

**Carroll County Family and Children First Council
Service Coordination Mechanism
2010**

Carroll County Service Coordination Mechanism 2010

Overview

Due to its rural nature and limited financial and structured resources, Carroll County's most valuable resources have always been the willingness and ability of professionals to work collaboratively to meet the needs of families and children. Since the 1980's when Cluster was the means to address the needs of multi-need children and their families, the child- and family-serving professionals of Carroll County have worked together to insure that those needs were met in the most beneficial way for those children and families.

The lack of bountiful financial resources has seemed to encourage the development of creative strategies for meeting the needs of multi-need children and their families in terms of services and the financing of those services. Historically, only on 3 occasions was State Family and Children First Council asked to assist in funding the needs of Carroll County children. That professional creativity and collaboration succeeded in development of alternative funding agreements for the vast majority of children served by the Carroll County Council.

In the constant effort to strengthen how children and family are being served in Carroll County, a subcommittee of Carroll County Family and Children First Council was formed in October, 2009. The goal of this committee was to review the existing service coordination mechanism, compare this to other mechanisms, and re-create the Carroll County service coordination process. This effort was made to strengthen family and direct service provider involvement to decrease the potential of out-of-home placements, decrease the potential of court involvement, increase a child's school success, and stabilize home stressors that may create unnecessary burden on families. This document is a result of the collaboration between eight county agencies to meet the needs of Carroll County families:

- Carroll County Family and Children First Council
- Carroll County Family and Children First - Parent Advocate
- Carroll County Juvenile Court
- Carroll County Department of Job and Family Services
- Carroll County Board of Developmental Disability
- Big Brother/Big Sister of Harrison, Carroll and Tuscarawas Counties
- ADAMHS Board of Tuscarawas and Carroll Counties
- Carroll County Health Department
- Carroll County Help Me Grow
- A representative from Carroll County schools

Since the formation of Family and Children First Councils, Carroll County has continued to reap the benefits of this ongoing collaboration. Help Me Grow continues to thrive in Carroll County, the county-wide transportation system continues to grow, and inroads are being made in the development of school-based mental health services. Many of the

schools in the county are striving to provide innovative programs to assist their students in succeeding in school. All of these improvements in available services to children and families continue despite increasing unfunded mandates and budget cuts. Carroll County is truly a collaborative county that values the lives of families and children.

Carroll County Family and Children First Council Mission Statement:

To further advance the collaboration among community resources and service providers by promoting, planning, developing, and implementing a system of preventative and responsive services that builds and connects resources to achieve a healthier and safer community

Commitment to Child Well-Being

Ohio's Commitments to Child Well-Being are:

- 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

Carroll County Family and Children First Council is committed to meeting the mandates of Section 121.37 of the Ohio Revised Code in developing a holistic continuum of services available to children and families. This continuum should be inclusive and offer a balance of prevention, intervention, and treatment. Through the enactment of House Bill 66 the Service Coordination Mechanism shall serve as the guiding document for the coordination of these services in Carroll County.

SERVICE COORDINATION:

Purpose (C)(1)

The purpose of the Carroll County Family and Children First Service Coordination Mechanism is to apply the knowledge and experience of families and professionals toward the development of a family-centered and cost-effective plan of action for families and children who are involved with one or more service providers to reduce duplicative efforts. Information is shared and coordinated between agencies while protecting and assuring the confidentiality of the child and family.

The Carroll County SCM targets children and adolescents age 0-21 who are multi-need or have multi-system involvement. These individuals are often at risk of placement disruption and have the potential to move to a more restrictive level of care. A primary focus of service coordination is not only to coordinate existing services but to creatively identify options that would allow a family to remain intact, address issues that threaten the child and family stability, and maintain the child in the least restrictive environment. Service Coordination also works with those children in a more restrictive level of care to

transition the children to a less restrictive environment and, ultimately, maintain the child in a family.

