



Family &
Children First
Council



Family & Children First Council

2025

SERVICE COORDINATION MECHANISM

HENRY COUNTY

TABLE OF CONTENTS

Introduction.....	3
Service Coordination Levels of Care.....	3
Level 1 – Information and Referral	
Level 2 – Service Coordination	
Service Coordination Purpose.....	4
Service Coordination Target Population.....	5
Child Protective Services / Youth in Custody	
Youth in Juvenile Justice System	
Early Intervention	
OhioRise	
Service Coordination Process.....	6
Referral	
Initial Face to Face Meeting.....	7
Confidentiality	
Assessment	
Crisis Plan	
Safety Plan	
Developing Child and Family Team Meeting.....	8
Mission, Strategies, Family Vision	
Further Child and Family Team Development	
Initial Child and Family Team Meeting	
Plan of Care.....	9
Needs, Strategies, Outcomes	
Plan of Care Implementation	
Fiscal Strategies.....	10
Out of Home Placement	
Transition Planning & Discharge	
Quality Assurance of Service Coordination Mechanism.....	11
Family Coordination Team	
Monitoring Outcomes Service Coordination.....	12
Dispute Resolution Process.....	13
Disputes Between Agencies.....	14
Non-Emergent & Emergent Disputes Between Parent/Guardian and FCFC.....	15
Ohio Family & Children First Cabinet Council Involvement in Dispute Resolution.	16



INTRODUCTION

The Ohio Family & Children First (OFCF) initiative has been a catalyst for bringing community agencies together to coordinate and streamline services for those families and children needing or seeking assistance. As an integral component of our local system of care, 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. This Service Coordination Mechanism (SCM) shall serve as a guiding document for coordination of services in Henry County when a child is referred to Family & Children First Council (FCFC) for assistance. This SCM will define the various levels of coordination that exist under the mechanism and is written in compliance with the guidelines as required in Ohio Revised Code section 121.37.

The persons involved in the review and revision of this Mechanism includes: Henry County Family and Children First Council Coordinator; Henry County Family and Children First Council and Steering Committee.

SERVICE COORDINATION LEVELS OF CARE

In an effort to establish a seamless continuum of care, the following criteria will be utilized to determine the appropriate level of care.

Level 1 – Information & Referral

An information and referral level of care is issue-focused. The family is stable with natural and community supports and they are seeking short-term/single agency information and referral. The issues presented by the family can be resolved by traditional services through a single agency.

Level 2 – 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 Service Coordination Mechanism will support the least intrusive response, while still adequately addressing a family's needs. If a higher level of assistance is needed to adequately address needs (such as Intensive Home-Based Treatment, Multi-Systemic Therapy, out-of-home placement) the chosen coordination process will continue throughout these intervention services to ensure the youth/family have the proper level of service and supports to continue to support them once the intervention has been completed.



SERVICE COORDINATION PURPOSE

Our system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with multiple needs and their families. Service coordination is a collaborative, coordinated, cross-system team-based planning process implemented to address the needs of youth and families where those needs are multiple and complex. Service coordination is built upon the strength of services in our 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. These processes are based and addressed within a system of care that accounts for:

- Broad array of services/supports available
- Individualized plan
- Least restrictive setting
- Coordinated at both the system and service level
- Family-driven, youth-guided
- Emphasize early identification and early intervention

The purpose of service coordination is to provide a venue for families requiring services where their needs may not have been adequately addressed in traditional agency systems. This process serves as a safety net for children needing more intensive collaboration of multi-system providers. Each system has areas of responsibility, and this Service Coordination Mechanism is not intended to override current agency systems, but to supplement and enhance what currently exists, or identify additional supports that are needed but are not currently utilized.

The success of service coordination efforts through Henry County FCFC depends on integrating key values into this process. The following is a list of values that are integral to the service coordination process, resulting in a more effective service delivery system:

- 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 process is family-focused and strengths-based. It is responsive to the culture, race and ethnicity of the family. Therefore, it results in a unique set of community services and natural supports individualized for the child and family and it is based on the child and family's perceptions of their strengths and needs to achieve a positive set of outcomes. The goal of this process is to assist families in building a system of natural supports so to gradually reduce family reliance on formal systems as it becomes appropriate.



SERVICE COORDINATION TARGET POPULATION

The criteria for children and families who would typically be accepted into the Service Coordination Process are as follows:

1. Child must be a Henry County resident
2. Child age 0 through 21 years
3. Any child with multi-systemic needs whose service and support needs are not being adequately met while seeking assistance outside of the SCM
4. The lead agency has worked collaboratively with the family and the needs have not been adequately met.
5. A child/family that is unable to access needed services.

The following clarifications are for specific populations who can be served under service coordination:

Child Protective Services/Youth in Custody

Regardless of youth/family involvement with Henry County child protective services, service coordination can still be accessed for any youth with needs across multiple systems. Youth who are in custody of child protective services can be referred to service coordination for longer-term planning and coordination. If the child is in protective services and out of their home placement Family Centered Services and Support (FCSS) grant funding dollars cannot be used for services and supports however Service Coordination may continue.

Youth in Juvenile Justice System

If the needs for other interventions can be identified prior to court involvement, services are put in place to meet those needs. Service coordination is available for youth that are adjudicated unruly or delinquent.

Early identification and intervention is recognized as a critical factor in preventing a child from becoming involved with the juvenile court system. Service Coordination can be assessed and a meeting with child, parents and other interested parties to determine appropriate methods for diversion. Services that may be included are parenting education, short-term respite, alternative education programs and juvenile court diversion programs. If the child is in court custody and out of their home placement Family Centered Services and Support (FCSS) grant funding dollars cannot be used for services and supports however Service Coordination may continue.

Early Intervention (EI)

For a direct, collaborative, connected and aligned effort, the lead provider of service coordination will be the EI service provider, who will provide assurance that EI services received are consistent with EI laws and rules per federal regulations and the Ohio Department of Children and Youth Services policy and procedures with O.R.C. 5123.02. The FCFC Coordinator along with the EI Supervisor work together with the DCYS Program Consultant on "Supporting Ohio's Service Coordination Process (SOSC) leadership team. If a child/family enrolled in EI service coordination is in need of supports across multiple systems, the Henry County FCFC Coordinator and Henry County Family Coordination Team are available to provide support and assist as needed. In Henry County to help insure a seamless continuum of care for the Early Intervention population transition to preschool, the HCDODD Early Intervention Supervisor will have a seat on the Family Coordination Team and knowledge in referring children and families to SCM as needs arise. The EI Service Coordination and Individualized Plan will take the lead.

