

Service Coordination Mechanism Cover Sheet (Attachments A & B)

County Name: STARK COUNTY

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The attached Stark County Service Coordination Mechanism was reviewed and adopted at a meeting of the Stark County Family Council on June 20, 2012. See Attachment for a list of Board Members who developed, reviewed and approved it prior to its submission to the state office of Ohio Family and Children First.

Rick DeHeer, SCFC Chair

Parent Representative SCFC Board

Janice Houchins, SCFC Coordinator

Parent Representative SCFC Board

Larry Morgan, Superintendent
Stark County Educational Service Center
Administrative Agent

Parent Representative SCFC Board

**Stark County Service Coordination Mechanism
July 2013**

INTENT OF THIS DOCUMENT

This county Service Coordination Mechanism shall serve as the guiding document for coordination of services in Stark County when a child/youth with complex, multi-system needs is referred to the Stark County Family Council for assistance as required in Ohio Revised Code 121.37 and 121.38. It has been developed and approved with the participation of the Stark County Family Council Board of Trustees and the county's Help Me Grow program, which has the required membership to meet the specifications within Ohio Revised Code 121.37 (*Addendum I*)

For those children who also receive services under the *Help Me Grow* program, the service coordination mechanism shall be consistent with rules adopted by the Ohio Department of Health under section 3701.61 of the Revised Code.

INTRODUCTION

The Stark County Service Coordination Mechanism is rooted in the historical context of a system of care, which has been evolving for over 20 years. This plan is based upon the accomplishments of the youth serving systems in Stark County and relies significantly on procedures and patterns developed collaboratively over time. It builds upon the foundational structures established in the county and strives for continuous improvement in those areas that remain challenging.

The purpose of the Service Coordination Mechanism is to provide an alternative approach for families who have not been adequately successful in traditional services and/or systems. It is not intended to override current systems, but to supplement and enhance what currently exists.

The models used to serve children and families in the context of this Service Coordination Mechanism include:

- 1) a research-based model of service coordination known as High Fidelity WrapAround
- 2) an evidence-based family support services model that supports families, helping them to understand and link to appropriate formal and informal services and supports

TARGET POPULATIONS –The target population for each service listed below varies based upon the intensity and type of service needed by an individual child and family.

The services listed below are provided by local service provider(s) who implement their efforts in full coordination with the Stark County Family Council Coordinator, committees and work groups. Local provider(s) bill Medicaid for the services as appropriate and dollars are pooled at the Stark County Family Council for non-Medicaid billable elements of the service.

1. **High Fidelity WrapAround services:** Children/youth, ages 0 through 21, with complex needs who have been involved in two or more of the following systems within the last 90 days, whose needs are not being adequately met and who have reached a level of urgency requiring additional service coordination:
 - Mental and Behavioral Health
 - Juvenile Court
 - Developmental Disabilities
 - Special Education
 - Children Services

High Fidelity WrapAround services may also be considered for single system youth who are at imminent risk of placement in a more restrictive setting as determined by an initial risk screen and ongoing assessment.

2. **Family Support services:** Parents/Caregivers of children/youth, ages 0-21, who are seeking assistance in meeting the needs of their children but do not have the intensity of need for High Fidelity WrapAround services have access to Family Support services from the provider of their choice. Family Support may also be accessed by families currently involved in WrapAround
3. **Clinical Review services:** When a family, system and/or WrapAround Team makes a decision to place a child (age 0-21) in residential treatment, the WrapAround Clinical Reviewer is available to ensure that an appropriate placement is located; appropriate, effective treatment is provided; and transition planning is conducted and implemented in order to ensure a successful transition back to the community.
4. **Help Me Grow services** – Children birth to age three who meet the eligibility criteria established for the *Help Me Grow program*. All children enrolled in the *Help Me Grow* program receive service coordination services in compliance with state and local *Help Me Grow* policies. The Stark County Family Council is responsible for managing the *Help Me Grow* program in Stark County. Access to Help Me Grow services is coordinated through a central intake and referral site - KidLink telephone number: (330) 492-6900.

Families enrolled in *Help Me Grow* may also be referred for Family Support or WrapAround services as appropriate. The services accessed will be incorporated into the Individual Family Service Plan (IFSP). The *Help Me Grow* service coordinator will continue as lead service coordinator with consultation and/or technical assistance provided by WrapAround staff. The IFSP planning and implementation process shall be managed within *Help Me Grow* policies and procedures.

5. **Juvenile Court** – Children/youth deemed unruly by the Stark County Family Court are screened and/or assessed by the Court and referrals to community-based services are made as appropriate. If the assessment indicates a need for service coordination, a referral is made to WrapAround services. The Stark County Family Court funds a full-time position to work as a member of the WrapAround Department at an agency approved to provide WrapAround services through the Stark County Family Council. This staff person serves as a Service Coordinator and liaison between the Court and Community WrapAround services.

REFERRAL FOR HIGH FIDELITY WRAPAROUND SERVICES

Contact number (330) 493-6082 ext. 1481

1. Any agency, parent/guardian or system such as Family Court, Child Welfare, Developmental Disabilities, Education or Behavioral Health may make a referral for WrapAround services by obtaining a release of information from the child's parent/guardian (*Addendum B*) and proceeds in one of two (2) ways:
 - The worker contacts the Family Council WrapAround Coordinator at (330) 493-6082 ext. 1481 to complete the Demographics form (*Addendum A*) and Risk Screen (*Addendum A1*).

Or

 - The parent/guardian may directly contact the Family Council Coordinator who will assist them in completing the Demographics and Risk Screen verbally. The contact number is (330) 493-6082 ext. 1481.

When WrapAround services are indicated, the Family Council Coordinator will contact the contracted provider agency and the family will be assigned to a WrapAround Service Coordinator who will begin working with the family. The family may, at any time during the WrapAround process, request a change of Service Coordinator to better meet their needs.

TIMELINE: The Family Council Coordinator will assign screened referrals to a provider agency within two (2) business days. The provider agency will in turn assign the referral to a service coordinator within three (3) business days. A waiting list may be created at times when maximum caseloads have been reached.

