

Meigs County Family and Children First Council

Service Coordination Mechanism



SEPTEMBER 19, 2024

Table of Contents

- I. Overview and Purpose
- II. Commitment to Child Well-Being
- III. Target Population
- IV. Designation of Service Responsibilities
- V. Procedure for Referring a Child/Family
- VI. Levels of Coordination/Intervention Across a Continuum
- VII. Components
- VIII. Individual Family Service Plan
- IX. Out of Home Placement/Unruly/Delinquent Children
- X. Outcome Monitoring/Tracking
- XI. Procedure for Protecting Confidentiality of Families
- XII. Exit from Service Coordination/High Fidelity Wraparound
- XIII. Funding/Fiscal Strategies
- XIV. Community Awareness of Service Coordination Process
- XV. Quality Assurance
- XVI. Dispute Resolution
 - a. Category A
 - b. Category B

I. Overview and Purpose

The Meigs County Family and Children First Council, as established under Ohio Revised Code 121.37, is an integral component of the local system of care, providing service coordination to families with children, birth through age twenty-one. Service coordination is a process of service planning and system collaboration that provides individualized services and supports to families who have needs across multiple systems. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. Services and supports are responsive to the cultural, racial and ethnic characteristics of the community population. Based on the level of severity or need, the FCFC Service Coordination process can be elevated to the more intensive High-Fidelity Wraparound process for the population of children, youth and their families who are at very high risk of experiencing poor outcomes. In Meigs County, the purpose of Service Coordination and High-Fidelity Wraparound is to provide a neutral venue for families requiring services where their needs may not have been adequately addressed in traditional agency systems. These collaborative, coordinated, cross-system, team-based planning processes should build upon the strength of services in the community that are currently working for families, and when needed, propose new services, supports and/or strategies to be added in order to address unmet needs. The result is a unique set of community services and/or natural supports, individualized for the child and family, based on the child and family's perceptions of their strengths and needs to achieve a positive set of outcomes.

Meigs County's Service Coordination Mechanism (hereafter referred to as SCM) is a document that will serve as a safety net for children needing a more intensive collaboration of multi-system providers. Each system has areas of responsibility. The SCM is not intended to override current agency systems, but to supplement and enhance supports that currently exist, or identify additional supports that are needed but not currently utilized. As service outcomes are evaluated, data will be utilized to identify gaps in services and provide an avenue for macro-system planning to improve the local system of care.

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

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

The following agencies were involved in the review and revisions of the SCM.

- Meigs Local School District
- Southern Local School District
- Eastern Local School District
- Meigs County Board of DD
- Meigs County Juvenile Court
- Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction, Mental Health Services
- Meigs County DJFS/Children Services/Early Intervention
- Meigs County Family and Children First Council
- Meigs County Health Department
- Hopewell Health Centers
- Department of Youth Services
- Heart of the Valley Head Start
- Athens-Meigs Educational Service Center
- Integrated Services for Behavioral Health
- Ohio Rise
- Meigs County Commissioners
- Gallia-Meigs Community Action/Help Me Grow
- Health Recovery Services
- Parent Representatives

II. Commitment to Child Well-Being

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

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

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

III. Target Population

The Service Coordination and High-Fidelity Wraparound process is accessible to any child, youth or young adult with multi-systemic needs, including Early Intervention, age 0 through 21. Typically, this child would be experiencing behavior problems, school-related problems, family instability, mental health or substance abuse issues, physical/emotional abuse, neglect, or health issues. Youth in custody of Child Protective Services, or who are adjudicated unruly or delinquent through the Juvenile Justice system are also eligible for Service Coordination or Wraparound. In many instances, the severity of problems would threaten the family's ability to maintain the child in the home.