OhioRise

FCFC Service Coordination is available for youth enrolled in Ohio RISE. This includes those with complex behavioral health and multisystem needs. While funding restrictions prohibit the utilization of FCSS funding for service coordination



activities for youth enrolled in Ohio RISE receiving Care Coordination, Henry County FCFC will work to ensure the youth/family and referred are connected to care coordination as well as necessary services and supports. No family will be denied the opportunity to refer themselves for consideration for service coordination. Henry County FCFC will work to identify groups or types of children and families not being served or whose needs are inadequately addressed to improve the local system of care. However, a family cannot be in Ohio RISE and FCFC service coordination at the same time, it is a duplication of services.

SERVICE COORDINATION PROCESS

REFERRAL

Any family meeting the eligibility criteria may access the Service Coordination Mechanism through The Henry County Family & Children First Council (FCFC). This includes, but is not limited to, agencies, schools, juvenile justice and families voluntarily seeking services.

To initiate the service coordination process, a completed Service Coordination Referral Form (Attachment A) and Informed Consent for Release & Exchange of Information (Attachment B) must be submitted to the Family & Children First Council Coordinator. The Family & Children First Council Coordinator's contact information is as follows:

Henry County Family & Children First Council Coordinator

Tracy Albright

104 E. Washington Street

Napoleon, OH 43545

419-592-4210 Ext: 136

Tracy.Albright@henrycountyohio.gov

If a referral is received from an agency, the FCFC Coordinator will communicate the appropriateness of the referral to that agency within 5 business days (excluding weekends and holidays) of referral receipt. The referral agency will be assigned as the lead agency. The lead agency will make verbal or written contact with the family within 3 business days of assignment to notify them of referral acceptance. An initial family meeting will be established at the earliest mutually convenient time and location, not to exceed 10 business days from the lead agency's notification of referral acceptance with the family, unless other arrangements are made that are satisfactory with the family.

If a family self-refers, the FCFC Coordinator will meet with the Family and help with the referral process and consent paperwork and be assigned as the temporary lead agency. Upon completion of the paperwork the FCFC Coordinator will communicate the appropriateness of the referral to the family within 5 business days (excluding weekends and holidays) of referral receipt. The FCFC Coordinator will make verbal or written contact with the family within 3 business days of assignment to an appropriate Lead Agency. An initial family meeting will be established at the earliest mutually convenient time and location, not to exceed 10 business days from the lead agency's initial contact with the family, unless other arrangements are made that are satisfactory with the family.

Henry County Family & Children First Council may accept or deny referrals for service coordination. A referral may be denied if: parents have not signed a release of information; if the referral does not meet eligibility requirements; if Henry County Family & Children First Council service coordination would be a duplication of effort when there is already a suitable family service plan in place and if there is a lack of sufficient involvement by the lead agency.



Initial Face-To Face Meeting

The FCFC Coordinator will train each new Family's lead agency in the process of Service Coordination. The lead agency will schedule an initial face-to-face meeting with the child and family. The meeting place and time will be the Family's preference.

Confidentiality

The lead agency will explain confidentially to child and/or parent/guardian and obtain releases of information to allow communication with team members (agencies, professionals, natural supports). The confidentiality of the child and family will be protected at-all-times. All information disclosed in family team meetings and contained in the Plan of Care will be protected. Only the parties given authorization on the Informed Consent for Release & Exchange of Information (Attachment B) will have consent to view and hear the family information. At any time, a family may revoke any release of information previously granted.

Parent Advocacy services will be offered; the family choice to accept or decline Parent Advocacy will be indicated on release of information (Attachment B). Parent Advocacy services can be chosen at any point throughout the service coordination process.

The child and/or parent is given a copy of the Service Coordination dispute resolution process.

Child & Family Strengths & Needs Assessment

The lead agency will seek to explore and discover child and family strengths, needs, culture, race and ethnicity using the Child & Family Strengths & Needs Assessment tool (Attachment E). This assessment tool will also be used to aid in the identification of potential life domains to be considered in the development of the Plan of Care. The family may give specific input on their perceptions of problems, strengths, cultural matters, what they hope to change and what services they believe they could gain benefit. The information gathered from this assessment tool along with the Mission, Strengths, Family Vision (Attachment H) will be used to help in developing their Plan of Care.

Crisis Plan

The lead agency will develop a **Crisis Plan** (Attachment F) with the family during the first initial visit. A Crisis Plan, detailing options for preventing a known crisis and responses by those supporting the youth through such an event, will be developed based on the family need and reports of past crisis events and relevant triggers to help in identifying potential future crisis needs.

Safety Plan

The lead agency will develop a **Safety Plan** (Attachment G) with the family during the first initial visit if or when applicable. A Safety Plan will be developed to ensure that a safety risk is mitigated as quickly as possible. A known safety concern and responses by those supporting the youth through such an event, will be identified based on: the family need and reports of past safety concerns; a safety checklist; and identifying destabilizing factors and triggers. Crisis team members names and contact information with specific action steps will be identified and monitored. The crisis team members may be a part of the formal family team.



- This Crisis Plan and Safety Plan will be shared with the team members to be prepared to respond appropriately and immediately to a crisis or safety concern.
- The team should identify where its plans seems most vulnerable and what the consequences might be if the plans do not function. All child and family team members should have a copy of the Crisis Plan and Safety Plan to easily refer to when needed.
- After each crisis or safety concern occurs, the Child and Family Team will review if the plans worked or needs modification. All changes to a plan will be team-driven, and all members who are not present must be informed immediately.

Developing the Child and Family Team Meeting

Mission and Family Vision

After the initial assessment and crisis and safety plans are complete, the lead agency and family will work together to identify: Mission and Family Vision (Attachment H). The lead agency and family will begin to identify: family team members both formal and informal supports; team members meaning to the team; family vision and mission; and family's level of engagement.

Further Child and Family Team Development

The lead agency and family will work together to schedule the meeting date/time/location of the first Child and Family Team meeting. Consideration of family needs and limitations will be made in determining the location of the meetings. The lead agency will notify and invite all identified team members (including but not limited to, FCFC Coordinator, identified agencies, a representative from the child's school district and family support persons) to all Child and Family Team meetings.

If the family determines they would like to invite additional support person(s) (parent advocate, mentor or support person of the family's choice that is involved with the Plan of Care) not previously identified, it is the parent's responsibility to inform the support person(s) of the date/time/location of their Child and Family Team meeting.

Initial Child and Family Team Meeting

All members of the Child & Family Team will begin every meeting by signing the Child & Family Team Confidentiality Agreement (Attachment C) which details an agreement that persons present understand all identifying and personal family information disclosed is privileged, protected and confidential.