REFERRAL TO FAMILY SUPPORT SERVICES

Contact number (330) 493-6082 ext. 1481

1. An agency or system worker obtains a signed release of information form (*Addendum B*) from the parent/guardian and contacts the Family Council Coordinator at (330) 493-6082 ext. 1481. The Coordinator will then send the referral for Family Support Service to the WrapAround provider, who will assign a Family Support Specialist.
 - The Family Council Coordinator completes the Demographics form (*Addendum A*) and Risk Screen (*Addendum A1*). This information is gathered in order to assess needs and determine if High Fidelity WrapAround services are indicated. If WrapAround services are indicated, the Family Council Coordinator will contact the WrapAround provider to assign a WrapAround Service Coordinator to begin working with the family. The family may, at any time during the WrapAround process, request a change of Service Coordinator to better meet their needs.
 - If WrapAround services are not indicated, the Family Council Coordinator contacts the provider and makes a referral for family support services.

OR

- The parent/guardian may directly contact the Stark County Family Council Coordinator who assists them in completing the Demographic and Risk Screen forms verbally. This information is gathered in order to assess needs and determine whether or not High Fidelity WrapAround services are indicated. If they are, a referral is made immediately to the WrapAround provider. If they are not, the services of a Family Support Specialist is offered and a referral to the WrapAround provider is made.
2. All families who are participating in High Fidelity WrapAround or Help Me Grow service coordination may request the services of the WrapAround Family Support Specialist at any time. Families also have the option of utilizing the services of other family support advocates, who may participate in the WrapAround process with the consent and invitation of the family.

TIMELINE: The Family Council Coordinator will contact the WrapAround provider within two (2) business days. The provider will assign referrals to the Family Support Specialist within two (2) business days. The Family Support Specialist will contact the family within two (2) business days.

HIGH FIDELITY WRAPAROUND – Service Coordination

In 2006, the Stark County Family Council adopted the National WrapAround Initiative's High-Fidelity WrapAround model, an evidenced-based intensive service coordination model, as its model for service coordination. Youth involved in the WrapAround process are typically involved in multiple systems. Any professional in the community or any parent/guardian/custodian may request WrapAround services at no cost to the family.

High Fidelity WrapAround is a voluntary, strengths-based, needs driven process. The WrapAround Service Coordinator does this by first engaging the family and completing the Strength, Needs & Culture Discovery (*Addendum D*). The WrapAround Service Coordinator then assists the family in putting an individualized team together that consists of the family's natural supports as well as the professionals who are working with them. The team's job is to assist the family in identifying and prioritizing their needs, developing measurable goals, brainstorming creative options and creating a workable plan. Teams meet regularly to review their progress and

continue to meet until the team's mission is achieved. This plan may include traditional, supportive or flexible services.

GUIDING PRINCIPLES

- Family voice and choice
- Team based
- Natural supports
- Collaborative
- Community-based
- Culturally Competent
- Individualized
- Strengths-based
- Persistent
- Outcome-based

High Fidelity WrapAround service delivery is structured around well-defined activities and skill sets. The fidelity of the model is monitored through the use of standardized continuous quality improvement tools.

WrapAround Service Coordinators document all of their daily activities utilizing a locally approved data system. This system can be accessed by the Family Council Coordinator and the approved WrapAround provider agency(s) to be used for the purpose of supervising, monitoring, data collection and reporting and evaluation.

All WrapAround related services are provided by a behavioral health agency that has the ability to bill for Medicaid services and has successfully competed in a local Request for Proposal process conducted by the Stark County Family Council. Stark County Family Council funders pool funds to cover the costs not covered by Medicaid. This provides a sustainable strategy to provide the cost of WrapAround Services at no cost to the family.

PHASES OF THE HIGH FIDELITY WRAPAROUND PROCESS

Phase 1: Engagement and Team Preparation

During this phase, the WrapAround Service Coordinator meets with the family to lay the groundwork for trust and engagement and to identify family team members, such as representatives from the agencies, schools and systems working with the family as well as advocates, mentors and/or other family supports. The WrapAround Service Coordinator explains confidentiality to the family and obtains a release of information from the guardian to allow communication with the family's natural supports as well as any professional that may be included on the team. Families are offered a Family Support Advocate at this time and are given a copy of the WrapAround Users' Guide approved by the Stark County Family Council's Family Advisory Committee, which includes information about the Dispute Resolution Process (*Addendum H*). A process that is respectful of the family culture known as *Strengths, Needs & Culture Discovery (Addendum D)* is completed with the family. This process also includes input from other identified team members, natural supports and professionals. During this phase, the tone is set for teamwork and team interactions that are consistent with the WrapAround principles. The WrapAround Service Coordinator assists the family and team members to develop an *Immediate Crisis Stabilization Plan (Addendum F)* if there are concerns that need to be addressed before any work can be done with the youth and family. The activities of this phase should be completed quickly (typically within 1-2 weeks), so the team can begin meeting and become personally invested in the WrapAround process as quickly as possible.

Phase 2: Initial plan development

An initial WrapAround team meeting will occur within 30 days unless the family cannot meet within that timeframe due to work schedules, vacations, illness, etc. The Service Coordinator is responsible for inviting and/or notifying team members (both formal and informal) to this meeting as well as subsequent meetings via telephone, email or a face-to-face meeting. However, the family is at all times encouraged to invite or notify team members if they so desire.

This phase begins with an orientation to the WrapAround process. Team trust and mutual respect are built while the team creates an initial WrapAround plan of care reflective of the WrapAround principles. Family culture, strengths and needs are the foundation for this individualized plan (*Addendum E-Initial Individualized Plan; Addendum E1-Individualized Plan*). Aspects of the plan:

- Team mission is developed
- Ground rules are developed
- Strengths are highlighted
- Needs are prioritized
- Measurable goals are developed
- Selected strategies to meet those goals are identified
- Clearly defined tasks and timelines are identified
- Responsibilities are assigned to team members, which may include securing funding.
- Parent/guardian and team members sign the plan as acceptance/agreement of the plan.