IV. Designation of Service Responsibilities

- **FCFC Service Coordinator:** The coordinator will facilitate initial meetings for the family, family team leader and family teams, followed by managing and tracking progress of subsequent meetings and the individual family service plans (IFSP). The coordinator can also consider Council objectives for families and children. The coordinator is responsible for reporting requirements assigned by law or otherwise assigned as a condition of service coordination. The coordinator will also facilitate the dispute resolution process. The coordinator will meet with the Intersystem Collaborative Committee and participate in Early Intervention Team Meetings with appropriate service providers.
- **Wraparound Facilitator:** The facilitator will facilitate wraparound meetings for the family and wraparound team, followed by managing and tracking progress of subsequent meetings and the IFSP. The facilitator is responsible for reporting requirements assigned by law or otherwise assigned as a condition of wraparound. The facilitator will also serve as the contact for the dispute resolution process.
- **Early Intervention Service Coordinator:** If a child is being served by both FCFC Service Coordination and Early Intervention Service Coordination, the lead provider will be the EI Service Coordination provider to assure compliance with O.R.C. 5123.02. The FCFC Service Coordinator and/or Service Coordination team will support and assist with the family's IFSP/Early Intervention plan as needed, including assisting with needs across multiple systems.
- **Team Leader:** The Family team leader will facilitate and coordinate services within a Family Team. The Family team leader will collect necessary information from service providers and be responsible for submitting reports to the Coordinator.
- **Family Teams:** The Family teams include service providers and natural supports that will act in the best interests of the child and family to create a quality and comprehensive family service coordination plan. Family teams will submit required reports to the Family team leader.
- **Intersystem Collaborative Committee:** The Intersystem Collaborative Committee meets to be informed of new resources, problem-solve case planning issues, identify and work to resolve service gaps, as well as participate in the dispute resolution process when required.
- **FCFC Executive Committee:** The Executive Committee will participate in the dispute resolution process when required. The scope of their involvement is defined in the dispute resolution process section of this SCM.

V. Procedure for Referring a Child/Family

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

- A. **Parent/Guardian Referral:** A parent/guardian may access service coordination for their child through any Family and Children First member agency or by calling the council coordinator. Direct service staff in all participating agencies will have access to a referral packet, and will facilitate completion of these forms. Staff will initiate contact with the

coordinator to arrange an initial meeting with the family and child to occur within seven (7) days of the parent's voluntary referral.

- B. **Agency Referral (including Juvenile Court):** A formal referral for service coordination is made through the Meigs County FCFC Coordinator. The referring entity shall provide the following to the coordinator:
- a. **Signed Authorization of Release of Information**
 - b. **Completed Referral form**

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

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

VI. Levels of Coordination/Intervention Across a Continuum

Not all families who are referred, or who refer themselves, to FCFC Service Coordination require the same level of assistance. In order to determine the proper level of coordination, Meigs County FCFC will utilize the Ohio Child and Adolescent Needs and Strengths assessment (CANS). This tool will also be used to identify priority planning areas of need that can be used in the development of the IFSP. Assessments will be conducted every 90-120 days, or more often as needed. If a child is under the age of 5, an approved assessment from Ohio Department of Developmental Disabilities (DODD), or Ohio Department of Health (ODH) will be used in place of the CANS.

Levels of Coordination Across a Continuum include:

- **Information and Referral** – A family whose only need is to be connected to another community resource or support.
- **Service Coordination** – A broad based, neutrally-positioned, youth and family driven, cross-system (team) planning process by which previously identified and existing resources and supports are coordinated to determine the least restrictive plan of success for youth with complex needs. The population of focus for service coordination would be families with children, ages 0-21, who have needs across multiple systems.
- **High-Fidelity Wraparound** – A specific evidence-based intensive planning and facilitation process, utilizing a comprehensive team to develop a uniquely designed helping plan based on the youth and family's unmet needs. The plan is inclusive of uniquely-designed resources linked to youth and family strengths that are designed to sustain and assist the family after the expiration of formal resources and supports. The population of focus for high-fidelity wraparound would be families with children, ages 0-21, with high intensity needs where all other options have failed.

- **Ohio Rise** - Uses a “system of care” approach and the guiding principles of a wraparound philosophy. These techniques focus on “wrapping around” a child or youth through care coordination to provide services and supports through a coordinated network in their community. This helps ensure the child or youth functions better at home, in school, in the community, and throughout life. Children and youth who may benefit from OhioRISE are those with multiple needs that result from behavioral health challenges, have multisystem needs or are at risk for deeper system involvement, are at risk of out-of-home placement or are returning to their families from out-of-home placement. Children or youth who may be eligible for OhioRISE are those eligible for Ohio Medicaid (either managed care or fee-for-service), are age 0-20, are not enrolled in a MyCare Ohio plan, and those requiring significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment. Children and youth may also be eligible for OhioRISE due to certain urgent conditions such as admittance into a Psychiatric Residential Treatment Facility (PRTF). -OhioRISE care coordination uses a Child and Family Team (CFT) approach. Children or youth and their caregivers select members of their CFT. The CFT meets regularly to assist with care planning that focuses on the child or youth’s and family’s strengths, beliefs, culture, community/natural supports, and their voice and choice.