The lead agency will initiate facilitating the Child and Family Team meeting. To encourage the child and family's participation in the Plan of Care (Attachment I) process, the family will have a voice in choosing and approving their Team facilitator at the initial meeting. If the family objects to the Lead Agency as facilitator of the Family Team meetings the Child and Family Team will work with the family to select an appropriate facilitator. This facilitator will then be trained in the Service Coordination process by either the lead agency or the FCFC Coordinator.

The facilitator's responsibilities include: working with the Child and Family Team (CFT) to develop the Plan of Care; define the responsibilities for provision of services by all parties involved including timelines; addressing service gaps; and along with the family, responsible for monitoring the implementation of the Plan of Care; tracking progress; assigning responsibilities and scheduling meetings.

Lead Agency responsibilities will include: submitting monthly progress updates and applicable funding requests (Attachment J), timely to the FCFC Coordinator; ensuring the Informed Consent for Release & Exchange of Information (Attachment B) is updated every 6 months and submitted to FCFC Coordinator; updating Child and Family Strengths & Needs Assessment every 90 days and/or as needed.



Trust and mutual respect are built while the team creates an initial plan. Family culture, strengths, needs and the domains identified in the assessment are the foundation for the plan. Some of the points for the Child and Family Team members to remember:

- Family involvement is choosing appropriate services and providers in the planning, implementation and evaluation of services will be respected.
- CFT will ensure assistance and services to be provided are responsive to the strengths and needs of the family and special attention given to issues related to race, ethnicity, culture and gender.
- Promotion of early intervention
- Prevent unnecessary out-of-home placements and keep children and our community safe while supporting families whenever possible.
- Services and supports meeting the needs of the child and family are provided in the least restrictive environment and as close to their own home as possible.

PLAN OF CARE

Needs, Strategies, Outcomes

The Child and Family Team in developing the Plan of Care (Attachment I) will utilize: The Child & Family Strengths & Needs Assessment (Attachment E); The Crisis Plan (Attachment F); Safety Plan (if applies) (Attachment G); Mission and Family Vision Plan (Attachment H). The Plan of care will clearly identify and define: facilitator; team members; mission; identify needs; strategy for need; goal with plan of action and projected time line; responsible team members duties; matching resources; and ways to monitor progress. The CFT will also monitor: Case Closure (date, reason for closure and team goals and outcomes). This Team needs, strategies and outcomes data will move the team toward: developing measurable goals; brainstorm and develop measurable strategies to support the chosen needs and goals; developing action steps/solutions to meet the strategies; select and assign team members to follow-up on action steps; identify an outcome/result for each strategy; and identify resources needed.

PLAN OF CARE IMPLEMENTATION

The Child and Family Team facilitator will be responsible for monitoring the implementation of the Plan of Care and will reconvene the group as needed to update or modify the Plan of Care.

The Child and Family Team will determine appropriate frequency to meet. Barriers and progress toward the goals identified on the family plan will be discussed at the regularly scheduled Child and Family Team meeting. The child/family will be provided with an opportunity to schedule a meeting at any time to review their progress toward established goals.

The Child and Family Team is to review the Plan of Care and update changes or further needs and document by the signature page. Anytime the Plan of Care is modified or updated, the facilitator is to submit a copy of the modified/updated Plan of Care (including signature page) to the FCFC Coordinator.

As a product of the Plan of Care, a Child and Family Team may identify fiscal or other resources required to support service plan implementation, transitional services and service activity tracking.



FISCAL STRATEGIES

The Child and Family Team may identify fiscal or other strategies required to support the implementation of the Plan of Care's strategies and goals. The Lead Agency can submit a Henry County Service Coordination Funding Request (Attachment J) to the FCFC Coordinator for consideration by the Family Coordination Team at the monthly meeting. Following the Family Coordination Team meeting the FCFC Coordinator will contact the families Lead Agency personnel to report The Family Coordination Team funding request decision.

Funding to meet the needs identified in the Plan of Care will be determined on a case-by-case basis. All available county resources will be considered including sharing, blending or braiding resources to meet the needs of the child and family. This improves flexibility and allows the county to be fiscally responsible and maximize local, state and federal funds. Our long-term vision would be to track reallocation of funds from institutional services to community-based, preventative and family-centered services, however at this time there is no current tracking method in place.

The System of Care: Family Centered Services and Supports (FCSS) funding is designed to meet the unique, non-clinical needs of children and families as identified in their Plan of Care; the current fiscal year FCSS guidance document will stipulate FCSS guidelines and requirements.

Out-of-Home Placement

A Child and Family Team meeting must occur as soon as reasonably possible once it is known that a child in service coordination may be placed outside their home to assure that all alternatives to out-of-home placement have been explored and exhausted.

If a child is in emergency placement, a Child and Family Team meeting will take place within ten days of the placement to review the child's existing or to create a plan if there is not one already in place. It also provides the opportunity to plan for community supports for the family while the child is in placement and plan for community supports needed for when the child returns to the home and community. The Child and Family Team is to assure services are being provided in the least restrictive environment and cooperates to locate appropriate placement. During placement, the Child and Family Team should continue to meet to review the placement and the youth's progress toward discharge.

TRANSITION PLANNING & DISCHARGE

When the Child and Family Team reaches consensus that the family's long-range mission and goal(s) are close to being completed or if the family moves or is no longer wanting services, it is time to transition the family from service coordination. The facilitator will work with the family to develop a transition and discharge plan (Attachment I – Transition and Discharge) to summarize progress made toward their mission and goals, determine if ongoing community services are needed, determine if referrals for other services are needed and the total amount of funds allocated to the family through Family & Children First Council. The Lead Agency sends a copy of the closing to the FCFC Coordinator for records. At this time the family is discharged.



QUALITY ASSURANCE OF SERVICE COORDINATION MECHANISM

FAMILY COORDINATION TEAM

All children and families served through this Service Coordination Mechanism will be monitored and tracked by the Family Coordination Team. As a monitoring body, the Family Coordination Team review service coordination cases and help identify appropriate funding or other requested resources. They will meet monthly and team membership may include: FCFC Coordinator; FCFC Chair; ADAMhs Board representative; juvenile court representative; children's services representative; Educational Service Center representative; county school representative; Department of Developmental Disabilities; and Early Intervention Supervisor.

All members of the Family Coordination Team will begin every meeting by signing the Family Coordination Team Confidentiality Agreement (Attachment D) which details an agreement of support that persons present understand all identifying and personal family information disclosed is privileged, protected and confidential.