Planning is facilitated by the WrapAround Service Coordinator and it is always focused on implementing a child/youth's plan in the least restrictive setting and appropriate level of service intensity. Further system penetration is avoided whenever possible. If, for any reason, needed services or supports are not available, the WrapAround plan will outline efforts to address such gaps.

The team schedules their next review meeting. This phase should be completed within 1-2 weeks of Phase 1. A rapid time frame will be implemented in order to promote team cohesion and shared responsibility in moving together toward achieving the team's mission. In addition:

- Team meeting times are scheduled at family convenient times/locations
- Family may request a team meeting at any time by contacting the Service Coordinator, who will assist them in scheduling the meeting.
- Families are encouraged to invite involved agencies/team members, including schools, to team meetings.
- Families may invite a family advocate, mentor or support person to participate in any team meeting.

Crisis and safety planning is an important component of High Fidelity WrapAround and is completed in Phase I. The team works to develop a plan that identifies individualized strategies and provides immediate support to the child and family, keeps everyone safe, while still keeping the child and the family together when possible. If/when crisis occurs it is not considered a failure.

Phase 3: Plan Implementation

During this phase, the initial WrapAround plan is implemented and the WrapAround team meets regularly. Progress, satisfaction and successes are continually reviewed at WrapAround review meetings. Changes are made to the plan as needed while continually striving to build and/or maintain team cohesiveness and mutual respect while working toward the team mission. If multiple plans are required to operate simultaneously because of system mandates, these plans are coordinated to eliminate duplication and conflicting expectations, with minimal overlap and duplication. The activities of this phase are repeated until the team's mission is achieved, goals have been attained and formal High Fidelity WrapAround is no longer needed.

Phase 4: Transition

During this phase, plans are made for a purposeful transition out of formal WrapAround to a mix of formal and natural supports in the community, or, if appropriate, to services and supports in the adult system. The focus on transition is continual during the WrapAround process and the preparation for transition is apparent even during the initial engagement activities. Formal transition plans are created for each family (*Addendum G*)

SERVICE COORDINATION – SYSTEM MANAGEMENT

The implementation of Stark County's Service Coordination Mechanism is managed through work groups established by the Stark County Family Council.

1. The **Service Coordination Committee (SCC)** is made up of executives of the public, child serving systems in Stark County: Mental Health and Recovery Services Board of Stark County, Stark County Family Court, Stark County Department of Job & Family Services – Children’s Services, Stark County Board of Developmental Disabilities, Stark County Educational Service Center, and a representative of the Family Advisory Committee. The purpose of this committee is to develop an efficient, effective continuum of care that operates seamlessly across systems to ensure that the needs of children with complex, multiple needs are met as described in Ohio Revised Code 121.37.

The SCC will develop and implement protocols and procedures that:

- monitor the progress and track the outcomes of service coordination plans
 - monitor and track children in out-of-home placements to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education.
 - ensure that a family service coordination plan meeting is conducted for each child who receives service coordination under the mechanism and for whom an emergency out-of-home placement has been made or for whom a nonemergency out-of-home placement is being considered. The meeting shall be conducted within ten (10) days of an emergency out-of-home placement. The meeting shall be conducted before a non-emergency out-of-home placement.
 - ensure that services are in the least restrictive setting possible.
 - guide the allocation of community resources.
2. The **Service Review Collaborative (SRC)** consists of administrators and clinicians who are appointed by and report to their respective representative on the SCC. The activities of the SRC are focused upon: 1) the review of service requests for individual children with complex, multi-system needs and 2) authorizing the purchase of such services whereby each SRC representative is responsible for their organization’s funding decisions and subsequent billing and payment processes. 3) the review of individual cases that are in need of more restrictive placement settings such as residential treatment after which, the SRC issues a recommendation either supporting the placement decision or offering alternatives. The SRC is facilitated by the Stark County Family Council Coordinator.

FUNDING

For families involved in service coordination and/or family support, funding may be available for services/supports identified in their service coordination plan. Such funding is based upon the availability of family and community resources. Requests for funding are submitted by the lead service coordinator to the WrapAround Coordinator who can be reached at (330) 493-6082 ext. 1481. All requests for funding are reviewed by the SRC who will, if deemed appropriate, allocate funds based upon availability, eligibility and other established criteria.

QUALITY ASSURANCE

The Family Council Coordinator works with the WrapAround provider to monitor fidelity to the High Fidelity WrapAround process utilizing standardized Continuous Quality Improvement tools in order to promote consistency in implementation and to measure outcomes of the process. The WrapAround Coordinator reports these findings to the Service Coordination Committee quarterly.

In addition, the WrapAround Coordinator is responsible for tracking and reporting of aggregate data indicators related to:

1. Individual child and family outcomes
2. Demographics
3. Cost analysis
4. System involvement
5. Level of care
6. Service needs

This data is shared on a biannual basis with both the Service Coordination Committee and Service Review Collaborative and is used to guide the on-going management of Stark County's System of Care. The Family Council Board of Trustees annually reviews this information and uses it to make improvements to the Service Coordination Mechanism. In addition, the Stark County Family Council makes assurance to the state, ensuring that service coordination data will be submitted to them as requested.

CONFIDENTIALITY

The Stark County Family Council and its approved WrapAround provider(s) adhere to the guidelines for HIPAA.. Each team member is required to sign a confidentiality statement (*Addendum C*) at each Team meeting. All WrapAround training includes an overview of the confidentiality requirements related to the process.

DISPUTE RESOLUTION

The Stark County Family Council has established a formal process to ensure the rights of families being served under the Service Coordination Mechanism. The steps to this process and accompanying forms can be found in (*Addendum H*). All families accessing the Stark County Service Coordination Mechanism are informed of the Dispute Resolution Process.