OhioRISE care coordination is provided at three levels of intensity:

- *Limited Care Coordination (Tier 1) - delivered by Aetna and is the least intensive level.*
- *Moderate Care Coordination (Tier 2) - delivered by Care Management Entities (CMEs) and uses wraparound-informed strategies.*
- *Intensive Care Coordination (Tier 3) - delivered by CMEs and adheres to the High-Fidelity Wraparound model.*

At any time, the chosen coordination process may be used as a bridge to connect to any needed additional community intervention. These types of interventions, including Integrated Co-occurring Treatment (ICT), Intensive Home-Based Treatment (IHBT), Multi-Systemic Therapy (MST), crisis services and out-of-home placement options will be accessed based on the intensity of the presenting needs of the youth. The chosen coordination process will continue throughout these intervention services to ensure that the youth/family have the proper level of service and supports to continue to support them once the chosen intervention has been completed.

VII. Components

The following underlying values are employed:

- *Children have the right to live with their own family.*
- *Children have the right to be nurtured and protected in a stable family environment.*
- *When children are at risk of harm, the community has the responsibility to intervene.*
- *Families are our community’s most important resources and must be respected, valued, and encouraged to build upon their strengths.*
- *The racial, cultural, and ethnic heritage of children and their neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.*

- *Families have the right and responsibility to participate in identifying their concerns, priorities and needed resources.*
- *Families have the right to individualized service provision that addresses the multiple needs of their children.*
- *Services are provided in the least restrictive setting.*
- *A broad array of services/supports are available.*
- *Services are family-driven and youth-guided.*
- *Early identification and early intervention are emphasized.*

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

- **Information and Referral:**
 - The FCFC Service Coordinator and/or Early Intervention Service Coordinator will assist the family in connecting to needed resources and supports to meet identified needs.
- **Service Coordination:**
 - The Coordinator and referring agency will meet with the family to discuss the service coordination process, family strengths, family culture, needs and goals. Intake paperwork, including the CANS (or DODD/ODH approved assessment), will be completed, team members will be identified, and a team meeting will be scheduled for plan development.
 - The Coordinator will contact team members to inform them of the scheduled team meeting. Contact will be made via phone, email and/or mailed invitation/reminder of team meeting. At a minimum, team members must include the family, appropriate staff from involved agencies, and a representative from the appropriate school district. Families may invite any advocates, mentors or other support persons to participate in the team meetings. A plan will not be developed and/or changed without the family present.
 - The team will evaluate family strengths and identify family needs to be included on the IFSP. Additional referrals, assessments and interventions needed will be identified, and each team member will be made aware of individual responsibilities in the plan. A crisis plan will be developed at the initial team meeting and a safety plan will be developed as needed.
 - The team will determine the frequency at which meetings should be held, and schedule a follow-up meeting to review the IFSP, discuss progress, and make revisions. The family may also initiate a meeting to review the IFSP at any time by contacting the service coordinator.
 - Between meetings, parents and service providers may contact the Coordinator for assistance in accessing funding, referrals, or specialized services that are specified on the family's IFSP.
 - As the family progresses, a transition plan will be implemented and exit from service coordination will be planned upon goal completion.
- **High-Fidelity Wraparound:**
 - The Wraparound Facilitator and referring agency will meet with the family to discuss the wraparound process, family history (including past services/interventions), culture, strengths, unmet needs and goals. Intake paperwork, including the CANS (or DODD/ODH approved assessment), will

be completed. Team members will be identified, including natural supports. At a minimum, team members must include the family, at least one natural support chosen by the family, appropriate staff from involved agencies, and a representative from the appropriate school district. Families may invite any advocates, mentors or other support persons to participate in the wraparound meetings. A plan will not be developed and/or changed without the family present.