Responsibilities for the Family Coordination Team are as follows:

- Each member is required to attend as many meetings as possible. If the member will be absent for an extended amount of time, they will be asked to send a representative in their place.
- The FCFC Coordinator will be responsible for facilitating all Family Coordination Team meetings. In the Coordinator's absence, he/she will select another individual from the team to facilitate.
- The FCFC Coordinator is responsible for meeting notifications and agendas for Family Coordination Team meetings.
- Family Coordination Team minutes/notes will be maintained at all meetings and kept at the FCFC office.
- Emergency meetings of the Family Coordination Team will be scheduled as needed. The FCFC Coordinator and FCFC Chair will determine if and when an emergency meeting is needed and notify other members.
- The FCFC Coordinator will maintain a file on all active service coordination cases. The file shall include the following: **1.** complete referral form (Attachment A) **2.** parental release of information form (Attachment B) **3.** receipt of signed dispute resolution form (Attachment K) **4.** copy of Child & Family Needs Assessment (Attachment E) **5.** mission, strengths, family vision form (Attachment H) **6.** current copy of signed Plan of Care (Attachment I). The FCFC Coordinator will maintain records using the OASCIS system. All other family information will be maintained by the lead agency assigned to the family.
- The FCFC Coordinator will maintain updated fiscal spreadsheets and report data for funding and will be on every Family and Children First Council agenda to monitor and approve.



MONITORING OUTCOMES SERVICE COORDINATION

Monitoring Plan of Care progress and outcomes will be reviewed by:

- Level 1 – Information and Referral cases are reviewed only between the FCFC Coordinator and involved agency.
- Level 2 – Service Coordination cases are reviewed at the monthly Family Coordination Team meeting.

Service Coordination will be a standing agenda item on all Henry County Family and Children First Council and Steering meetings. Family outcomes will be reported annually in order for the Council to continually evaluate and prioritize services, fill service gaps and invent approaches to achieve better results for children and families. Confidentiality of the families in the service coordination process will be protected at all times; only outcomes and no family identifying information will be shared.

The FCFC Coordinator will submit an FCSS annual report (encompassing the state fiscal year, July-June) and present to the Henry County Family & Children First Council the following items including but not limited to the following data: referrals by system; needs at intake; total number of children served by age category; total families served; number of times each service or support was written into Plan of Care including service category; family advocate usage; linkage to primary care physician, out-of-home placements and exit summary.

The Henry County FCFC Coordinator will be making families, agency personnel and community members aware of the Service Coordination Mechanism by: county and state website information; FCFC Council and Steering meeting updates; regular monthly Family Coordination Team Meeting; meetings with county agencies and community members. Trainings in the Henry County SCM will be annually and as needed by FCFC Coordinator to: Lead Agencies; families; and community members.



DISPUTE RESOLUTION PROCESS

The Henry County Family & Children First Council serves to utilize the recommendations of all parties, including that of the parent to promote the well-being of the child (REN) regarding the provision of services for child (REN). If there is significant and unresolved conflict regarding any aspect concerning the provision of the services by any participant (individual or agency) in the Service Coordination Mechanism process, every attempt is made to resolve that conflict with the individual or agency. If this attempt cannot resolve the dispute, the dispute resolution process can be initiated by contacting:

Henry County Family & Children First Council Coordinator

Tracy Albright

104 E. Washington Street

Napoleon, OH 43545

419-592-4210 Ext: 136

Tracy.Albright@henrycountyohio.gov

The dispute resolution process shall be used to: 1) resolve disputes among the agencies represented on the Henry County FCFC concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services 2) resolve disputes between a child's parents or custodians and the Henry County FCFC regarding Service Coordination Mechanism process per O.R.C. 121.38

Each family will be notified in writing of their right to utilize the dispute resolution process and a Receipt of Dispute Resolution Process form (Attachment K) will be signed at initial meeting. Parents who choose to utilize an advocate or mentor are encouraged to include those representatives in the process.

If the dispute does not pertain to service coordination, parents shall use existing local agency grievance procedures to address disputes. This 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. Each agency represented on the Henry County Family & Children First Council (FCFC) that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process. These rights shall not be interpreted as overriding or affecting decisions of the Juvenile Court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

If a child enrolled in Council's service coordination process is also enrolled in Ohio's Early Intervention program, the Henry County BODD Early Intervention dispute resolution process will take precedence. Information on the Henry County BODD Early Intervention dispute process can be found at: Henry County BODD, 135 East Maumee Street, Napoleon, OH 43545 or phone at 419-599-2892 or their website: www.henrydd.org. The Henry County FCFC Coordinator and Henry County Early Intervention Supervision will also assist in connection to this process.

During the resolution process, the child shall continue to receive services which were provided at the time of the complaint, unless the service provider and the parent agree to an alternative, which would be documented in a written statement.

DISPUTES BETWEEN AGENCIES

When disputes arise between agencies as to the services or funding of services a child and/or family is to receive, any agency represented on Henry County Family & Children First Council may initiate this local dispute resolution process. If a dispute is initiated between agencies, the following procedure and timeline will be utilized:

1. Within 7 calendar days of the disagreement/dispute, the disputing agency will submit a Dispute Resolution Request form (Attachment L) to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute is required to be submitted with this request.
2. Upon receipt of the Dispute Resolution Request form, a meeting between the disputing agency Henry County **FCFC Steering Committee** (hereafter: Steering Committee) will be convened within 15 calendar days. This meeting will be scheduled at a mutually convenient time for the majority members of the disputing agency and the Steering Committee.

The disputing agency will prepare a presentation for the Steering Committee regarding the nature of the dispute, the specific issues that are requested to be resolved, and a proposed solution. This presentation can be made by the director of the agency or an approved representative of that agency.

Each Steering Committee member must vote on the proposed resolution. A majority vote will determine resolution of the dispute. The FCFC Coordinator will act as facilitator in the process but will abstain from voting. The Steering Committee will prepare a written response to the disputing agency conveying the resolution. The FCFC Coordinator will mail the resolution letter to the disputing agency within 3 calendar days.

3. When the provision of services cannot be resolved through this dispute resolution process, the final arbitrator will be the presiding **Juvenile Court** Judge. Or, if the disputing agency disagrees with the decision of the Steering Committee, the disputing agency has the right to request the dispute be reviewed by the Juvenile Court Judge as the final arbitrator.

Within 7 calendar days of receipt of the Steering Committee's resolution letter, the disputing agency must file a request with the Juvenile Court to have the dispute to be decided upon by the Juvenile Court Judge. The disputing agency must prepare interagency and treatment information for the court along with the request and return to the FCFC Coordinator.