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 process will begin by calling the Central Intake and Referral site, KidLink (330) 492-6900, and/or the HMG Project Director at (330) 492-8136. In addition, families can receive support for this process through a Parent Partner supplied through the Help Me Grow program or other advocate of the family's choice. At any time, families have the right to file a complaint with the Ohio Department of Health, Bureau of Early Intervention Services located at 246 N. High, P.O. Box 118, Columbus, Ohio 43216-0118, phone (614) 644-8389 or email beis@gw.odh.state.oh.us. The Stark County Family Council will adhere to all timelines, processes and procedures described in the Ohio Department of Health, Bureau of Early Intervention Services, Ohio Procedural Safeguards, Part C: Early Intervention *Help Me Grow* policies.

DISTRIBUTION OF THE COUNTY SERVICE COORDINATION MECHANISM

Families and agency personnel will become aware of and trained in the Service Coordination Mechanism process in Stark County through the following venues:

1. Local Stark County System of Care Trainings
2. Family Council Website
3. Family Council Board members are requested to distribute it within their own agency/organization.
4. iCARE initiative – This is a school-based program that refers families for service coordination as needed.

DEMOGRAPHIC PAGE

Addendum A – Intake Form

TAB 1

Child

First Name: Last Name: Student Phone:

Address: Grade: Status:

Custodian Name: Custodian Address: Date Assigned:

Custodian Relation: Date Closed:

Custodian Phone: Custodian Phone 2: Gender: M F Race: Date of Birth:

Adopted: Yes No

SSN:

TAB 2

Other Caregiver

Other Parent Name: Other Parent Address:

Other Parent Relation:

Other Parent Phone: Other Parent Phone #2:

TAB 3

School Placement

School of Origin: School of Attendance:

Out of Home Provider: Placement Date:

Out of Home Contact: Phone:

Current Placement:

Education Placement:

TAB 4

Old Addresses

Student Address Old 1:

Student Address Old 2:

Student Address Old 3:

WRAPAROUND - RISK SCREEN
SCREEN A

History

Previous Provider

			Suicide ideation, gestures, or attempts:	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Ideation: Youth states, talks, or thinks about hurting or killing self.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Gestures: Youth engages in non-life threatening behavior, concurrent with thoughts and/or talk about suicide.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Attempt: Serious life threatening attempt with clear intent and desire to commit suicide. (attempted hanging; potentially lethal overdose; involvement of a gun)	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Chargeable Sex Offense: Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Negative peer involvement or gang activity: Peer or gang involvement that results in negative behaviors by the youth.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Verbal or Written Threats to Others: Youth states or writes threats of harm toward people, places, or things.	
Created By:		Date:	Modified By:	Date:

SCREEN B

<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Sexual acting out: Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcomes.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Youth uses drugs or alcohol: Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Impulsive Behaviors: Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Anorexia, Bulimia or Obesity: Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food	

			intake with significant weight loss which concerns the parent or caregiver; youth is morbidly obese.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Self-Injurious Behaviors: Self-harming behaviors that are not life threatening and may be of a chronic nature such as: cutting, head banging, ingestion or insertion of objects.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Fire Setting Behaviors: Fascination with fire, play with matches or objects that have the potential to set fire and harm self or others. Previous reports of fire setting or a pattern of concerns related to fire.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Runaway: History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.	
Created By:		Date:	Modified By:	Date:

SCREEN C

<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Aggressive Behaviors (Towards animals, property, others, etc): Youth demonstrates behaviors that are potentially dangerous or harmful to people, property, or animals, without serious damage. Examples: Bully, threatening.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Suspended, Expelled, or Dropped Out of School: Youth has multiple suspensions from school that places him or her at risk of expulsion, is expelled from school or has dropped out of school.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Depression/Mania: Youth or parents state that the youth appears to be depressed, withdrawn and/or shows marked diminished interest or pleasure in activities and/or period of abnormally and persistently elevated, expansive or irritable mood.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Hears voices or sees things: Youth states hearing voices or seeing things that are not based in reality.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="text"/>	Anxiety: Youth has intense anxiety, avoidance, obsessions, compulsions, fearfulness or persistent and excessive	

			worry.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Victimization: Reports of sexual and/or physical abuse of the youth, past or present. (Professional must follow duty to report mandate if this event has not already been reported.)	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Known/Suspected Criminal Activity: Youth is suspected of, or admitted to, being involved in activities that are chargeable offenses; has current pending court charges for criminal behavior(s); or the youth has been found “guilty” of criminal charges.	
Created By:		Date:	Modified By:	Date:

SCREEN D

<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Availability of Weapons: Youth has access to obtaining weapons through self, family, friends or neighbors.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Severe social impairment: Youth has significant social interaction problems or misperceives social situations and youth’s behavior causes safety issues for self or others, and/or youth has strong reaction to their environment or sensory input that interferes with normal functioning.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Limited Developmental Capacity to Maintain Personal Safety: Youth’s personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Resides in high crime neighborhood: Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal daily activity and functioning is limited because of these safety concerns.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Lack of caregiver supervision or behaviors that overwhelm caregiver resources: Insufficient adult monitoring and supervision, given the youth’s age and/or disability, and without regard for safety or negative outcomes or such severe behavior caregiver cannot adequately address	

			safety of youth.	
Created By:		Date:	Modified By:	Date:

SCREEN E

<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Emotional or Educational Disabilities: Youth has been assessed to have a serious emotional, developmental, and/or learning disability, which may cause functional impairment or limit daily activities or educational progress.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Acute Family Crisis: Family is experiencing a crisis (family defined) that restricts or limits their resources or abilities to care for or monitor/supervise youth's safety or behaviors.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Family Conflict: Verbal or physical family disagreements that pose a real or potential risk or safety concern to the youth and/or family.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Poverty, Youth's Lack of Stable Residence/Homelessness: Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns or caregiver lacks resources to meet basic needs of youth.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Current Placement Suspected Child Abuse: Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Truancy: Admitted or reported failure to attend school on a regular basis, which may result in legal action.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Held Back/Behind in Grade: Youth has been retained one or more years in school.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Unrestricted internet access: Evidence of access and/or exposure to internet sites that pose a risk or danger to the youth, online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.	
Created By:		Date:	Modified By:	Date:

