



Service Coordination Referral Process

To make a referral for Service Coordination:

1. Complete the referral packet:
Release of Information
Referral Form
Service Coordination Plan
Crisis/Safety Plan
(Include the most recent assessments, IEP's, or evaluations.)
2. Send referral packet to FCFC Program Coordinator
Family and Children First Council
ATTN: Jordan Hodges
1100 Wayne St. Suite 400
Troy, Ohio 45373
Phone (937)335-7727 Ext. 216
Fax: (937) 335-8816
Email: hodgesj@tcbmds.org
3. FCFC Program Coordinator will schedule youth/family to the next available Miami County Service Coordination Team meeting

To make a Funding Request:

1. Complete Funding Request Form.
2. Present Funding Request to MCSCCT meeting to be approved or denied by team.
3. Make sure the funding request need matches an identified goal in the Service Coordination Plan.
4. Submit to Jordan Hodges as above.

For continued services, the Service Coordination Plan Update form must be completed every 90 Days . The Release of Information needs to be updated at least annually.

To terminate a Service Coordination case, the Service Coordination Termination form needs to be filled out and submitted to Jordan Hodges



Service Coordination Release of Information

_____ (Parent/Guardian Name) authorizes the providers listed below to share relevant information with the Miami County Service Coordination Team. This collaboration of service providers works with the referred family to coordinate services to help meet the needs of that family. Sharing relevant information provides a useful tool to help the family develop a comprehensive Family Service Plan.

| | | |
|---|--|--|
| Miami County Board of DD - Riverside | Miami County Health District | Miami County Recovery Council |
| Miami County Children's Services Board | Miami County Help Me Grow | Samaritan Behavioral Health |
| Miami County Dept. of Job and Family Services | Miami County Family and Children First Council | Council on Rural Services/Head Start/Gateway |
| Miami County Educational Service Center | Recovery & Wellness Centers of Midwest Ohio | Tri County Board of Recovery and Mental Health Services |
| Miami County Juvenile Court | Parent Advocacy Connection (PAC) | Viaquest, Inc. |
| Other Providers To Be Included: | Youth's Local School District | Piqua Compassion Network Big Brothers Big Sisters. Piqua Parents as Teachers |

I understand that this information will be released only to the above named providers. I understand that this release will cover all family members listed on this release. Any information released during the service coordination process will not be re-released. I understand service coordination records are protected by state and/or federal confidentiality regulations. Service coordination records will not be disclosed or released without written consent of the parent/legal guardian. All federal, state, and local privacy laws apply to any records created by, or received by any of the listed service providers except as permitted by the terms of the release. Any records produced through the service coordination process are the property of the Miami County Family and Children First Council and are subject to all federal, state, and local privacy laws. I may revoke this signed consent to share information at any time. This signed consent to share information expires 365 days after the date below.

Print Youth's Full Name: _____ Date of Birth _____

List Any Other Family Members Included In This Release:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

MY SIGNATURE BELOW AUTHORIZES THE RELEASE OF ALL INFORMATION. I HAVE READ THE REQUIREMENTS OUTLINED IN THIS FORM.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____

Witness _____ Date _____

REVOKED

Parent/Legal Guardian _____ Date _____

Witness _____ Date _____

A TRUE PHOTOCOPY HEREOF MAY BE CONSIDERED AS AN ORIGINAL

SECTION III: FORMAL/TRADITIONAL SYSTEMS

PUBLIC SYSTEM(S) INVOLVED (Formal Supports)

Check all appropriate responses and include contact names, emails and phone numbers of those involved with the youth and family.