Upon the request of the complainant, the FCFC Coordinator will assist in gathering all documentation regarding the dispute, including, but not limited to the Dispute Resolution Request and supporting documentation and responses made by the Steering Committee.

The presiding Juvenile Court Judge will issue a written, binding ruling.



EMERGENCY AND NON-EMERGENCY DISPUTES BETWEEN PARENT AND FCFC

The following dispute resolution process shall be used to resolve disputes between a child's parent/guardian and Henry County Family & Children First Council regarding service coordination. The child's parent/guardian is the complainant.

An emergency dispute is defined as a dispute that requires an immediate response due to the safety or well-being of the child (REN). A non-emergency dispute is defined as a dispute that does not require an immediate response due to the safety or well-being of the child (REN).

The timelines utilized to address the dispute differ for non-emergency and emergency disputes and are described in the procedure non-emergency/emergency, respectively, as well as graphed below.

1. Within 3/7 calendar days of the disagreement/dispute the complainant will submit a Dispute Resolution Request form (Attachment L) to the FCFC Coordinator communicating the desire to utilize the dispute resolution process. Supporting evidence or documentation concerning the dispute is required to be submitted with this request.
2. Upon receipt of the Dispute Resolution Request form, a meeting between the complainant and the **Family Coordination Team** will be convened within 5/15 calendar days. This meeting will be scheduled at a mutually convenient time for complainant and majority members of the Family Coordination Team. The complainant will prepare a presentation for the Family Coordination Team regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the complainant or an advocate.

At the meeting with the Family Coordination Team, the complainant will present information regarding the nature of the dispute and identify specific issues that are requested to be resolved. The Family Coordination Team will meet in closed session after the complainant's presentation to draft a written response of the proposed resolution. The next business day, the FCFC Coordinator will submit the Dispute Resolution Request form including supporting evidence or documentation and proposed resolution to the Henry County FCFC Steering Committee.

3. Henry County **FCFC Steering Committee** (hereafter: Steering Committee) will meet within 7 days of complainant /Family Coordination Team meeting to review the dispute and Family Coordination Team's proposed resolution. The Steering Committee will either approve or reject the Family Coordination Team's proposed resolution.
 - a) If approved, the Steering Committee will draft a letter to the complainant conveying the resolution.
 - b) If rejected, the Steering Committee becomes responsible for preparing and voting on a resolution. Each Steering Committee member must vote on the resolution. A majority vote will determine resolution of the dispute. The FCFC Coordinator will act as facilitator in the process but will abstain from voting. The Steering Committee will prepare a written response to the complainant conveying the resolution. The FCFC Coordinator will mail the resolution letter to the client the next business day.

Not later than sixty days after the parent/guardian initiates the dispute process, the council shall make findings regarding the dispute and issue a written determination of its findings.

4. When a dispute that originates with the child's parents or custodians **cannot be resolved** through the designated dispute resolution process, the next and final step is for the Henry County FCFC to make a referral to **the Ohio Family & Children First Cabinet Council**. Within 15 calendar days of the dispute decision from the FCFC Steering Committee, the complainant may submit the OFCFC Dispute Resolution Form (Attachment L) to the FCFC Coordinator.



OHIO FAMILY & CHILDREN FIRST CABINET COUNCIL INVOLVEMENT IN DISPUTE RESOLUTION

When requested, the Ohio Family & Children First (OFCF) Cabinet Council (CC) will provide an administrative review of unresolved local disputes regarding conflicts among parents, agencies, and/or councils pertaining to the county council service coordination process or decisions made during the individual family service coordination process.

The dispute must be concerning a decision made or a process proposed or implemented during a phase of the county service coordination process regarding a family or child who is formally involved in the county Family & Children First service coordination. This includes a disagreement regarding the denial of acceptance of a family into the county service coordination process. Agencies, providers, or parent/legal guardians who have participated on a family service coordination plan team may request a dispute resolution review.

The OFCF Service Coordination Committee will review such requests and make recommendations to the CC for its review and approval. With CC approval, the OFCF will respond, in writing to the county council requests for dispute resolution review within 30 days of the receipt of the request by the State Service Coordination Committee.

The following requirements must be met BEFORE the county dispute case can be reviewed:

1. The involved family must **sign a release** to have its information shared with the OFCF Service Coordination Committee and the Cabinet Council.
2. The family must have been referred to **and accepted into some level of the county council service coordination process. Two exceptions to this requirement are:**
 - a. When a family was referred to the county FCFC service coordination, either by itself or by another party, **and was not accepted into the county service coordination. In this circumstance, an administrative review will be granted if the fact of not being accepted into service coordination is the matter being disputed.**
 - b. If the dispute is regarding service being provided **through Department of Children and Youth for an Early Intervention eligible child.**
3. The county council must **verify that the county council dispute resolution process has been completed without satisfactory resolution** as determined by the concerned parties.
4. **The county council must request the Cabinet Council review and submit requested documents pertaining to the dispute.**



Family &
Children First
Council

2025

SERVICE COORDINATION MECHANISM

APPENDIX OF FORMS

HENRY COUNTY



Henry County FCFC Service Coordination Mechanism Forms

APPENDIX

ATTACHMENT

A	REFERRAL FORM	3
B	INFORMED CONSENT FOR RELEASE & EXCHANGE OF INFORMATION FORM...	4
C	CHILD & FAMILY TEAM CONFIDENTIALITY AGREEMENT FORM.....	5
D	FAMILY COORDINATION TEAM CONFIDENTIALITY AGREEMENT FORM.....	6
E	CHILD AND FAMILY STRENGTHS & NEEDS ASSESSMENT FORM	7-8
F	CRISIS PLAN FORM.....	9-10
G	SAFETY PLAN FORM.....	11-12
H	CHILD AND FAMILY MISSION AND VISION FORM	13
I	PLAN OF CARE.....	14-15-16
J	HENRY COUNTY SERVICE COORDINATION FUNDING REQUEST FORM.....	17
K	RECEIPT OF DISPUTE RESOLUTION PROCESS FORM.....	18
L	DISPUTE RESOLUTION REQUEST FORM	19-22

****REQUIRED FORMS FOR NEW REFERRALS: A,B,C,E,H,I**

****FORM J AS NEEDED FOR FUNDING REQUESTS**

****FORMS D,F,G,K,L AS NEEDED FOR INDIVIDUAL SITUATIONS/SERVICE NEEDS**



ATTACHMENT A

Henry County Service Coordination Referral Form

Date of Referral _____

Child's Name: _____ **AGE:** _____ **DOB:** _____ **Gender:** _____ **Race:** _____

Address: _____ **City, State, Zip:** _____

School District: _____ **School Attending:** _____ **Grade:** _____

Child's Diagnoses: _____

Father: _____ **Phone:** _____

Address: _____ **City, State, Zip:** _____

Mother: _____ **Phone:** _____

Address: _____ **City, State, Zip:** _____

Legal Custodian: _____ **Phone:** _____

Address: _____ **City, State, Zip:** _____

Siblings in the home/ages: _____

Referring Agency: _____ **Person Referring:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Reason(s) for referral:

- Child is age 0-21 and has multiple systemic unmet needs.
- Child is at-risk of being removed from his/her home or school.
- Lead Agency has worked collaboratively with the family and have attempted to provide necessary services and not yielded needed results.
- Child/family is experiencing a problem with coordination of existing services.