Distribution of the County Service Coordination Mechanism (C)(1)

For service coordination to be successful, it is necessary to increase understanding and ongoing buy-in from those agencies and individuals not presently fully engaged in the process. The subcommittee created to revise the existing service coordination mechanism identified a need to specifically engage Carroll County schools but also make information accessible to other providers not involved in Council as well as the community at large. To this end, a presentation/training will be developed and shared with providers to increase commitment to the service coordination process and will be updated on an ongoing basis to allow service coordination to become increasingly familiar to community agencies, groups, etc. The information will be shared with Parent-Teacher Organizations and other parent groups and community organizations as appropriate. It will also be included in Council membership packets for all new Council members. The mechanism will appear on the Carroll County FCFC website and brochures explaining the process will be placed in waiting areas of doctor's offices, at libraries, at churches, etc.

SERVICE COORDINATION PROCESS (C)(1);(C)(3)

The Carroll County Family and Children First Council will implement a two pronged family-centered approach to service coordination that is responsive to cultural, racial, and ethnic differences. Children and families that present with high needs will be encouraged to consider a Family Team model which is described below. Council is aware that not every family referred to service coordination will have needs that warrant an intensive Family Team model. The service coordinator will determine a family's needs and willingness to participate in the different options of service coordination during the initial phone call. Assessments are completed on all cases regardless of the track appropriate for that child and family.

Families that identify less intensive needs, do not have a child at imminent risk of out-of-home placement or returning from out-of-home placement, are not at risk of court involvement, may choose a less intensive track of service coordination. All families involved in the service coordination process have the choice of using a Family Stability model or the Family Team model. While the service coordinator may recommend one approach based on the referral, discussion with the family, and completion of the assessment, it is ultimately the family's choice. Regardless of the family's choice of model, family supports such as mentors, advocates, etc. are invited to participate from the initiation of services.

Once services and needs are identified through a collaborative approach between the service coordinator, family team (when applicable), and the family, the service coordination plan will be created. The service coordinator and those participating in the process will identify priority needs and what funding resources are available to meet those needs. This will be outlined in each family's service coordination plan. Each

agency/provider will identify those services that can be supported through their agency or funding sources. If there are services or supports for which funding resources cannot be identified by the existing collaborative process, the service coordinator will bring these request to the Service Review Committee (SRC). In cases where funding does not exist to support necessary services, the SRC will consider braided or pooled funds to meet families needs.

Referrals: (C)(1);

The initial gateway into the service coordination process is the referral.

- Referrals will be received from existing service providers, including juvenile court staff, family supports, professionals in the community, and the family.
- The individuals will have the option to complete either a paper or computer-based referral form. This form will keep confidential information to a minimum as much of it will be gathered during an initial phone contact with the family and during the assessment process.
- Any provider completing a referral will obtain a release of information from the family prior to completing the form and will provide the family with a basic description of the service coordination process. A more thorough description will be provided by the service coordinator during the initial phone call.
- The service coordinator will contact the family via phone within two business days of receiving the referral to discuss the referral, review the service coordination process, and schedule the assessment meeting. For families that do not have a phone a letter will be sent.

Assessments: (C)(7); (D)(6)

All families that agree to the service coordination process will complete a strengths, needs, cultural discovery assessment.

- When possible and appropriate, it is highly recommended that the child be invited/encouraged to participate in the service coordination process beginning with the assessment.
- The assessment will focus on the strengths, needs, and cultural issues specific to the child and family.
- The assessment will occur in the family's home or at an agreed upon location within five business days from the date of phone contact by the service coordinator. This and subsequent meetings will be scheduled at times and locations that are conducive to the family needs.
- During this meeting, the service coordinator will again review the service coordination process, the two tracks of service coordination the family may choose from, confidentiality, and complete the assessment packet. This packet will include releases of information for all service providers and family supports. The date and time of the family meeting will be confirmed if it is determined this is an appropriate referral to the Family Team model. The service coordinator will also review the family's option to invite a parent advocate to participate in the process.
- The service coordinator will complete a crisis and safety plan or obtain a copy of an existing crisis/safety plan to help the family maintain stability as the process of

service coordination begins. For children that are in emergency placement and don't have prior involvement in the service coordination process, a crisis and safety plan will be developed in preparation for the children's return home or to a less restrictive level of care.

