who occasionally help you out?

Is there significant family conflict?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

**** If a category is not applicable select Self-Sufficient (4) ****

Relationships: (continued)
Community/Social

What are some important rules that your family has?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Are you or your child having trouble interacting with the schools or other public service agencies?

Do you belong to a church, temple, mosque, women's or men's group? Have you considered getting involved with any social or community groups?

What are some family traditions, or special values or beliefs that are important to your family?

Education

Childhood Development and/or School Success

How does your child perform in school? (Is your child at risk of academic failure or achievement test failure?)

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Has your child been suspended or expelled from school?

Over all, how do you think your child is developing?

- a. very well (exceptionally)
- b. normally
- c. with difficulty

Has a physician, counselor, teacher, relative, etc. expressed concern in any way with regard to your child's development?

Adult Education

What is the highest level of schooling you have completed?

Do you have a current desire or need to continue your education? If so, do you have a plan? (Please describe)

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Employment:

Youth

Are your children employed? If so, where?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Adult

Does your employment meet your long-term financial needs and give you personal satisfaction?

What are your goals for future employment?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

**** If a category is not applicable select Self-Sufficient (4) ****

Child Care:

Parental

What do you do best as a parent? What challenges you most as a parent?

Does anyone else discipline your children? How effective is it?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Other Care

Do you have a hard time finding childcare and/or paying for childcare?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Child Safety:

Home Environment

Is your family facing challenges with safety? (For example, a dangerous neighborhood, no place for children to play safely.)

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Other Environment

Do you have safety concerns about any other places you or your children visit on a regular basis?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Judicial System Involvement:

Parental

Do you have any concerns about current or potential legal issues? (This includes child support, law suite, workers comp, divorce, etc.)

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Youth

Is your child currently involved with juvenile court or on probation?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

Immigration and Resettlement:

Child and/or Family

Is anyone in your home struggling with speaking and/or understanding English?

Are you or anyone in your family in the process of establishing legal residency?

Assessment Type	Thriving	Self-Sufficient	Stable	At-Risk	Crisis
Initial	5	4	3	2	1

**** If a category is not applicable select Self-Sufficient (4) ****

NOTES:



**Ottawa County
Individual Family Service Coordination Plan
(IFSCP)**

Form B

FAMILY TEAM INITIAL PLAN

Family Name: _____ Date of IFSCP Meeting: _____

Facilitator Name: _____

Basic Needs:		Health Factors:	Relationships:	Education:	Employment:	Child Care:	Child Safety:	Judicial System:	Immigration /Resettlement:
Shelter		Physical	Peer	Developmental	Youth	Parental	Home	Youth	Youth
Food /Clothing		Developmental	Family	School Success	Adult	Other	Other	Parental	Family
Transportation		Emotional	Community	Adult Education					
Finances		Mental							

Date of Initial FDM Assessment: _____

Family Strengths:

--

Needs/Concerns:

--

Placement Status (Check [✓] if applicable):

Non-emergency out-of-home placement	Date:
Emergency placement	Date:

Child(ren) in placement: _____

Goal(s):

--



**Ottawa County
Individual Family Service Coordination Plan
(IFSCP)**

Form B

PLAN OF ACTION

What is going to be done? (Action Plan)	What will be the result? (Measurable Goal)	Who is responsible? (Person or Agency)	When will it be completed? (Date)

Initial Plan Page 2
(Sign and attach Form D)



**Ottawa County
Individual Family Service Coordination Plan
(IFSCP)**

Form C

**UPDATE & REVIEW
FAMILY TEAM PLAN**

Date of IFSCP Review Meeting:

Facilitator Name:

Family Name:

Needs/Concerns:

--	--

PLAN OF ACTION

What is going to be done? (Action Plan)	What will be the result? (Measurable Goal)	Who is responsible? (Person or Agency)	When will it be completed? (Date)

Review Plan Page 1
(Sign and attach Form D)



**Ottawa County
Individual Family Service Coordination Plan
(IFSCP)**

Form D

**FAMILY TEAM PLAN
AGREEMENT**

We made this plan on: _____ (Date)

We agree to help this plan succeed to the best of our ability, and will work hard to meet the expectations outlined above. We also agree to come together as a team to work out unforeseen issues and to celebrate successes along the way.