| | |
|--|---|
| <input type="checkbox"/> Miami County Children's Services Contact Name: Email: Phone: | <input type="checkbox"/> Miami County Juvenile Court Contact Name: Email: Phone: |
| <input type="checkbox"/> Miami County Board of Developmental Disabilities Contact Name: Email: Phone: | <input type="checkbox"/> Miami County Early Intervention Contact Name: Email: Phone: |
| <input type="checkbox"/> Miami County Health Department Contact Name: Email: Phone: | <input type="checkbox"/> Miami County Help Me Grow Contact Name: Email: Phone: |
| <input type="checkbox"/> Miami County Jobs & Family Services Contact Name: Email: Phone: | <input type="checkbox"/> SSI Contact Name: Email: Phone: |
| <input type="checkbox"/> School or Alternate School (Please list name): Contact Name: Email: Phone: | <input type="checkbox"/> IEP Contact Name: Email: Phone: |
| <input type="checkbox"/> Recovery & Wellness Centers of Midwest Ohio Contact Name: Email: Phone: | <input type="checkbox"/> Miami County Recovery Council Contact Name: Email: Phone: |
| <input type="checkbox"/> Samaritan Behavioral Health Contact Name: Email: Phone: | <input type="checkbox"/> ViaQuest Contact Name: Email: Phone: |
| <input type="checkbox"/> Other Mental Health Agency (Please list name): Contact Name: Email: Phone: | <input type="checkbox"/> In Patient Psychiatric Hospital (Please list name): Contact Name: Email: Phone: |

| | |
|---|--|
| <input type="checkbox"/> Head Start/Early Head Start (Council on Rural Services) Contact Name: Email: Phone: | <input type="checkbox"/> Parent Advocate Contact Name: Email: Phone: |
| <input type="checkbox"/> Ohio Department of Youth Services (DYS) Contact Name: Email: Phone: | <input type="checkbox"/> Contact Name: Email: Phone: |
| <input type="checkbox"/> GRADS Contact Name: Email: Phone: | <input type="checkbox"/> Employment Related (Please list name): Contact Name: Email: Phone: |
| <input type="checkbox"/> Other Contact Name: Email: Phone: | <input type="checkbox"/> Other Contact Name: Email: Phone: |

SECTION IV: INTAKE NEEDS & CHALLENGES

| | | |
|---|--|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Poverty | <input type="checkbox"/> Special Education Programming |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Unruly Behavior | <input type="checkbox"/> Child Neglect |
| <input type="checkbox"/> No Primary Care Physician- Would family like information on family doctors in the area? | <input type="checkbox"/> Physical Health Issues | <input type="checkbox"/> Child Abuse |
| <input type="checkbox"/> Delinquent | <input type="checkbox"/> Alcohol/Drug Issues | <input type="checkbox"/> Is family involved with Help Me Grow? |
| <input type="checkbox"/> Does the youth have a diagnosis of Autism Spectrum Disorder? | <input type="checkbox"/> Is the family working with Early Intervention? | <input type="checkbox"/> Other: |



Service Coordination Plan

| | |
|---|--|
| Youth Name: | Date: |
| Parent/Guardian Name: | |
| Referral Agency: | |
| Service Coordination Liaison: | |
| Family would like the following long term goal(s) for Service Coordination: | |
| <input type="checkbox"/> Family Stability/stay intact | <input type="checkbox"/> Increase positive parent/child relationship |
| <input type="checkbox"/> Family Reunification | <input type="checkbox"/> Gain positive school behavior |
| <input type="checkbox"/> Decrease acts of unruliness/delinquency | <input type="checkbox"/> Decrease risks of abuse or neglect |
| <input type="checkbox"/> Other: _____ | |
| Family's Strengths: | |
| <input type="checkbox"/> Good Communication | <input type="checkbox"/> Parents unified in family goals |
| <input type="checkbox"/> Dedication to succeed | <input type="checkbox"/> Open for assistance |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Good outside support system |
| <input type="checkbox"/> Other: _____ | |

| |
|---|
| Child's Strengths: |
| Briefly describe the presenting problems: |

Areas of need (for items checked please provide more information below)

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Life Functioning | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Behavior | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> School behavior | <input type="checkbox"/> School / education | <input type="checkbox"/> Child risk behaviors | <input type="checkbox"/> Developmental Needs |
| <input type="checkbox"/> Trauma related | <input type="checkbox"/> Juvenile Justice Needs | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Vocational - Employment |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| |
|-------------------------|
| Additional information: |