SCREEN F

<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Prejudicial thinking: Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views pose a potential risk to others or property.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Parent/Caregiver with chronic/acute mental illness, developmental delay, or mental retardation: Birth or adoptive parent/caregiver has significant mental illness, developmental disability, or mental retardation where the disability compromises or limits his or her ability to care for the needs of youth and family. Caregiver's disability may limit their ability to monitor and supervise the youth.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Parent/Caregiver with Drug or Alcohol Problem: Birth or adoptive parent/caregiver has a substance abuse problem which compromises or limits his or her ability to care for the needs of youth and family. Such use may limit their ability to monitor and supervise the youth.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Parent/Caregiver with severe chronic illness: Birth or adoptive parent/caregiver has significant chronic illness that is debilitating and limits his or her ability to care for the needs of youth and family. Caregiver's illness may limit their ability to monitor and supervise the youth.	
<input type="checkbox"/> Current	<input type="checkbox"/> History	<input type="checkbox"/>	Trauma: The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss domestic violence and/or the witnessing of violence, terrorism or disasters.	
Created By:		Date:	Modified By:	Date:

Reason

What systems has the youth been involved with in the last 3 months:

-Juvenile Court -Children Services	-Mental Health -Substance Abuse Program	-MR/DD -Health Care	-OWF -Medicaid Recipient	-IEP -Special Education	-Psychiatric Hospitalization
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Reason For Referral

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Authorization for the Release of Information

Name: _____ SS#: _____ DOB: _____
 Address: _____
 Guardian: _____ Relationship: _____

I hereby authorize Community Services of Stark County, Inc. to use Protected Health Information to:
 Release To Obtain From

(Agency/Practitioner Name) _____ (Phone #/Fax #) _____
 (Address) _____

The following specific information:

<input type="checkbox"/> Diagnosis	<input type="checkbox"/> SNCD	<input type="checkbox"/> Crisis/Safety Plan/s	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Diagnostic Assessment	<input type="checkbox"/> SNCD Addendum	<input type="checkbox"/> Treatment Plan/s	<input type="checkbox"/> Medical History
<input type="checkbox"/> DA Update	<input type="checkbox"/> WrapAround Plan/s	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Medications	<input type="checkbox"/> Transition Plan	<input type="checkbox"/> Psychiatric Eval.	<input type="checkbox"/> Legal Status/History
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Demographic Data		
<input type="checkbox"/> Other	<input type="checkbox"/> ETR/IEP/School Attendance/Grades _____		

In the Form of: Verbal Consultation Copies of Written Records

For the purposes of: Coordination of Services Continuity of Treatment Diagnosis Follow Up Other _____

Date(s) of service: _____

I understand that the records hereby released may contain information pertaining to the diagnosis of, or treatment for, a psychiatric/emotional condition; drug or alcohol abuse; HIV/AIDS or AIDS related conditions; and/or other communicable diseases and I hereby expressly consent to the release of such information.

Indicate here any additional exceptions, exclusions, or rationale documenting an on-going relationship which justifies an expiration date beyond 90 days _____

I understand that I am under no obligation to release information from my client record and that I may revoke this authorization (except to the extent that this authorization has been acted upon) by notifying Community Services of Stark County, Inc. in writing.

This authorization expires in 90 days from date signed, unless otherwise noted.

Alternative expiration date: _____ (Cannot exceed 180 days).

I have read or have had this document read to me and I understand its contents.

Client/Guardian/Personal Representative _____ Date _____ Staff _____

If this authorization has been signed by a personal representative on behalf of an individual, his/her authority to act on behalf of the individual was authorized by (copy of authorization must be in client file): _____ N/A _____

NOTE: this information has been disclosed to you from records protected by federal confidentiality rules, ORC 5122.31, 42 CFR Part 2, and/or ORC 3701.243. These 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 law. A general authorization for release of information is NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Correspondence should be addressed to the attention of: _____ at the location checked below:

<input type="checkbox"/> Alliance – 1207 W State Street, Suite M Alliance, OH 44601	Phone 330-821-8407	Fax 330-821-8506
<input checked="" type="checkbox"/> Canton – 625 Cleveland Avenue NW Canton, OH 44702	Phone 330-455-0374	Fax 330-455-2101
<input type="checkbox"/> Massillon – 876 Amherst Rd NE Massillon, OH 44646	Phone 330-833-8516	Fax 330-830-3395

**Community Services of Stark County
WrapAround Service Coordination
Meeting Sign-In Sheet**

Family Name: _____ Facilitator: _____ Date: _____

By signing below I am acknowledging that:

- I understand & agree that in the performance of any duties as a designated representative for my agency to the WrapAround meeting, I must hold in strictest confidence any observations I may make or hear regarding clients, client families, staff, or volunteers.
- I understand that I may not use any information (including but not limited to verbal, written, or electronic formats) of a personal or private nature in casual conversation or in other ways that might identify, cause harm, or detract from the reputation of another person.
- I understand that I may not use or disclose an individual’s Protected Health Information (PHI) for any purpose without the properly documented written consent or authorization of the client or his/her authorized representative.
- I understand that I must preserve the integrity and the confidentiality of Individually Identifiable Health Information (IIHI) pertaining to each client. This IIHI is PHI & shall be safeguarded to the highest degree possible in compliance with the requirements of the security rules & standards established under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

Print Name:	Signature:	Role:	Phone Number:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Community Services of Stark County
WrapAround Service Coordination
Strengths, Needs, & Culture Discovery**

Y/YA name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Family Vision:

[Click here to enter text.](#)

Family & Neighborhood

[Click here to enter text.](#)

Social & leisure

[Click here to enter text.](#)

Spiritual & cultural

[Click here to enter text.](#)

Educational & vocational

[Click here to enter text.](#)

Legal

[Click here to enter text.](#)

Health & safety

[Click here to enter text.](#)

Behavioral & emotional

[Click here to enter text.](#)

Treatment

[Click here to enter text.](#)

Other Areas:

[Click here to enter text.](#)

Identified Needs:

- Click here to enter text.

Possible WrapAround team member names and roles:

Name	Role
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Meetings & locations:

Click here to enter text.