- The Facilitator will contact all team members, including natural supports, to inform them of the scheduled wraparound meeting. Contact will be made via phone, email and/or mailed invitation/reminder of wraparound meeting. A meeting agenda will be developed by the Facilitator.
- The team will review the strengths and unmet needs of the family, choosing two-three of the family's highest priority needs for plan development. The team, including the family and natural supports, will brainstorm creative, action-oriented strategies to meet the needs of the entire family. These strategies will be written as outcome statements and will include how progress and success will be measured. A mission and vision statement will be developed that describes the purpose of the team and what the team hopes to achieve through the wraparound process. Each team member will be made aware of individual responsibilities in the plan. A crisis and/or safety plan will be developed as needed.
- Families will evaluate the meeting, and the team will determine the frequency at which meetings should be held. A follow-up meeting will be scheduled to review the plan, discuss progress, make revisions as needed and celebrate successes. The family may also initiate a meeting to review the IFSP at any time by contacting the wraparound facilitator.
- Between meetings, parents and service providers may contact the Facilitator for assistance in accessing funding, referrals, or specialized services that is specified on the family's plan.
- As the family progresses, a transition plan will be implemented, and graduation will be planned upon goal completion.
- **Ohio Rise:**
 - Upon receipt of an OhioRISE referral, a Referral Specialist will get a Child and Adolescent Needs and Strengths (CANS) assessment scheduled to determine the young person's OhioRISE tier.
 - Once the CANS is completed, the young person will have a tier assigned (MCC or ICC if served by ISBH) and a Care Coordinator assigned.
 - The referral provider will be notified of the CANS completion, tier, and Care Coordinator assignment.
 - The assigned Care Coordinator has 7 days maximum to reach out to the young person/guardian. If any urgent matters need to be attended to, such as placement, the community partner can inform the Care Coordinator at any time.
 - Once the Care Coordinator has engaged with the family, the Care Coordinator will discuss the development of the Child and Family Team (CFTM) with the young person/guardian. The Care Coordinator will contact any community partners identified by the young person/family for participation on their team.

- The first CFTM will be held within 30 days of the referral. Subsequent CFTMs will be every 30 days for ICC clients or every 60 days for MCC clients unless a crisis warrants an emergency meeting.
- The Care Coordinator will complete a Care Plan that will include any flex fund requests after each CFTM.
 - Emergency flex fund requests can be submitted outside of the Care Plan timelines.
- The Care Coordinator will constantly evaluate the young person's needs/goals and encourage the growth of their CFT.
- The Care Coordinator must complete a CANS reassessment every 90 Days. If the young person's tier changes, there will be a 30-day warm handoff period for the transition to the new Care Coordinator.
 - If the family and team does not feel the new tier is appropriate, the Care Coordinator can complete a tier reconsideration form for the young person to maintain their previous tier.
- There is no maximum timeline for ICC/MCC services. However, ICC services typically last from 9-15 months, while MCC services typically last from 5-9 months.
- Services are terminated at the discretion of the young person/guardian and/or when all goals have been met. A young person/guardian may opt to transition services to another Care Management Entity (CME) should the youth's location change.

VIII. Individual Family Service Plan

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

- A. The Individual Family Service Plan includes:
 - a. Service Responsibilities: A list of agencies responsible for giving the child and family the specified needed services.
 - i. The agencies can be state, county and local, public and private agencies and informal supports.
 - b. Family approval of the person coordinating the services.
 - i. This person will track the progress of the IFSP, schedule reviews as necessary and facilitate the meeting process.
 - ii. By signing the IFSP, families agree to the Team Leader and the plan (as is currently written)
 - c. The assurance that every child will get the service that he or she needs.

- i. The Family Service Plan must also make sure that all services support individual family strengths and needs.
- d. A promise that families and children will be given the opportunity to share opinions, ideas and suggestions, and participate in decisions. This ensures assistance and services are respectful of the family's culture, gender, race, and ethnic group.
- e. A guarantee that services will be delivered in the least restrictive environment.
 - i. A least restrictive environment is when a child receives services in the most helpful setting.
- f. A process for early identification and intervention for alleged or adjudicated unruly/delinquent children in order to divert the child from the juvenile court system.
 - i. The process may include, but is not limited to: preparation of a complaint to encourage the family to comply with methods to divert the child from the court system, conducting a meeting with the child and parents to determine appropriate methods for diversion, short-term respite, child mentor, parenting education, alternative school programming, diversion contract or other appropriate measures deemed necessary by the team.
- g. A timeline for the goals outlined on the plan, as deemed appropriate for the needs of the child according to the team.
 - i. The timeline is located on the IFSP
- h. Crisis and/or Safety Plan:
 - i. Crisis Plan: Detailed arrangements regarding the process for dealing with an emergency situation or a short term crisis situation.
 - ii. Safety Plan: Ongoing process to build protective factors included in the IFSP that reduce the likelihood and impact of safety risk events.