**KNOWN PRESENTING RISKS TO YOUTH (in the last 30 days unless specified).
For items checked please provide additional information below.**

| | | |
|--|---|---|
| <input type="checkbox"/> Suicidal Ideation, Gestures, Attempts (3pts) | <input type="checkbox"/> Violent Behaviors (toward others, animals, property) (3pts) | <input type="checkbox"/> Chargeable for Sex Offense (3pts) |
| <input type="checkbox"/> Self-Injurious Behavior (2pts) | <input type="checkbox"/> Hears voices / Sees things (2pts) | <input type="checkbox"/> Fire Setting—Current or History (2pts) |
| <input type="checkbox"/> Acute Family Crisis (2pts) | <input type="checkbox"/> Victimization: Physical, Verbal, Emotional or Sexual (2pts) | <input type="checkbox"/> Verbal/Written Threats to Others (2pts) |
| <input type="checkbox"/> Runaway—Current or History (2pts) | <input type="checkbox"/> Youth/Family's Lack of Stable Residence/ Homelessness (2pts) | <input type="checkbox"/> Suspected Abuse in Current Placement (2pts) |
| <input type="checkbox"/> Availability of Weapons (2pts) | <input type="checkbox"/> Parent w/ Severe Chronic Illness (2pts) | <input type="checkbox"/> Parent w/ Drug or Alcohol Problem (2pts) |
| <input type="checkbox"/> Limited Developmental Capacity to Maintain Personal Safety (2pts) | <input type="checkbox"/> Sexual Acting Out / Impulsivity—Current or History (2pts) | <input type="checkbox"/> Parent w/ Chronic / Acute Mental Illness or Developmental Delay (2pts) |
| <input type="checkbox"/> Aggressive Behaviors (toward others, animals, property) (1pt) | <input type="checkbox"/> Drug / Alcohol Use (1pt) | <input type="checkbox"/> Lack of Caregiver Supervision and/or Monitoring (1pt) |
| <input type="checkbox"/> Resides in High Crime Neighborhood (1pt) | <input type="checkbox"/> Negative Peer Involvement and/or Gang Activity (1pt) | <input type="checkbox"/> Anorexia / Bulimia (1pt) |
| <input type="checkbox"/> Suspended, Expelled, Dropped Out of School (1pt) | <input type="checkbox"/> Family Conflict (1pt) | <input type="checkbox"/> Truancy (1pt) |
| <input type="checkbox"/> Known / Suspected Criminal Activity (1pt) | <input type="checkbox"/> Prejudicial Thinking / Ideation (1pt) | <input type="checkbox"/> Limited Ability to Control Anger (1pt) |
| <input type="checkbox"/> Unrestricted Internet Access (1pt) | <input type="checkbox"/> Impulsive Behavior (1pt) | <input type="checkbox"/> Emotional / Educational Disabilities (1pt) |
| <input type="checkbox"/> Depression—Current or History (1pt) | <input type="checkbox"/> Held Back / Behind in Grade Level (1pt) | <input type="checkbox"/> Difficulty Accepting Supervision / Instruction (1pt) |
| <input type="checkbox"/> Youth with Severe Chronic Illness (1pt) | <input type="checkbox"/> Youth with Chronic / Acute Mental Illness or Developmental Delay (1pt) | <input type="checkbox"/> Other (describe): _____ _____ (1pt) |
| Additional information: | | |
| Additional information: | | |

Short Term Goals developed with family (should be based on supporting needs or building on strengths; need to match any future funding requests):

| | |
|--|-------------------|
| Short Term Goal #1: | |
| Action Plan (Who, what, when. Consider potential barriers) | |
| Ways to Monitor Results: | Resources Needed: |
| Short Term Goal #2: | |
| Action Plan (Who, what, when. Consider potential barriers) | |
| Ways to Monitor Results: | Resources Needed: |
| Short Term Goal #3: | |
| Action Plan (Who, what, when. Consider potential barriers) | |
| Ways to Monitor Results: | Resources Needed: |

***If additional goals are needed please add to back of page.**

By checking this box I am acknowledging that I have received a copy of the Service Coordination Dispute Resolution Process.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Youth/Child Signature: _____ **Date:** _____

Service Coordination Liaison Signature: _____ **Date:** _____



Service Coordination Crisis/Safety Plan

When this happens: (name and action/thought)

What is your plan?