Parent/Guardian Signatures & Date: _____

Youth Signature & Date: _____

WrapAround Service Coordinator & Date: _____

Supervisor & Date: _____

Community Services of Stark County
WrapAround Service Coordination
For ()

Initial Plan of Care:

<u>Participants from Previous Meeting:</u>	<u>Next Meeting/s:</u>
---	-------------------------------

Ground Rules:

1. Confidentiality	2. Mandatory reporting.
3. Cell phones off/silent- leave room to take a call.	4. Avoid “shaming” or “blaming” words.
5. Avoid interrupting other team members.	6. Be prompt & on time to meetings.
7. Stay committed to being on youths team.	8. Stay focused on youths strengths.
9. Stay focused on the meeting or use the “Parking Lot”.	10. Other Legal Requirements.
11. Any others that team creates.	

Decision-Making Process:
When a rule/guideline is broken (consequence options):
Contact between meetings:
The team will celebrate success with:

Family Vision & Team Mission:

Vision:

Mission:

Strengths:

Identified Needs:

- 1.
- 2.
- 3.
- 4.

Prioritized Need #1:

<u>Goal & Scale:</u>	<u>Related Strengths:</u> • • •				
<u>Options:</u> 1. 2. 3. 4. 5. 6. 7. 8.					
<u>Plan:</u>					
Task:	Who:	Freq:	§:	Start:	Finish:
1. 2. 3. 4.					
<u>Prioritized Need #2:</u>					
<i>Review progress at WrapAround meetings.</i>					
<u>Goal & Scale:</u>	<u>Related Strengths:</u> • • •				

<u>Options:</u>					
<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 					
<u>Plan:</u>					
Task:	Who:	Freq:	\$:	Start:	Finish:
<ol style="list-style-type: none"> 1. 2. 3. 4. 					

Respectfully Submitted by,

YOUR NAME, CREDENTIALS
 WrapAround Service Coordinator
 Community Services of Stark County
 DATE

**Community Services of Stark County
WrapAround Service Coordination
Review Meeting
For Youth (Date)**

Plan of Care:

<u>Participants from Previous Meeting:</u>	<u>Next Meeting/s:</u> •
<u>Ground Rules:</u> <i>Delete this sentence then copy & paste the <u>Ground Rules</u> section from your <u>Initial Plan of care</u>.</i>	
<u>Family Vision & Team Mission:</u> <i>Delete this sentence then copy & paste the <u>FV & TM</u> section from your <u>Initial Plan of care</u>.</i>	
<u>Identified Needs:</u> <i>Delete this sentence then copy & paste the <u>Identified Needs</u> section from your <u>Initial Plan of care</u>.</i>	
<u>Celebrations & New Strengths:</u> <i>Delete this sentence & update before each meeting from your notes from the previous meeting.</i>	
<u>Review of Team Progress towards Needs & Mission:</u>	
PN #1:	
PN #2:	
Initial Mission Scale:	Last Meeting:
Today's Meeting:	

<p><u>Prioritized Need #1:</u></p> <p style="text-align: center;">Delete this sentence to copy & paste PN #1 from your Needs Section above.</p> <p style="text-align: center;"><i>Review progress at WrapAround meetings.</i></p>																	
<p><u>Goal & Scale:</u></p>			<p><u>Related Strengths:</u></p> <ul style="list-style-type: none"> • • • 														
<p><u>Options:</u></p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 																	
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Task:	Who:	Freq:	\$:	Start:	Finish:												
<ol style="list-style-type: none"> 1. 2. 3. 4. 																	

<p><u>Prioritized Need #2:</u></p> <p style="text-align: center;"><i>Delete this sentence to copy & paste PN #2 from your Needs Section above.</i></p> <p style="text-align: center;"><i>Review progress at WrapAround meetings.</i></p>																																			
<p><u>Goal & Scale:</u></p>			<p><u>Related Strengths:</u></p> <ul style="list-style-type: none"> • • • 																																
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3.																																			
4.																																			

Respectfully Submitted by,

YOUR NAME, CREDENTIALS
 WrapAround Service Coordinator
 Community Services of Stark County
 DATE

**Community Services of Stark County
WrapAround Service Coordination
Crisis/Safety Plan**

Youth/Family Name: Click here to enter text.

Date: Click here to enter a date.

Completed by: WASC CPST

<u>Present at C/S Planning meetings:</u> Click here to enter text.	<u>C/S Planning meeting/s scheduled:</u> Click here to enter text.
1. Describe the crisis situation or behavior:	
Click here to enter text.	
2. Who is involved in the situation? If the crisis happens outside the home, who is involved?	
Click here to enter text.	
3. List the triggers leading to the situation. Include other activities going on that could make the situation better or worse.	
Click here to enter text.	
4. Describe the frequency of the triggers or situation. How often do they occur? How long do they last? How intense are they?	
Click here to enter text.	
5. What happens after, or as a result of, the situation? What are actions, feelings, consequences, & rewards experienced by the youth? What are responses & reactions experienced by others involved?	
Click here to enter text.	
6. Describe past attempts to avoid the situation. How well did they work?	
Click here to enter text.	

7. Why does this situation continue to happen? What is the youth getting from the situation? What are others involved getting from the situation?

Click here to enter text.

8. When triggers start, what steps can the youth and family take to prevent the crisis from happening or decrease the intensity of the situation?

Click here to enter text.

9. Describe what to do if the crisis situation occurs. Include detailed sequential action steps for the youth, family, & team. Each step should include natural & formal supports and describe the role each plays. Think of this as, “If Plan A doesn’t work, then we try Plan B, and so on”. Remember that formal services like police, Crisis Center, and hospital involvement should be option of last resort.

A.
Click here to enter text.

B.
Click here to enter text.

C.
Click here to enter text.

D.
Click here to enter text.

E.
Click here to enter text.

Signatures

Youth Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Other Signature: _____

Date: _____

WASC Signature: _____

Date: _____

Supervisor: _____

Date: _____

**Community Services of Stark County
WrapAround Service Coordination
Transition Planning Process
Youth
(Date) through (Date)**

Transition Plan

Participants from Transition Planning Meetings:

Ground Rules:

Delete this sentence & copy/paste the Ground Rules from a previously existing Plan of Care.