Presenting Issues: _____

Child's need(s) as of referral date (check all that apply):

- Alcohol/Drug
- Autism Spectrum Disorder
- Child Abuse
- Child Neglect
- Delinquent
- Developmental Disabilities
- Early Intervention Services
- Mental Health
- Physical Health
- Poverty
- Primary Care Physician (PCP-not established with)
- Special Education
- Unruly
- Other _____

If PCP not checked above, who is PCP? _____ Date last seen for well-check? _____

Systems/agencies that have been involved with family to date: _____

Child & Family Concerns; check all that apply:	Provide information for all checked areas. <small>Indicate family member concern applies to.</small>
Other children age 5 & under in the family (How many)	
History/Current Alcohol Abuse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
History/Current Drug Abuse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
Mental Health Issues <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
Child involved in counseling (Where)	
Other family members involved in counseling (Who/where)	
Physical/Sexual/Emotional Abuse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver	
Domestic Violence (Explain concerns)	
Placement Concerns <input type="checkbox"/> Foster <input type="checkbox"/> Relative (Explain concerns)	
Housing Concerns (Explain concerns)	
Educational Concerns <input type="checkbox"/> Truancy <input type="checkbox"/> IEP/504 <input type="checkbox"/> Expulsion	
Behavioral Concerns (Who/explain concerns)	
Child Protective Involvement (Caseworker)	
Juvenile Court Involvement (Charges)	
Child is Medicaid eligible: Managed Care Plan _____	



ATTACHMENT B

Date FCFC Received: _____

Henry County Informed Consent for Release & Exchange of Information

I hereby give permission to release and exchange information regarding those individuals listed below for whom I have legal authority to act. The purpose of this release and exchange of information is for the following functions of Henry County Family & Children First Council service coordination:

1. Review by an interagency group, Family Coordination Team. The Family Coordination Team reviews referrals for assignment to appropriate level of care, allocates resources and monitors case progress.
2. Knowledge of your case for implementation of your service coordination plan by your Child & Family Team members.

Printed Name Family Members /Children	Date of Birth

I hereby give permission to release or exchange information with the following agencies for the purposes outlined above. I understand designated representatives from some or all of these agencies may attend the Family Coordination Team meetings in the county selected above and my Child & Family Team meetings and by their participation they will have access to private health information regarding the individuals listed above. I understand these agency representatives are required to sign a confidentiality of protected health information agreement. ***Agencies listed in bold are regular members for the Henry County Family Coordination Team.**

Henry County Family and Children First Council	ADAMhs Board
Henry County Job & Family Services	Referring Agency:
Henry County Board of Developmental Disabilities	Other agencies / Family Supports:
Henry County Early Intervention	Managed Care Plan:
Henry County Juvenile Probation	
Henry County Juvenile Court	
Northwest Ohio Educational Service Center	
City/County Schools	

The following information may be released and exchanged. **Please initial each line below.**

_____ **All case information**, including but not limited to identifying information plus privileged health and medical information, social history, treatment/service history, psychological evaluations, IEP's, transition plans, vocational assessments, grades and attendance, financial and parenting information, performance/attendance history and other personal information held by any of the above authorized agencies providers regarding those individuals listed above.

_____ **Substance abuse** diagnosis and treatment.

I understand I am under no obligation to sign this authorization form. I have signed this form voluntarily in order to document my wishes regarding the use and/or disclosure of the information described. The information released is for professional purposes only. Only the minimum amount of information needed to achieve the stated purposes may be disclosed. Information may not be provided in whole or in part to any other agency, organization or person other than those stated above. I understand the Family Coordination Team in the county selected above and my Child & Family Team cannot guarantee the recipient will not disclose my health information to a third party, and that the recipient may not be subject to Federal laws governing privacy of health information. However, if the disclosure consists of treatment information about alcohol or drug abuse treatment, the recipient is prohibited from re-disclosure under Federal law (42 CFR Part 2). See note below.

I understand I have 1) the right to revoke or restrict the authorization in writing at any time and revocation will be effective except to the extent that certain actions reliant on my authorization have already been taken by the Family Coordination Team in the county selected above and/or my Child & Family Team, 2) the right to inspect or copy the health information to be used or disclosed, 3) the right to receive a copy of this authorization.

I have been offered **Parent Advocacy Services**, which is a mandatory offer for service coordination services. **My choice is to** **accept or** **decline.**

_____ Please initial.

I have had the opportunity to review this informed consent form and understand its contents. By signing this informed consent form, I am confirming it accurately reflects my wishes. **This authorization will remain in effect for 180 days, unless I revoke it in writing prior to the 180-day term.**

Parent/Guardian Printed Name, Signature, Relationship to Child

Witness

Date

I hereby revoke this authorization effective as of this date _____.

Parent/Guardian Printed Name, Signature, Relationship to Child

Witness

Date

NOTE: This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. ORC 5122.31, 45 CFR Part 2, and/or ORC 3701.243 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, their authorized representative 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.

Revised Oct. 2013



ATTACHMENT C

Henry County Child & Family Team Confidentiality Agreement

Child's Name: _____ Facilitator: _____

As a participant in the Service Coordination System, I will have access to client protected health information. I understand client information shared during the Child and Family Team meeting is private and confidential. I understand any violation of the confidentiality of client protected health information will constitute a violation of HIPPA. Also, I understand I am subject to the civil and criminal penalties defined under HIPPA if I am found to be in violation of the client protected health information. Lastly, I understand by signing this form, I will be held to this agreement regardless of the status of my participation in the Child and Family Team meetings. We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the above-named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending Juvenile Court or other court action. A written summary of this meeting will be distributed to all participants upon request.