_____ is to:

1) _____

2) _____

3) _____

_____ is to:

1) _____

2) _____

3) _____

If this does not work, follow the phone tree:

1) _____

2) _____

3) _____

I assisted with the creation of and agree with the contents of this plan:

Youth: _____ Date: _____

Parent/Guardian: _____ Date: _____

Service Coordination Liaison: _____ Date: _____

*If additional space is needed please add to back of page.



Service Coordination Funding Request

The funding request needs to match the identified goal in the Service Coordination Plan.

| | |
|-------------------------------|------------------|
| Parent/Guardian Name: | Date of Request: |
| Child Name: | Child DOB: |
| Service Coordination Liaison: | Agency: |

| |
|--|
| Identified unmet need: |
| Description of request (dates, times, costs, etc): |
| Other services/resources exhausted: |

| |
|--|
| Estimated cost of service: |
| Vendor Payment Information (make check payable to): Name: Address: Notes: |

FCFC Program Coordinator Approval: _____ Date: _____



Service Coordination Dispute Resolution Process

Dispute Resolution Process (see ORC 127:37 (C)(9))

Dispute resolution is an important component of any service delivery system. Although agencies and professionals are committed to meeting the needs of the child and/or family there are times when all participants will not agree on a plan. There are three types of situations where a conflict may arise, including:

- The child and family are in disagreement with one agency;
- One agency is in disagreement with another agency or FCFC concerning services or funding;
- The child and family are in disagreement with their Service Coordination Plan.

Families will be made aware of the dispute resolution process at the initial point of contact through the referral packet. Parents will indicate on the Service Coordination Plan that the dispute resolution process has been given to them.

The FCFC Program Coordinator's role in the dispute resolution process will be that of a mediator. Once a dispute has been filed with the FCFC Program Coordinator, the following will apply:

- Services will not be denied to families and children who file a dispute.
- The level of services a family and children are receiving at the time the dispute is filed will continue throughout the resolution process.
- The family is encouraged to seek advocacy support. If the family already has a parent advocate, they may contact that person. Otherwise their family may contact either the Service Coordination Liaison or the FCFC Program Coordinator for assistance in obtaining an advocate.

Disputes Regarding Child/Family to Agency

Each agency providing services to a child/family will notify the child/family of their rights and procedures for filing a dispute with the agency. Disputes of this nature will be handled according to that agency's policy.

Disputes Regarding Agency to Agency

An agency represented on the Family & Children First Council that disagrees with the service coordination decision concerning the services or funding for services that a child is to receive from that agency may initiate the dispute resolution process. (ORC 121.38)

1. The dispute shall be filed with the FCFC Program Coordinator within fourteen (14) working days. The FCFC Program Coordinator shall call a meeting of the involved agencies and shall work toward a resolution of the issues. Within five (5) days following the meeting, the FCFC Program Coordinator will issue a written response to the involved agencies based upon the outcome of the meeting.
2. If a resolution is not agreed upon by the agencies or the FCFC Program Coordinator feels the severity of the issues call for additional mediation, the FCFC Program Coordinator will be charged with assembling the Dispute Resolution Committee (members of the Council Executive Committee) for the purpose of resolving the dispute. The Dispute Resolution Committee will meet within twenty-one (21) working days from the time the dispute is filed with the Dispute Resolution Committee. Within fourteen (14) days following the meeting, the FCFC Program Coordinator will issue a written determination based on the outcomes of the Dispute Resolution Committee meeting that directs one or more agencies represented to provide services to the child. This determination shall include a plan of care governing

the manner in which services or funding are to be provided. The FCFC Program Coordinator shall base the plan on the family Service Coordination Plan developed as part of the service coordination process and on evidence presented during the process.

3. An agency subject to a determination issued by the dispute resolution process shall comply with the determination, unless the agency objects by doing one of the following not later than seven (7) days after 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, the agency may file in Juvenile Court a motion in the child's case requesting the court hold a hearing to determine which agencies are to provide services or funding for the child.
 - b. If the child is not subject to the above description, the agency may file a complaint in Juvenile Court objecting to the determination.
 - c. When failure to reach an agreement/resolution through the dispute resolution process at the Executive Committee that originates from an agency providing an identified support to the case, the dispute will be filed with the presiding juvenile court judge. This will be filed with the juvenile judge within 7 working days from the date of the failed dispute resolution process and there will be preparation of inter-agency assessment and treatment information for the court.