Track 1- Family Stability- designed for families with less intensive needs (minimal risk of placement, court involvement, low family distress, etc.) (C)(3)

- Within two weeks of the completion of the initial assessment, the family will meet to begin the service coordination plan.
- The service coordinator will continue work with the family with feedback from the service providers to create a service coordination plan. Information from the service providers will be included in the service coordination plan.
- The family and service coordinator will sign the plan indicating understanding that each had a role in creating it and all are responsible for the outcome of the plan. Additional providers may be required to sign as well based on their involvement in the plan. These signatures will be obtained outside of the meeting.
- The service coordinator will have ongoing collaborations with the family and service providers to review responsibilities related to the plan as well as monitor the progress of the plan.
- A crisis/safety plan will be created during this assessment phase based on the need of the family or one will be obtained from an existing service provider.
- At any point during the process, the family has the option to initiate a meeting to develop or review the service coordination plan. This can be done by contacting the service coordinator.
- At any time the need arises, the family can transition to the Family Team Model.
- The case will continue with at least monthly phone or face-to-face contact to monitor stability and review progress toward the plan. The type of contact will be based on family choice.
- The case will be closed when stability has been maintained, there is no longer a need for service coordination, the family has access to the necessary resources to maintain stability, the family requests closure or is no longer invested in the process.

Track 2 –Family Team – designed for families with more intensive needs (higher risk of court involvement, placement, family disintegration, multiple systems involved) (C)(2); (C)(3);

- Within two weeks of the completion of the initial assessment, the initial family team meeting will occur.
- The service coordinator will begin the meeting by reviewing the service coordination process and confidentiality for all present.
- Family team meetings will be organized by the service coordinator via telephone contact or correspondence and should be comprised of those individuals who have a personal or professional relationship (e.g. school, agency staff, etc.) with the family and who the family approves as participants. The family is encouraged to invite either formal or informal supports to participate in the process. If an agency

has a legally mandated requirement to provide a specific service that agency will be invited to attend. Attendees will be notified by phone, email, or written correspondence no later than the week prior to the meeting date.

- The service coordinator will share the written results of the assessment with providers at the initial meeting following family review and approval. The written information will include a discussion of the family strengths, needs, and cultural issues to be considered. The copies of the assessment will be collected by the service coordinator at the end of the meeting to maintain the family's confidentiality.
- The family team will review the safety/crisis plan created during the assessment or obtained from an existing provider and review its effectiveness to meet the family's needs.
- Those present at the family team meeting will address the primary needs, identifying specifically the three biggest concerns that the family determines are threatening stability. A service coordination plan will be created around these specific concerns with other less urgent concerns to be addressed more in-depth at a subsequent meeting.
- The service coordination plan will focus on implementation in the least restrictive setting and appropriate level of service intensity. The plan will identify and organize providers, services, and responsibilities. Timelines will be established and progress will be reviewed at subsequent family team meetings.
- All present will sign indicating their participation in the creation of the service coordination plan.
- At the end of the family team meeting the family team will decide on a meeting location for the next meeting. The second family team meeting will occur within 10 business days or as agreed upon by the family and the family team.
- During the second meeting, the service coordination plan will be reviewed and progress toward the goals/responsibilities identified during the prior meeting will be discussed. Any additional issues will be identified and incorporated into the service coordination plan as appropriate. A third meeting will occur within 10 business days or as agreed up on by the family and the family team with the same agenda. Subsequent meetings will be scheduled based on the family team's needs and progress.
- At any point during the process, the family has the option to initiate a meeting to develop or review the service coordination plan. This can be done by contacting the service coordinator
- The case will be closed when stability has been maintained, there is no longer a need for service coordination, the family has access to the necessary resources to maintain stability, the family requests closure or is no longer invested in the process.