Print Name	Signature Agreeing to Confidentiality	Email Address Phone Number	Relationship to Family (Agency)	Date	Date	Date	Date	Date	Date



Family &
Children First
Council

ATTACHMENT E

Henry County Child and Family Strengths & Needs Assessment

Assessment Date: _____

Identified Child: _____ Age: _____ School: _____

Parent/Guardian: _____ Address: _____ Phone: _____

Household Members:

Full Name	DOB	Relation to Child	School	Grade	Parent Employer



ATTACHMENT E

	Strength	Concern/Need	Evidence of Need	Monitor	Act to Address	Act Now
Family						
Child						
Behavioral/Emotional						
Child Risk Behaviors						
Educational/School						
Developmental						
Life Function/ Independent Living						
Vocational/Employment						
Substance/Abuse						
Trauma						
Juvenile Justice/Legal						
Financial						
Medical						
Spiritual/Cultural						
Leisure/Fun						
		Scoring:	0	1	2	3
		Assessment Review Total:				

Notes

Signature of Assessor _____

Date _____



Henry County Child and Family Crisis Plan

Child's Name: _____ DOB: _____ Current Date: _____

CONTACTS IN EMERGENCY

CONTACT NUMBER

Emergency Contact _____

Physician/MH Provider _____

Crisis Agency _____

Lead Agency _____

Identify Child's Relevant Diagnosis: _____

Identify Child's Relevant Current Medications: _____

Provide Brief History of Past Crisis Events: _____

Identify All Relevant Triggers: _____



Henry County Child and Family Crisis Plan

Identify Potential Crisis #1: _____

Action Steps: _____

Identify Potential Crisis #2: _____

Action Steps: _____

Identify Potential Crisis #3: _____

Action Steps: _____

Identify Relevant Responsible Persons

Roles in Crisis Plan

1. _____
2. _____
3. _____

Parent/Guardian Signature

Date

Provider Signature

Date



Henry County Child & Family Safety Plan

Child's Name: _____ DOB: _____ Date: _____

Current Family Members	
Name	Relationship
Medications	Secured
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify Safety Concerns	
Suicide Ideation, Gestures, Attempts	
Violence to others or property	
Self-Injurious Behaviors	
Personal Safety (running away)	
Other	
Safety Checklist	
Item (weapons; medications; harmful objects; drugs; ingestible, etc.)	Safety Measures Taken
Destabilizing Factors and Triggers	
Drugs & Alcohol	
Family Conflict	
Trauma Triggers	
Peers	
Other	
Support (Who and what is helpful?)	
1) _____	
2) _____	
3) _____	
4) _____	
5) _____	



Henry County Child & Family Safety Plan

Child's Name:		Date:	
Crisis team members: Who is available to help			
Name		Contact Number	
LEAD AGENCY			
MH Provider			
Crisis Agency			
Police			
Plan - Specify actions to be taken; roles and responsibilities			
Safety Action Step			
Person(s) Responsible			
Safety Action Step			
Person(s) Responsible			
Safety Action Step			
Person(s) Responsible			
Safety Action Step			
Person(s) Responsible			
Safety Action Step			
Person(s) Responsible			
Monitoring Plan			
Staff member(s)			
Frequency of monitoring			
Type: phone/in person			

Parent/Guardian Signature Date Youth Signature Date

Lead Agency Service Coordinator Signature Date



Henry County Child and Family Mission and Vision

Date: _____

Child's Name: _____ Age: _____

Family Team Members

Meaning to the Team

1. _____

2. _____

3. _____

4. _____

Family Vision: (ex: What would it look like if life was "good"): _____

Mission: _____

Identify Family's Current Level of Engagement **Date Reviewed:** _____

1. **__Responsive** (Family is participating in team meetings and weekly contacts)
2. **__Present** Engagement (Family is participating half of the time in program requirements)
3. **__Non-Responsive** (Family is participating in some requirements, not actively working upon goals. But receive some benefits from the program)
4. **__Unwilling and unengaged** (after reasonable efforts on the PP's part to engage family they continue to refuse offered supports and do not follow through with program requirements, ex: Team Meeting; Interventions for agreed upon goals; Completion of assessment tools)



Henry County Child and Family Plan of Care

Child's Name: _____ Age: _____

Lead Agency/Facilitator: _____

Team Members: _____

Mission Statement: _____

#1 Strategy- Match Identified Need Assessment. Ex: Decrease Family discord; Increase Parenting skills

Short Term Goal: _____

Plan of Action: _____

Projected Time Line: _____

<u>Responsible Team Members</u>	<u>Duties</u>	<u>Matching Resources Needed</u>	<u>Ways to Monitor Progress</u>
_____	_____	_____	_____
_____	_____	_____	_____

#2 Strategy- Match Identified Need Assessment. Ex: Decrease Family discord; Increase Parenting skills

Short Term Goal: _____

Plan of Action: _____

Projected Time Line: _____

<u>Responsible Team Members</u>	<u>Duties</u>	<u>Matching Resources Needed</u>	<u>Ways to Monitor Progress</u>
_____	_____	_____	_____
_____	_____	_____	_____



ATTACHMENT I

Henry County Child and Family Plan of Care

#3 Strategy- Match Identified Need Assessment. Ex: Decrease Family discord; Increase Parenting skills

Short Term Goal: _____

Plan of Action: _____

Projected Time Line: _____

Responsible Team Members Duties Matching Resources Needed Ways to Monitor Progress

#4 Strategy- Match Identified Need Assessment. Ex: Decrease Family discord; Increase Parenting skills

Short Term Goal: _____

Plan of Action: _____

Projected Time Line: _____

Responsible Team Members Duties Matching Resources Needed Ways to Monitor Progress

Service Coordination Transition and Discharge: Reason for case closure: _____

Child: _____ Discharge Date: _____ Completed by: _____

Are ongoing services needed? Yes NO If so, where was the family referred? _____

Summary of identified goals Barriers impending meeting goals Percent of goals met at discharge

#1 _____

#2 _____

#3 _____

#4 _____

FCFC Coordinator to Complete: Total Budget spent on Family by FCT: \$ _____ Purchases: _____



HENRY COUNTY FCFC PLAN OF CARE SIGNATURE PAGE

The following members of the Child and Family Team agree to the following:

1. We agree with the content of this plan.
2. We agree that all non-emergency out-of-home placements of children receiving care in this plan will occur only after a comprehensive Family Coordination Team meeting has occurred.
3. We agree that in the event of an emergency out-of-home placement of a child receiving care in this plan, the family will immediately notify the Service Coordinator and the Service Coordinator will initiate a comprehensive Family Coordination Team meeting within 10 days in order to ensure community supports are in place for the family and begin planning for the child's return to the home and community.