IX. Out of Home Placement/Unruly/Delinquent Children

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

- If an out of home placement becomes necessary at any time during service coordination or wraparound, a team meeting will occur prior to such placement. In the event of an emergency, and an out of home placement becomes necessary, the team meeting will take place within 10 days after placement is made.
- In this meeting members will assess whether all other alternatives have been exhausted as reasonable and appropriate responses to the situation. Decisions will be made regarding funding or placement and a plan initiated for the child's eventual return to the community. Special funding considerations will be referred to the Family and Children First Council's Executive Committee. *Decisions of the team or Council shall not be interpreted as overriding or affecting decisions of a juvenile court or child protective services agency regarding an out-of-home placement.*

- In the event that out-of-home placement or another costly service is necessary, the Coordinator will facilitate necessary financial arrangements. Meigs County has no pooled funding nor do any of the participating agencies have local tax levy dollars. This severely limits our ability to gain financial participation in paying per diems. Negotiating appropriate financial arrangement is usually conducted in a meeting between administrators of the major funding entities (Juvenile Court, DD, Children Services and the ADAMHS Board).
- Team/Wraparound meetings will continue for youth placed out of the home in order to begin planning for community supports for the family during placement and to begin planning for the child's return to the community (re-entry), including housing, on-going treatment and/or educational needs.

X. Outcome Monitoring/Tracking

- The Child and Adolescent Needs and Strengths (CANS) assessment is completed on each child (ages 5-21) entering service coordination/wraparound prior to plan development. Children under the age of 5 will be assessed using a DODD/ODH approved assessment. To assist with monitoring outcomes, the CANS is repeated every 90-120 days while enrolled. Data from assessments is entered into the EHR system.
- Following each team/wraparound meeting, the family may complete core assessment surveys in the EHR system. Data from surveys will be collected and shared with families to show progress toward meeting goals.
- Individual Family Service Plans are monitored for progress toward goals by family team members using the EHR system. If goals are not obtained in the period in which they are set, an explanation for not obtaining the goal is required in the meeting notes.

Data and information collected through the monitoring and tracking system (EHR) will be reported to the county FCFC twice a year during the regular business meetings in January and July. This data will be used to inform the decision-making process of the County FCFC as required under ORC 121.37 (B)(2)(b). Data such as number of families enrolled, out-of-home placements, common issues, trends and treatment needs are considered in the annual strategic planning of the Council as members evaluate and prioritize services, work to fill service gaps and invent new approaches to achieve better results for families and children. Requested data will also be provided to the Ohio Family and Children First Cabinet Council.

XI. Procedure for Protecting Confidentiality of Families

Information contained in a Family Service Plan, as well as any personal family information disclosed during team meetings shall be respected with the highest confidentiality. Each agency's staff will follow, first and foremost, the confidentiality standards set forth by their employing agency. In addition, the IFSP, as well as subsequent meeting reports, will be signed by all team members with the indication that all personal identifying information and records regarding the family are to be kept confidential.

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

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

XII. Exit from-Service Coordination/High Fidelity Wraparound

A family will be released from Service Coordination if:

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

XIII. Funding/Fiscal Strategies

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

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

If there are any leftover MSY-PCSA funds from Job and Family Services, those funds are reallocated to Family and Children First Council. Decisions on the use of MSY-PCSA funds are determined on a case-by-case basis. The team and/or council will collaborate to discuss and determine how these funds will be spent.

Decisions will be made to access Multi-System Youth funds in a collaborative team meeting to determine the best use of funds for the youth. The FCFC Coordinator will monitor and report progress to the MSY State Review Team.