Celebrations &/or New Strengths:

*(EX: The WrapAround team has successfully helped YOUTH & the family meet the Identified Needs...
The family's team has decreased the number & frequency of WrapAround meetings from 2 per month
to 1 every 6 week)*

Family Vision & Team Mission:

Delete this sentence & copy/paste the FV & TM from a previously existing Plan of Care.

Review of Strengths:

YOUTH:

Family:

Team members:

Review of Needs:

Originally identified Needs from the SNCD:

Prioritized Needs addressed and defined during the WrapAround process:

Progress:

What worked? *(include info about how best to engage with the youth, family, &/or other team members;
include info about what the family defines as “workable” or successful for them):*

What didn't work?:	
How will the family maintain progress?:	
<u>Crisis/Safety Plan post WrapAround:</u>	
Concerns (<i>Safety concern/s or Crisis behaviors</i>):	You can offer to review & copy the C/S Plan the team already made for purposes of this Transition Plan. If you do, delete this paragraph and notate that you are attaching the previously created C/S Plan to the actual Transition Plan. BUT: if the team wants to redo the whole thing, delete this whole box and just answer the questions listed to the left of it.
Triggers:	
Prevention tips:	
Plan (<i>Including team member involvement, how the family will communicate crisis/safety concerns, additional resources</i>):	
<u>Follow up post WrapAround:</u>	
Who will continue to be involved?	
•	
Who else needs copies/updates about WrapAround status?	
•	
Who will follow up with the family about new needs/concerns?: (EX: The WrapAround Service Coordinator will follow up with the family 6 weeks after the WrapAround Celebration (see section below). The WASC will continue to follow up with the case manager & therapist for progress until DATE.)	
How can the family re-request or get connected to WrapAround services if needed again?: (EX: The family can call CSSC (455-0374) to request WrapAround. They could also discuss the service with the therapist, the school, or the court to further assess the need for WrapAround.)	
<u>WrapAround Celebration:</u>	
How should the team celebrate?:	
Date & Time:	
Where:	
Who should be included?:	
<u>Other:</u>	

Respectfully Submitted by,

YOUR NAME, CREDENTIALS
 WrapAround Service Coordinator
 Community Services of Stark County
 DATE



STARK COUNTY FAMILY COUNCIL

**SERVICE COORDINATION
DISPUTE RESOLUTION PROCESS**

June 2013

Parents/custodians/guardians and agencies shall use existing local agency grievance procedures to address disputes NOT involving service coordination (WrapAround). These dispute resolution processes are in addition to and do not replace other rights or procedures that parents/custodians/guardians and agencies may have under other sections of the Ohio Revised Code.

Parent/custodian/guardian and agency disputes related to WrapAround Service Coordination shall follow the procedure detailed in this document, which is given to all families engaging in High Fidelity WrapAound service coordination as part of the intake process. Dispute Resolution instructions and forms may be obtained by contacting the Stark County Family Council office at (330) 493-6082 ext. 1481.

Steps in the Dispute Resolution Process:

1. If there is significant and unresolved conflict regarding any aspect of a WrapAround planning process or plan by any participant (including parents and agencies), every attempt is made to resolve that conflict with the participating members of the WrapAround process. This keeps conflict mediation and resolution as close to the direct level as possible.
 - **Timeline:** The grievant shall file Part I of the dispute resolution form with the Family Council Coordinator. The Coordinator will respond within three (3) days. A grievant who is not satisfied with the recommendation(s) offered has five (5) days to complete and submit the Dispute Resolution form requesting advancement to the next level of Dispute Resolution.
2. If resolution cannot be found at the Family Council Coordinator level, the process will then proceed to the second level of the Dispute Resolution Procedure and a referral will be made to the Service Coordination Committee (SCC) by completing Part II of the Dispute Resolution Form and returning it to the acting Chair of the SCC through the Family Council office.
 - **Timeline:** SCC shall review the grievance within seven (7) days and present their recommendation(s) within five (5) days of their review to the party filing the dispute. A grievant who is not satisfied with the recommendation(s) offered has five (5) days to complete and submit the Dispute Resolution form requesting advancement to the next level of Dispute Resolution.
3. If resolution cannot be found at the SCC level, the dispute will go before the Stark County Family Council Board of Trustees by completing Part III of the Dispute Resolution Form and returning it to the acting President of the Family Council Board of Trustees through the Family Council office. The Board may require additional information or ask participants for further details regarding the dispute. The Board develops recommendations, which are then voted upon.
 - **Timeline:** The Board shall review grievance within seven (7) days and will issue its results in writing within three (3) days of the meeting. A grievant who is not satisfied with the

recommendation(s) offered has seven (7) days to complete and submit the Dispute Resolution form requesting advancement to the next level of Dispute Resolution.

Steps 1-3 shall take no longer than 60 days unless delayed for any reason by the grievant. A WrapAround Service Coordinator will be made available to the grievant to assist with the Dispute Resolution process. While this process continues, all services in place for the child and family must continue.

4. The final step in the County Dispute Resolution is a referral to the Senior Judge of the Stark County Family Court. Upon receipt of the response of the Board of Trustees of the Family Council, a grievant may request a review before the Judge by completing Part IV of the Dispute Resolution form and presenting it to the Family Court Administrator. With the appropriate releases signed by the Grievant, the Family Council Coordinator will ensure that all documents, including the WrapAround plan and assessments are presented to the Judge within seven (7) business days of the referral.
 - **Timeline:** A hearing will be held within ninety (90) days. At least five (5) days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination, written notice by first class mail of the date, time, place, and purpose of the court hearing.

The rationale for the noted time frames are:

- The need to resolve the conflict in a timely manner while allowing sufficient time for concerns to be heard.
- Bring swift resolution to the conflict so that service delivery for the child and family is minimally impacted.