_____	_____	_____
Parent/Guardian Signature	Relationship to Child	Date
_____	_____	_____
Parent/Guardian Signature	Relationship to Child	Date
_____	_____	_____
Service Coordinator Signature	Agency	Date
_____	_____	_____
Team Member Signature	Agency	Date
_____	_____	_____
Team Member Signature	Agency	Date
_____	_____	_____
Team Member Signature	Agency	Date
_____	_____	_____
Team Member Signature	Agency	Date



Henry County Service Coordination Request Form

DATE: _____

Child's Name: _____ Age: _____ School: _____

Parent/Guardian: _____ Address: _____ Phone: _____

Siblings and Age if request: _____

Person Requesting: _____ Contact Information: _____

Has Parent/Guardian agreed to service? _____

Request: _____
(If request is community activity, attach the activity information for funding)

Matching Strategy/Goal: _____

Name of Service Provider: _____

Estimated Frequency: _____ Cost: _____

FCFC to complete the following:

Does request meet goal of Plan of Care? _____ YES _____ NO _____

Which category? (Check)

Non-Clinical In-Home Parent/Child Coaching
Parent Education
Mentoring
Transportation
Social / Rec Supports
Structured Activities to Improve Family Function

Non-Clinical Parent Support Groups
Respite (Camp)
Safety & Adaptive Equipment
Parent Advocacy
Service Coordination
Youth Peer Support

Date presented to Family Coordination Team: _____

___ Approved ___ Denied & if denied, reason: _____

Return request form to: (FCT Meetings are second Thursday of every month, please return prior)

Tracy Albright, FCFC Coordinator

104 Washington Street

Napoleon, OH 43545

Phone: 419-592-4210 Ext: 136

Fax: 419-592-4894

Tracy.Albright@Henrycountyohio.gov



Family &
Children First
Council

ATTACHMENT K

Receipt of Henry County Dispute Resolution Process

Child's Name: _____

DOB: _____

Initial

I have received a copy of the Henry County Family & Children First Council's Service Coordination Dispute Resolution Process and it has been explained to me so I know what to do if I have a concern with my service coordination process.

Parent/Guardian Signature

Relationship to Child

Lead Agency Personnel Signature

Date



Henry County Service Coordination Dispute Resolution Request

Date of Dispute: _____ **Name of Service Coordination Consumer** _____

Type of Dispute: _____ Disputes Between Agencies (within 7 calendar days)
_____ Disputes Between Parent/Guardian and FCFC
_____ Dispute Between Parent/Guardian and FCFC BODD Early Intervention

Level of Dispute: _____ Emergent (within 3 calendar days of dispute)
_____ Non-emergent (within 7 calendar days of dispute)

Disputes Between Agencies (please fill out)

Agency Name: _____ **Address:** _____ **Phone:** _____

OR

Disputes Between Parent and FCFC (please fill out)

Child's Name: _____ **DOB:** _____ **Date:** _____

Parent/Guardian: _____ **Address:** _____ **Phone:** _____

Person completing form: _____ **Role:** _____

Phone: _____ **Relationship to agency/family:** _____

Involved Agencies: _____

Specific Complaint: _____

Proposed Solution: _____

Action previously taken toward resolution: _____



Henry County Service Coordination Dispute **Between Parent and FCFC**

Procedure and Timeline

Within **3/7 calendar days of disagreement/dispute**, the complainant will submit a Dispute Resolution Request Form (Attachment L) to the FCFC Coordinator. Supporting evidence or documentation concerning the dispute is required to be submitted with this request.

FCFC Coordinator Coordinates the Following:

Date of FCFC Family coordination Team Review: _____ (within 5/15 calendar days of receipt)

The disputing complainant will present: nature of dispute; specific issues; and proposed resolution. The Family Coordination Team will meet in closed session to draft a written response of the proposed resolution. The next business day the FCFC Coordinator will submit the response to the FCF Steering Committee.

Date of FCFC Steering Committee meeting: _____ (within 7 calendar days)

Approval____ (Committee will draft a letter to complainant conveying the resolution)

FCFC Coordinator will mail the resolution letter the next business day.

Rejected____ (Steering Committee responsible for: preparing; voting and drafting response)

FCFC Coordinator will mail the resolution letter the next business day.

Not later than sixty days after the parent/guardian initiates the dispute process, the council shall make findings regarding the dispute and issue a written determination of its findings.

When a dispute that originates with the child’s parents or custodians cannot be resolved through the designated dispute resolution process, the family or family team may request a dispute resolution review. Henry County FCFC can then make a referral to the Ohio Family & Children First Cabinet Council.



ATTACHMENT L

Ohio Family & children First Cabinet Council Involvement in Dispute Resolution

Procedure and Timeline

Within 15 calendar days of the dispute decision, the complainant will submit the OFCF Cabinet Council Involvement in Dispute Resolution Form (Attachment L) to the FCFC Coordinator indicating further resolution review. Supporting evidence or documentation concerning the dispute is required to be submitted with this request, along with a signed release for the Cabinet Council to review.

The following requirements must be met before the county dispute case can be reviewed:

5. The involved family must **sign a release** to have its information shared with the OFCF Service Coordination Committee and the Cabinet Council.
6. The family must have been referred to **and accepted into some level of the county council service coordination process. Two exceptions to this requirement are:**
 - a. When a family was referred to the county FCFC service coordination, either by itself or by another party, and **was not accepted into the county service coordination. In this circumstance, an administrative review will be granted if the fact of not being accepted into service coordination is the matter being disputed.**
 - b. If the dispute is regarding service being provided **through Board of Developmental Disabilities for an Early Intervention eligible child.**

FCFC Coordinator (within 5 business days of receipt) will: **Date Received:** _____

7. The county council must **verify that the county council dispute resolution process has been completed without satisfactory resolution** as determined by the concerned parties.
8. **The county council must request the Cabinet Council review and submit requested documents pertaining to the dispute.**

Date to OFCFCC: _____

The OFCF Service Coordination Committee will review such requests and make recommendations to the CC for its review and approval. With CC approval, the OFCF will respond, in writing to the county council requests for dispute resolution review **within 30 days of the receipt of the request by the State Service Coordination committee.**

Final OFCFCC Ruling/Documentation Attached: _____ **Date:** _____

_____ **Date:** _____

FCFC Coordinator Signature

Return completed form to:

FCFC Coordinator; Tracy Albright, 104 E. Washington St., Napoleon, OH 43545; Phone: 419-592-4210 Ext: 136; Fax: 419-592-4894; Tracy.Albright@Henrycountyohio.gov