Service Coordination Plan (C)(8); (D)(1); (D)(2); (D)(3); (D)(5); (D)(6)

The format for the service coordination plan is used regardless of the track chosen by the family. The Carroll County Service Coordination Plan will include:

- Which agencies are responsible for giving the child and family the service that is needed. The agencies can be state, county and local, public and private agencies and informal supports.
- Who will coordinate services. Families will approve the person who will coordinate services. This person will make sure that the individual service coordination plan gets started and the family continues to get the planned services. In many cases, this may be the service coordinator.
- Assurance that every child gets the service that he or she needs. The individual service coordination plan must also make sure that all services support individual family strengths.
- Families and children will be given the opportunity to share opinions, ideas and suggestions about how to make services respect their culture, race, and ethnic group.
- Services will be delivered in the least restrictive environment.
- A timeline must be established for when an individual service coordination plan starts and finishes. The team must follow this schedule. If a family is choosing the Family Team Model, the plan must state when the family and agencies will meet and talk about if the plan is working or needs to be changed. This is done in a less formal manner in the Family Stability track.
- The plan must include arrangements on how to deal with an emergency situation or a short term crisis situation.
- As a part of the service coordination process, existing funding resources will be considered to implement supports and services to maintain a lower level of care when appropriate.

SERVICE REVIEW COMMITTEE (C)(5)

In addition to the family-specific focus of service coordination, Carroll County Family and Children First will implement a Service Review Committee (SRC) that meets monthly to review the service coordination process. This group, made up of stakeholders in the child-serving system, will be responsible for:

- reviewing service coordination plans
- identifying and planning around gaps in service
- funding decisions including pooled funding and potential reallocation of funds to community based, preventative, family-centered services
- monitoring the effectiveness of the service coordination process
- the creation of a plan to most effectively utilize behavioral and non-behavioral health money for children and families in Carroll County
- review of children placed outside of the home during the service coordination process to determine alternatives that may have allowed the child to remain in the home and community
- the resolution of case disputes through the Dispute Resolution Process
- the creation of, in conjunction with the Council Director and service coordinator, goals of the Carroll County Service Coordination Mechanism. These goals will be reviewed semi-annually at SRC meetings to monitor progress.

- Funding decisions and recommendations related to resources and services to support children and families and maintain at a lower level of care. This option is relevant when the service coordinator and the service coordination team is not able to use existing resources to support the family.

The SRC will include: the superintendent of Carroll County Board of Developmental Disability or a designee, the Superintendent of Carroll County Board of Health or designee, the Director of the ADAMHS Board or designee, the Director of Carroll County Job and Family Services or designee, a representative of Carroll County Juvenile Court, at least one representative from the Carroll County school system, a representative from a child-serving agency in Carroll County, Carroll County Family and Children First Director and a parent representative. The service coordinator will be in attendance at all SRC meetings and will be included in discussion and decision making as appropriate.

The committee will elect a chairperson, treasurer and secretary to serve a 12 month term to be renewed each January. Individuals can be re-elected to the positions for no more than three subsequent terms. The chairperson will be responsible for the monthly meeting agendas, facilitating monthly meetings, and lead the dispute resolution process. The secretary will be responsible for minutes and correspondence related to the SRC meetings. The treasurer will be responsible for monitoring financial reports related to funding that impacts the delivery of and resources related to service coordination.

The CCFCFC acknowledges the importance of outcome measures completed by families and providers as a source of vital information regarding the service coordination process. A standardized tool will be utilized through the service coordination process and reported on semi-annually by the service coordinator at SRC meetings. Updates and changes to the service coordination mechanism will occur as needed based on the feedback from the outcome measure and other sources. Additionally, the SRC will provide this or other data to Ohio Family and Children First Council upon request for the purpose of evaluation.