In response to the System of Care: Family Centered Services and Support (FCSS) funds are for children (ages 0 through 21) with multi-systemic needs, who are receiving service coordination. FCSS funds are designed to meet the unique, non-clinical needs of children and families

identified on the IFSP and/or to support the FCFC service coordination process, within the guidelines set forth for FCSS funds. FCSS funds are on a first-come, first-serve basis, and may be accessed through the FCFC Service Coordinator upon team consensus.

XIV. Community Awareness of Service Coordination Process

Upon approval of the Service Coordination Mechanism (SCM), staff from council member agencies will be trained on the purpose and use of this document. This training will be provided by the coordinator. Copies of the SCM, release of information forms and referral forms will be made available to agencies and staff by the Council coordinator.

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

The SCM will also be available for download on the FCFC website, meigsfcfc.org.

XV. Quality Assurance

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

XVI. Dispute Resolution

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

- **Category A:** The family is in disagreement with the County Council regarding Service Coordination.
- **Category B:** One agency is in disagreement with another agency regarding the provision of services to children.

The process for handling each of these situations is based on the assumption and belief that individuals will seek understanding and resolution informally before initiating the formal conflict resolution process. In many instances, a Parent Advocate is helpful in

resolving issues informally. Parent Advocates can be made available at any time during the service coordination process, including during times of dispute.

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

Purpose: The local dispute resolution process shall be used to resolve disputes between a child’s parents or custodians and the county council regarding service coordination. A parent or custodian who disagrees with a decision rendered by a county Family and Children First council regarding services for a child may initiate the dispute resolution process established in the county’s SCM.

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

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

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

FCFC Coordinator
175 Race Street; P.O. Box 191
Middleport, Ohio 45760
(740) 444-7610

2. Parents or custodians shall be informed of their right to use the dispute resolution process.
 - a. Those parents or custodians who are denied access to the service coordination process at the point of referral will be informed of their right to use the dispute resolution process and will be provided a written copy of the Council’s dispute resolution process.
 - b. During intake, parents or custodians will be informed of their right to use the dispute resolution process and will be provided a written copy of the council’s dispute resolution process.
 - c. Any member of the service coordination team or any member of council who receives a complaint from a parent or custodian regarding service coordination will inform the complainant of their right to use the council’s dispute resolution process and provide the complainant with the contact information for filing a complaint.
 - d. The coordinator will provide a copy of the dispute resolution process to the parent or custodian filing a complaint.
3. The coordinator will notify the council chair and administrative agent of the complaint within seven (7) calendar days.
4. Each agency represented on a county Family and Children First Council that provides services or funding for services that are the subject of the dispute resolution process initiated by a parent or custodian must continue to provide those services and the funding for those services during the dispute resolution process. (ORC 121.381).

5. The Council's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council chairperson will appoint another member of the Council to serve in that person's stead.
6. The investigation of the complaint will include at least the following:
 - a. Conducting an on-site investigation as determined necessary;
 - b. Interviewing the parent or custodian and giving the parent or custodian the opportunity to submit additional information, in writing;
 - c. Interviewing relevant providers and giving providers an opportunity to submit additional information in writing, and;
 - d. Reviewing all relevant information and making a decision
7. The Council's Executive Committee will issue a written decision to the parent or custodian within sixty (60) calendar days from receipt of the complaint. Situations determined to be an emergency by the Council's Executive Committee will be addressed within thirty (30) calendar days. The written decision will address each allegation and include finding of facts, conclusions, and the reasons for the council's decisions.
8. When the provision of service or funding cannot be resolved through the designated dispute resolution process, the final arbitrator will be the Gallia County Family and Children First Council Executive Committee. In cases where an Executive Committee member serves on both County Councils, alternates will be appointed to ensure a fair and impartial process. The Coordinator will assist the parent or custodian in submitting the case to the Gallia County Family and Children First Council Executive Committee within seven (7) days of the failed dispute resolution process. The Coordinator will assist the family in providing assessment and treatment information to the Committee.

Category B: Agency Dispute with County Council Decisions

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

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

1. The Coordinator is designated as the liaison for the receipt of complaints:

FCFC Coordinator
 175 Race Street; P.O. Box 191
 Middleport, Ohio 45760
 (740) 444-7610

If the complaint goes against the liaison the receipt of complaints can be submitted to the director of Meigs County Department of Job and Family Services
 175 Race Street; P.O. Box 191
 Middleport, Ohio 45760
 740-444-7601

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

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

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