Signatures:	Date:
Parent:	
Parent:	
Team Facilitator:	
Child:	
Child:	

Other Team Members Signatures:	Role	Date:

This plan will be reviewed on: _____ (Date)



**Ottawa County
Individual Family Service Coordination Plan
(IFSCP)**

Form F

FAMILY TEAM CONTACTS SHEET

Family Name: _____
Facilitator Name: _____
Date of IFSCP Meeting: _____
Time of IFSCP Meeting: _____

	Participants	Phone	Email	Contacted (Date)	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					



**Ottawa County
Individual Family Service Coordination Plan
(IFSCP)**

Form E

Safety and Crisis Plan

Family Name: _____ **Facilitator Name:** _____

Date of Safety and Crisis Plan: _____

Basic Procedure for Safety and Crisis Intervention in Family Team Plan

- Anticipated crises are defined and clarified in the Initial Family Team meeting
- A Safety and Crisis Plan is developed with the input of the family at the Initial Family team meeting
- Safety and Crisis Plans are proactive and reactive.
- Each member of The Team puts his/her concerns on the table regarding what could go wrong
- There is a review of history because most crises have happened before.
- The Team identifies where plans seem most vulnerable and what the possible consequences would be if the plan does not function properly
- Alternative strategies will be thought through as "Plan B's"
 - Proactive plans include supports that are expected to prevent a targeted crisis from happening
 - Reactive plans are developed by the team to prepare for what action they will take if the crisis actually occurs
- If a crisis occurs, the team should convene to review the effectiveness of the plan and if it needs modification
- All Safety and Crisis Plan changes need to be team-driven, and all team members not present will be informed immediately

Potential Crisis:

Intervention Plan:



Ottawa County Family & Children First Council
8043 West State Route 163
Oak Harbor, OH 43449



Phone: (419) 898-3688

Email: OttawaFCFC@odjfs.state.oh.us

Fax: (419) 898-2436

DISPUTE RESOLUTION FORM

1. GRIEVANT INFORMATION

DATE:

FIRST & LAST NAME or AGENCY:		TELEPHONE:	
		Home: () _____ Work: () _____	
		Other: () _____ Email: _____	
ADDRESS			
Street		City	Zip Code
WRAPAROUND FACILITATOR			
Name		Agency	
GRIEVANCE ISSUE: State what is in dispute; please be specific. (Use attachments if necessary)			
ACTION REQUESTED: What do you want to see happen? What "solution" do you want?			
DATE		SIGNATURE	

OUTCOME	
<input type="checkbox"/> Resolved at Wraparound Team Level	<input type="checkbox"/> Unresolved: Refer to Executive Committee within 7 days
Date	Signature
Comments:	

2. EXECUTIVE COMMITTEE REFERRAL*

Meeting date:

RECOMMENDATION (Use attachments if necessary)	
OUTCOME	
<input type="checkbox"/> Resolved at Executive Committee Level	<input type="checkbox"/> Unresolved: Refer to OFCF or Juvenile Court within 7 days
Date	Signature
Comments:	

* If an Executive Committee Member is from an agency involved in dispute resolution, that member will abstain from this meeting.

3. OFCF SERVICE COORDINATION COMMITTEE and/or CABINET COUNCIL

Meeting date:

RECOMMENDATION (Use attachments if necessary)	
OUTCOME	
<input type="checkbox"/> Resolved at OFCF Level	<input type="checkbox"/> Unresolved: Refer to Juvenile Court within 30 days
Date	Signature
Comments:	

4. COURT REFERRAL

Referred On:

Court Date:

RECOMMENDATION (Use attachments if necessary)	
<i>The decision of the Presiding Juvenile Court Judge is considered the final step in the Dispute Resolution process.</i>	
Date	Signature

- Nothing in this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.
- Parent/custodians/guardians shall use existing local agency grievance procedures to address disputes NOT involving service coordination. The dispute resolution is in addition and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code.
- Written determination of the findings regarding the dispute should be complete no later than 60 days after the dispute process was initiated.
- Throughout the dispute process, it will be incumbent upon the Family Preservation Program of the Family and Children First Council to work with families/guardians to develop an interim plan so that there is no serious disruption to needed services and supports for the child and family.
- Throughout the process, at any juncture, participants may involve the services of an advocate to assist them.