PROTECTING THE FAMILY'S CONFIDENTIALITY (C)(6)

Protecting the confidentiality of all personal family information disclosed during service coordination meetings or contained in the comprehensive family service coordination plan is a priority for the Carroll County Service Coordination Team. The files created through the service coordination process are considered the property of the Carroll County Family and Children First Council and will be maintained at the office site.

A privacy and confidentiality statement will be distributed at the initial family team meeting and all members are required to read and sign it. Additional members will be asked to sign the same statement when they are brought into the family team meetings. Families will be asked to complete a release of information so team members can share information and services can be coordinated. No information will be shared without a valid release of information.

Records that are created through the service coordination process will be managed in accordance with Ohio Revised Code and HIPAA. When questions arise related to access, public inspection, disclosure, and confidentiality, the Carroll County Family and Children First Council will rely on Ohio Revised Code and HIPAA to determine the most appropriate course of action.

CHILDREN IN PLACEMENT/ALLEGED UNRULY (C)(4); (D)(4); (E)

Maintaining children in their families and in the community when possible and safe is a priority for the Carroll County Family and Children First Council. To meet this end, the focus of the service coordination process is as much prevention as it is intervention. It is the hope of Council that children will be referred at a younger age to allow local services and collaborative efforts to stabilize a situation prior to a child entering middle adolescence. To meet this end, Council will identify risk factors that indicate potential court involvement and make providers aware that these children are a priority for the service coordination process. Council is aware, however, that there will continue to be cases where there is a potential of out-of-home placement or a risk of court involvement.

While it is ideal to identify and coordinate care at a younger age, the Carroll County FCFC is aware that there will continue to be children that do not obtain the services they need and are unable to maintain in their home environment despite attempting to identify all alternatives to out-of-home placements. When this is the case, resources will continue to be pooled to manage the child's care in a placement and step the child down to a less restrictive environment as quickly as appropriate. When there is a risk of placement for a child or potential court involvement, service coordination will be a priority to identify solutions/alternatives/resources to allow the child to remain in the community when possible such as a mentoring program, in-home parent education, etc. This process will always focus on the least restrictive environment for the child. When a child involved in the service coordination process is placed outside of the home on an emergency basis, a service coordination meeting will occur within ten days. The service coordinator will present information related to children in placement during the monthly Service Review Committee meetings.

Carroll County Family and Children First is cognizant that Council's recommendations do not usurp the recommendations of other governmental agencies, i.e. Juvenile Court, Job and Family Services, but will provide service coordination in the attempt to divert a youth from court. This opportunity exists for all cases where a youth is alleged delinquent and/or unruly and Juvenile Court sees service coordination as a diversion option or where providers or school personnel identify behaviors that could be an early indicator of potential delinquent and/or unruly behavior.

DISPUTE RESOLUTION (C)(9)

It is recognized by the Carroll County Family and Children First Council that reasonable persons disagree from time to time. This dispute resolution policy is a plan to address disputes that have not been resolved despite attempts to do so. This policy pertains to members of Council, as well as families who receive services through the service

coordination process and will be monitored and managed through the Service Review Committee. For the purposes of this section, an emergency will be defined as those cases where there was a rights violation or placement concerns. In emergency cases, the process will be expedited.

Council members agree that disputes which involve the utilization of pooled funds from any agency shall be resolved without regard to the eligibility guidelines of the individual agencies, limited only by the availability of the funds in the pool. The Council members agree that disputes which involve the utilization of direct agency funds shall be resolved in accordance with individual agency eligibility guidelines and available funds. Additionally, parents or custodians shall use local agency grievance procedures to address disputes not involving service coordination. It is understood that any family involved in Help Me Grow (HMG) will be informed of and have received copies of procedural safeguards from their HMG service facilitator. The HMG procedural safeguards are also available from the Carroll County Family and Children First Council. A copy will be provided to any HMG family upon request.