The Court shall hold a hearing as soon as possible, but no later than ninety (90) days after the motion or complaint is filed. The hearing shall be limited to a determination of which agencies are to provide services or funding for services to the child and shall issue an order detailing the plan of care governing the manner in which services or funding are to be provided. The Juvenile Court Judge will be the final arbiter in this process.

Disputes Regarding Child/Family to Service Coordination Plan

A non-emergent dispute will be defined as a dispute that does not require an immediate response due to the safety or well-being of the child/children.

1. The FCFC Program Coordinator will attempt to resolve the situation as soon as possible and no later than fourteen (14) working days after the dispute is filed with the FCFC Program Coordinator. Depending on the severity of the dispute, the FCFC Program Coordinator may attempt to resolve the issues by acting as a liaison between the disputing parties. Within fourteen (14) days, the FCFC Program Coordinator will issue a written response to the family.
2. If a resolution is not agreed upon by the family or the FCFC Program Coordinator feels the severity of the issues call for additional mediation, the Council Coordinator will be charged with assembling the Dispute Resolution Committee (members of the Council Executive Committee) for the purpose of resolving the dispute. The Dispute Resolution Committee will meet within twenty-one (21) working days from the time the dispute is filed with the Dispute Resolution Committee. The FCFC Program Coordinator will obtain and provide to all parties all available documentation related to the dispute, and will notify all parties of the time and place of the meeting to resolve the conflict. The FCFC Program Coordinator will issue a written determination that includes a plan of care within fourteen (14) days following the Dispute Resolution Committee meeting.
3. If the family remains unsatisfied with the outcome reached by the Dispute Resolution Committee, the family has seven (7) working days to file for a review by the Juvenile Court Judge. The FCFC Program Coordinator and Service Coordination Liaison will submit records from the service coordination process, including assessment and treatment information to the Judge for review. The Juvenile Court Judge will issue a binding resolution.
4. When a dispute that originates with the child's parents or custodians cannot be resolved through the designated dispute resolution process, Family & Children First Council can make a referral to the state service coordination committee

Emergency Dispute Resolution Process between Child/Family to Their Service Coordination Plan

An emergent dispute will be defined as a dispute that requires an immediate response due to the safety or well-being of the child/children.

1. The FCFC Program Coordinator will attempt to resolve the situation as soon as possible and no later than three (3) working days after the dispute is filed with the FCFC Program Coordinator. Depending on the severity of the dispute, the FCFC Program Coordinator may attempt to resolve the issues by acting as a liaison between the disputing parties. Within the three (3) days, the FCFC Program Coordinator will issue a written response to the family.
2. If a resolution is not agreed upon by the family or the FCFC Program Coordinator feels the severity of the issues call for additional mediation, the FCFC Program Coordinator will be charged with assembling the Dispute Resolution Committee (members of the Council Executive Committee) for the purpose of resolving the dispute. The Dispute Resolution Committee will meet within five (5) working days from the time the dispute is filed with the Dispute Resolution Committee. The FCFC Program Coordinator will obtain and provide to all parties all available documentation related to the dispute, and will notify all parties of the time and place of the meeting to resolve the conflict. The FCFC Program Coordinator will issue a written determination that includes a plan of care within five (5) working days from the time the dispute is filed with the Dispute Resolution committee. The FCFC Program Coordinator will obtain and provide to all parties all available documentation relate to the dispute, and will notify all parties of the time and place of the meeting to resolve the conflict. The FCFC Program Coordinator will issue a written determination that includes a plan of care within five (5) days following the dispute Resolution Committee meeting.
3. If the family remains unsatisfied with the outcome reached by the Dispute Resolution Committee, the family has seven (7) working days to file for a review by the Juvenile Court Judge. The FCFC Program Coordinator and Service Coordination Liaison will submit records from the service coordination process, including assessment and treatment information to the Judge for review. The Juvenile Court Judge will issue a binding resolution.

For disputes regarding services or funding related to children involved in the Miami County Help Me Grow Program, the Miami County Help Me Grow Dispute Resolution Policy will be followed. All Miami County Help Me Grow program clients are provided a written copy of this process at the time of the first home visit.