Agency Disputes – Any agency represented on a county family and children first council that disagrees with the council's decision concerning the services or funding for services a child is to receive may initiate the local dispute resolution process. Resolving agency disputes concerning services or funding will be governed by the guidelines established in Ohio Revised Code 121.38

Emergencies - Though infrequent, there may be an occasional situation, which is considered an "emergency", that requires the Dispute Resolution procedure be modified. An emergency may be considered for any situation that requires immediate response due to the safety and well-being of the child. In these instances, an immediate decision is made collaboratively with the parent(s)/guardian/custodian(s) and their lead service coordinator. The final decisions rest legally with the child's legal parents or guardian. Once the immediate emergency is handled, any continuing conflict will follow the outlined Dispute Resolution Process.

Throughout the dispute process, it will be incumbent upon the lead service coordinator to work with parent(s)/guardian/custodian(s) to develop an interim plan that prevents serious disruption to needed services and supports for the child and family.

Throughout this process, grievants may involve the services of an advocate to assist with the process.

Completed form should be sent to: Janice Houchins, Coordinator
Stark County Family Council
2100 38th St. NW
Canton, Ohio 44709
PHONE: (330) 493-6082 ext. 1481
FAX: (330) 491-9731

OUTCOME	
<input type="checkbox"/> Resolved at the WrapAround Team Level	<input type="checkbox"/> Unresolved. Referral to the SCC level. <i>Grievant has five (5) days to complete and submit a request to move forward to the next level of Dispute Resolution.</i>
Date	Signature
Comments	

II. SERVICE COORDINATION COMMITTEE Meeting date: _____

- Reviewed within seven (7) days of receipt of request.
- Recommendation completed within five (5) days of the review.

FIRST NAME:	LAST NAME	TELEPHONE:
		Home: _____ Work: _____ Mobile: _____
HOME ADDRESS		
Street	City	Zip
LEAD SERVICE COORDINATOR		
Name	Agency	
GRIEVANCE ISSUE: State what is in dispute; please be specific.		
(Attach additional pages as needed)		
ACTION REQUESTED: What do you want to see happen? What "solution" do you want?		
(Attach additional pages as needed)		
DATE	SIGNATURE	

OUTCOME		
<input type="checkbox"/> Resolved at the SCC Level	<input type="checkbox"/> Unresolved. Referral to the Board of Trustee level. <i>Grievant has five (5) days to complete and submit a request to move forward to the next level of Dispute Resolution.</i>	
Date	Signature	Title

Comments

III. BOARD OF TRUSTEES REFERRAL Meeting date: _____

- Reviewed within seven (7) days of receipt of request.
- Recommendation completed within three (3) days of the review.

RECOMMENDATION

OUTCOME

<input type="checkbox"/> Resolved at the Board of Trustees level	<input type="checkbox"/> Unresolved. Referral to the Presiding Judge of the Stark County Family Court level. <i>Grievant has seven (7) days to complete and submit a request to move forward to the next level of Dispute Resolution.</i>
--	--

Date	Signature
-------------	------------------

Comments

IV. FAMILY COURT REFERRAL Referred On: _____ Court Date: _____

- Hearing will be held within ninety (90) days of referral
- WrapAround information/documentation will be delivered to the Court by Stark County Family Council within ten (10 days) Date: _____

RECOMMENDATION		
The decision of the Presiding Judge of the Stark County Family Court is considered the final step in the Dispute Resolution process.		
Date	Signature	Title

NOTES:

- 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.
- Throughout the dispute process, it will be incumbent upon the lead service coordinator to work with families/guardians/custodians to develop an interim plan so that there is not 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.
- For *Help Me Grow* services, you may file a complaint with the *Help Me Grow* program AT ANY TIME by contacting:

Ohio Department of Health
 Bureau of Early Intervention Services
 46 N High, PO Box 118
 Columbus, OH 432160118

PHONE: 1-614-644-8389
 EMAIL: beis@gw.odh.state.oh.us

SUBMIT FORM TO:

Janice Houchins, Coordinator
 Stark County Family Council
 2100 38th St. NW
 Canton, Ohio 44709
 PHONE: (330) 493-6082 ext. 1481 FAX: (330) 491-9731
Janice.houchins@email.sparcc.org



Family Council Board of Trustees

Jim Adams	Canton City Health Department Health Commissioner
John Aller	Mental Health & Recovery Services Board Executive Director
Adrian Allison	Canton City Schools Superintendent
Jill Ames	Ohio Department of Youth Services Juvenile Parole Officer
Julie Barnes	Stark County Department of Job & Family Services Executive Director
Chris Bowen	Family Representative
Kitty Burgett	Family Representative
Nichole Cardinale	Pro Football Hall of Fame – Admissions/Special Events Mgr Community Representative
Rick DeHeer	Stark County Family Court – Administrator Community Representative
Elayne Dunlap	Alliance City Schools – District Intervention Coordinator Community Representative
William Green	Stark County Board of DD CEO/Superintendent
Scott Hasselman	Early Childhood Resource Center - Executive Director ECCC Representative
Maria Heege	United Way of Greater Stark County – President, CEO Community Representative
Keith Hochadel	Quest – President/CEO Community Representative
Laurie Inskip	Margaret Shipley Health Clinic Community Representative
Mike Johnson	Child & Adolescent Behavioral Health – Executive Director Non Profit Representative
Brant Luther	Stark County Commissioners’ Office Administrator
Larry Morgan	Stark County Educations Services Superintendent – Administrative Agent
Jim Nicodemo	Stark County Educations Services – Asst. Superintendent Superintendent Representative
Kirk Norris	Stark County Health Department Commissioner
Melissa Poole	Family Representative
Rodney Reasonover	SCCAA/Head Start Executive Director
Tara Satterfield	Family Representative
Erica Thom	AHEAD Foundation – Executive Director Community Representative
Kelli Viscounte	Mercy Medical Center – Family Edu Coordinator for Womens and Children Services – Community Representative
Melinda Wiles	Aultman Hospital– Outreach & Bereavement Coordinator/ Birthing Center – Community Representative
Fonda Williams	Mayor’s office – City of Canton