The Service Review Committee (SRC), in keeping with the overall emphasis of the County Service Coordination Mechanism, shall conduct the dispute resolution process with a primary emphasis on responding to family needs in a timely fashion. SRC will be mindful of the impact that the dispute resolution process may have on the well being of families and children.

To that end, the Council agrees and sets forth in this policy that:

- no services shall be withdrawn (terminated) from families involved in this dispute resolution process during the dispute resolution process unless the family chooses to discontinue the service;
- every effort shall be made to provide interim services to serve crucial needs, where possible, in a collaborative fashion, pending final resolution of the process;
- the collaborating agencies and groups represented in this policy subscribe to the principle that, wherever possible, levels of appeal shall be waived so that a speedy resolution of the process may be achieved; levels of appeal are designed not to represent automatic steps, but to serve as backup to the ongoing process of collaboration to which the Council members are committed as their primary means of service provision, and to provide a fail-safe mechanism to maximize the chances that disputing parties will come to voluntary agreements reflective of unequivocal commitment to service plans.
- families shall be involved at each level of the dispute resolution process; assistance in understanding procedural methodology shall be provided if needed, unnecessary professional jargon and unnecessary technical language shall be avoided in oral and written communication with families and families shall be afforded the opportunity to be represented by a person of their choosing during the process, if they so desire.

Level I. When a request for dispute resolution is received, the SRC chairperson shall

convene a meeting of the involved persons within 7 working days. If there is no chairperson, then the Council Chairperson shall convene the meeting. The purpose of the meeting shall be to clarify and resolve the issue or issues at dispute as they (it) have a bearing on the appropriate courses of action, agency responsibility, type, amount, and appropriateness of services and/or funds for services not otherwise available. The issues shall be identified and resolved within 7 working days of the time that the meeting is convened. This deadline may be extended if necessary and mutually agreed upon by the involved parties. No change in services may occur during this dispute resolution process *at any stage*.

Level II. If the issue remains unresolved, the SRC chairperson may contact the Agency Directors of all involved agencies within 7 working days from the failure to resolve the dispute. The SRC chairperson shall be responsible for meeting with all Agency Directors involved and resolving the dispute within 7 working days of their charge to resolve. In the event that the chairperson of the SRC also is the Director of an agency involved in the dispute, the meeting shall be called by a Carroll County Commissioner or his/her designee. The 7 day time limit for resolution may be extended as necessary if all parties mutually agree.

Level III. Should the involved Agency Directors be unable to resolve the issue at Level II, they may refer the dispute to the Advisory Committee of the Council for review and recommendation at the next regularly scheduled meeting of the Advisory Committee. The Advisory Committee shall exert every effort to facilitate a final negotiated resolution.

Level IV. In the event that the Council Advisory Committee is unable to resolve the issue at Level 3, then the parties in dispute may seek outside mediation through the efforts of an impartial outside arbiter. If the parties agree beforehand that the arbitration shall be binding, then it shall be binding. However, if the parties do not agree beforehand that the decision shall be binding, then it shall be non-binding. The outside arbiter shall be a person with demonstrated experience in formal multi-service child-serving environments, shall have an understanding of the rights, roles, and responsibilities of Family and Children First Councils, and the appropriate statutes and administrative rules appropriate to Family and Children First Councils, and their member agencies. The outside arbiter shall not be an employee of an agency in the same type as any of the involved agencies in dispute. The outside arbiter shall have no professional or personal ties to the family involved in the dispute. The outside arbiter shall be mutually agreed upon by all of the disputing parties. In the event that an outside arbiter is not agreed upon by consensus, the Council Coordinator shall be responsible for providing another outside arbiter as a replacement. Any of the above-described criteria for the arbiter may be waived by mutual consent of the disputing parties. The cost of the arbiter shall be borne equally by the disputing parties. After hearing all of the facts as presented by the disputing parties, the outside arbiter shall issue a written letter of determination within 7 working days of the hearing, unless an extension is mutually agreed upon by the parties involved.