SUBMIT DISPUTE RESOLUTION FORM TO:

Family and Children First Council
8043 West State Route 163, suite 200
Oak Harbor, OH 43449

Ohio Administrative Code

Chapter 3701-8 Help Me Grow Program

3701-8-08 **Procedural safeguards.**

- (A) Children and their families eligible for the HMG home visiting program may file a complaint through the county family and children first council's dispute resolution process as required by section 121.37 of the Revised Code.
- (B) The department, as the lead agency shall establish procedural safeguards that are consistent with part C regulations. The department 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. The department assures implementation through the following activities:
- (1) Disseminating written guidance regarding procedural safeguards to:
 - (a) County family and children first councils;
 - (b) Help me grow project directors;
 - (c) Centralized intake and referral sites;
 - (d) County boards of developmental disabilities;
 - (e) County departments of job and family services; and
 - (f) The family support consultant network;
 - (2) Entering into interagency agreements with the department of developmental disabilities and the department of job and family services, which includes the agreement to work together to consistently implement the part C procedural safeguards, regulations and other applicable policies; and
 - (3) Monitoring county compliance with this rule.
- (C) The department shall develop and assure the implementation of a process for the resolution of complaints regarding the provision of part C services. The process shall specify the procedure for:
- (1) Filing a complaint with the county FCFC;
 - (2) Filing a complaint with the department;
 - (3) Resolving the dispute through mediation or an administrative hearing within thirty days from receipt of the request for mediation or an administrative hearing; and
 - (4) Resolving the dispute through investigation by the lead agency within sixty calendar days from receipt of the complaint.
- (D) Each county FCFC shall develop and maintain a resolution process for complaints, which shall be consistent with part C.
- (1) The FCFC shall notify the department of the complaint in writing (via electronic or U.S. mail or facsimile) within seven calendar days of receipt of the complaint; and
 - (2) The FCFC shall issue a written decision to the complainant and the department within thirty calendar days from receipt of the complaint.
- (E) Each provider of part C services may develop and maintain a resolution process for complaints which shall be consistent with part C. If the provider has a resolution process for complaints:
- (1) The provider of part C services shall notify the department and the FCFC of the complaint in writing (via electronic or U.S. mail or facsimile) within seven calendar days of receipt of the complaint; and
 - (2) The provider of part C services shall issue a written decision to the complainant, FCFC and the department within thirty calendar days from receipt of the complaint.
- (F) Upon receiving a complaint, the department, FCFC or provider shall:
- (1) Assure the individual registering the complaint has a copy of the procedural safeguards; and
 - (2) Explain the options available for dispute resolution.
- (G) If the department receives notice that a complaint regarding part C services was filed with the county FCFC or a provider, the department shall monitor the resolution process to assure that the complaint is resolved by the county FCFC or provider within thirty calendar days. If the complaint is not resolved within thirty calendar days, the department shall notify the complainant, the county FCFC and the provider, if applicable, that complainant may select one of the following:

(1) To have the department investigate the complaint in accordance with paragraph (C)(4) of this rule. If this option is selected, the department shall assure that the complaint is investigated and resolved within sixty calendar days from the date the county FCFC or provider received the complaint; and

(2) To mediate and/or to go to an administrative hearing in accordance with paragraph (C)(3) of this rule. The department shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.

(H) 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.

(I) The procedural safeguards policy and process is posted on the Ohiohelpmegrow.org website.

Effective: 07/16/2010

R.C. 119.032 review dates: 04/16/2010 and 07/15/2015

CERTIFIED ELECTRONICALLY

Certification

07/06/2010

Date

Promulgated Under: 119.03

Statutory Authority: 3701.61

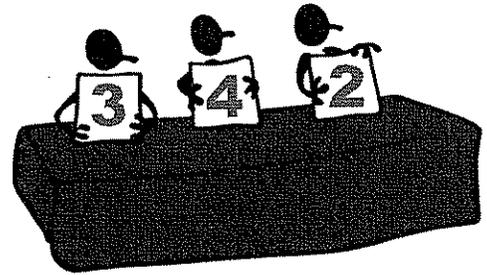
Rule Amplifies: 3701.61, Section 289.20 of Am.Sub. H.B. 1 (128th G.A.)

Prior Effective Dates: 8/8/2005



Family Preservation Program: Wraparound Participation Survey Ottawa County Family and Children First Council

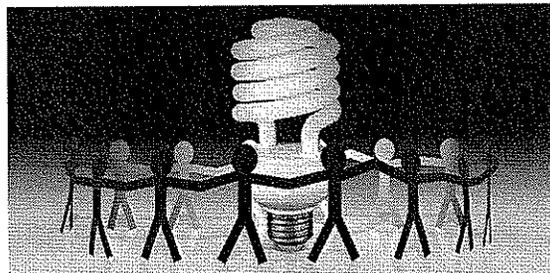
We would like to know how you feel about your experience with Wraparound or the Family Preservation Program in order to better serve your family and future families.



Please circle the number that best tells how you feel.

Tell about the initial intake and first meeting with the Wraparound Coordinator/Case Manager.

	To what extent...	A LOT	SOME	A LITTLE	NOT AT ALL	Does Not Apply
1-E	Did your wraparound facilitator explain the wraparound process and the choices you could make before your first team meeting, such as selecting who would be on your team?	4	3	2	1	0
2-E	At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator about your family's strengths, beliefs, and traditions that have worked in the past for your child and family?	4	3	2	1	0
3-E	Before your first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family?	4	3	2	1	0
4-E	Did this process help you appreciate what is special about your family?	4	3	2	1	0



Describe your experience with the Wraparound planning process.

	To what extent...	YES			NO	
		A LOT	SOME	A LITTLE	NOT AT ALL	Does Not Apply
1-P	Did you and your team plan and create a written Wraparound plan that describes how the team will meet your child's needs?					
2-P	Were your family's values, culture, and religion taken into account when considering the needs/circumstances of your family in this planning?	4	3	2	1	0
3-P	Do the strategies in your Wraparound plan help build your family's strengths and abilities?	4	3	2	1	0
4-P	Does your crisis or safety plan specify how to prevent a crisis and what everyone must do to respond to a crisis?	4	3	2	1	0
5-P	How much did your family team listen to your ideas about ways to change or improve your Wraparound plan?	4	3	2	1	0
6-P	Does your team brainstorm many strategies to address your family's needs before selecting one?	4	3	2	1	0



Describe what your team meetings are like.

	To what extent...	A LOT	SOME	A LITTLE	NOT AT ALL	Does Not Apply
1-I	Do members of your team use language you can understand?	4	3	2	1	0
2-I	Was your family treated with courtesy and respect?	4	3	2	1	0
3-I	Did the family team understand your family's needs?	4	3	2	1	0
4-I	Were the family team meetings held at convenient times and locations?	4	3	2	1	0
5-I	Were you satisfied with the timeliness of service such as returned phone calls and meeting frequency?	4	3	2	1	0
6-I	When you requested information was it available?	4	3	2	1	0
7-I	Do you feel as if you participated in the decisions made for your child and family?	4	3	2	1	0
8-I	Do the members of your team hold one another responsible for doing their part of the Wraparound plan?	4	3	2	1	0
9-I	Does your team come up with new ideas for your Wraparound plan whenever your needs change or something is not working?	4	3	2	1	0
10-I	Are you satisfied with your team's knowledge of available services, ability to coordinate services, or figure out some way to make it happen when they have a good idea for a support or service?	4	3	2	1	0

Tell about your overall experience with the Wraparound process and the future for your family.

	To what extent...	A LOT	SOME	A LITTLE	NOT AT ALL	Does Not Apply
1-T	Has your team discussed a plan for how and when the Wraparound process will end?	4	3	2	1	0
2-T	Do you feel like you and your family will be able to succeed without the formal Wraparound process?	4	3	2	1	0
3-T	Has the Wraparound process helped your family to develop or strengthen relationships and problem-solving strategies that will support you when Wraparound is finished?	4	3	2	1	0
4-T	Will some members of your team be there to support you when formal Wraparound is finished?	4	3	2	1	0
5-T	Was your family satisfied with the overall Wraparound process?	4	3	2	1	0

	On a scale of 1-5, rate...	THRIVING	SELF-SUFFICIENT	STABLE	AT-RISK	IN CRISIS
1 FDM	How you feel your family was doing when you first enrolled in Wraparound?	5	4	3	2	1
2 FDM	How you feel your family is doing now?	5	4	3	2	1