Level V. In the event that all efforts referenced above have not reached resolution of the dispute, the entities may, within 7 working days, file a motion with the Juvenile Court, asking for a hearing on the matter. The Juvenile Court Judge shall hold a hearing on the motion to resolve the dispute. SRC/Council will provide all historical information related to the dispute to the Juvenile Court Judge.

Nothing in the aforementioned would prohibit any party from seeking legal relief, independently, if they are convinced that a decision should be overturned as an issue of the law. Such legal action would lie exclusively at the initiative of the party in disagreement. The decision of the Juvenile Court Judge at Level V would remain in effect until overturned in a higher court of competent jurisdiction. Nothing in the aforementioned shall prohibit the disputing parties from mutual agreement to waive a level of dispute resolution process to accelerate the resolution process. Nothing in the aforementioned shall be construed as to release entities from the obligation of providing timely appropriate emergency services to address health, safety, and welfare of individuals in accordance with already established emergency procedures. The input of families and children, when appropriate, shall be solicited and incorporated into the decision-making process at all levels of the dispute resolution process.

Individual resolution level time lines may be waived by mutual agreement of all disputing parties. Notwithstanding individual level time lines and any waivers thereof, the total time line for the dispute resolution process shall not exceed 60 days except if waived by mutual agreement of all parties involved.

It should be noted that the Council recognizes a clear distinction between a dispute involving systemic resources and those legitimate disputes which a family or service recipient may have with the services of an individual agency. These grievances are more properly addressed within the grievance or due process procedures of the individual agency.

CONSENT FOR RELEASE OF INFORMATION

FAMILY NAME: _____

I authorize the following agencies and designated representatives the right to both verbal, written, and electronically transmitted information regarding: name, birth date, sex, race, address, telephone and social security numbers; medical, substance abuse diagnosis and treatment, HIV-Aids related diagnosis and treatment; social history, treatment/service history, psychological evaluations; Individual Education Plans (IEP); Individual Family Service Plans (IFSP); transition plans, vocational assessments, grades and attendance; financial information, including public assistance eligibility and payment information, W-2's, tax returns, and other pertinent financial information. I understand that the information may be communicated electronically.

The purpose of sharing this information is to develop an individualized, comprehensive, inter-systems service plan for my family.

Parent/Guardian: _____

Date of Birth: _____ Social Security#: _____

Parent/Guardian: _____

Date of Birth: _____ Social Security#: _____

Designated Youth: _____

Date of Birth: _____ Social Security # _____

Designated Youth: _____

Date of Birth: _____ Social Security#: _____

Designated Youth: _____

Date of Birth: _____ Social Security #: _____

The release allows for information sharing, as needed, between each of the agencies listed below:

- | | |
|--|---|
| <input type="checkbox"/> Carroll Co. DJFS (PA, JOBS, SS) | <input type="checkbox"/> Alcohol and Addiction Program |
| <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> Women, Infant, and Children (WIC) |
| <input type="checkbox"/> HARCATUS Head Start | <input type="checkbox"/> Carroll Co. FCFC Coordinator |
| <input type="checkbox"/> Carroll Co. Board of DD | <input type="checkbox"/> Alcohol, Drug Addiction, Mental Health Board |
| <input type="checkbox"/> Carroll Co. Juvenile Court, | <input type="checkbox"/> Ohio Rehabilitation Services Commission/Bureau
of Vocational Rehabilitation |
| <input type="checkbox"/> DYS | <input type="checkbox"/> Community Mental Healthcare |
| <input type="checkbox"/> Carroll Co. Health Dept. | <input type="checkbox"/> Big Brothers/Big Sisters |
| <input type="checkbox"/> Child Support Enforcement Agency | <input type="checkbox"/> Personal & Family Counseling Services |
| <input type="checkbox"/> Schools _____ | <input type="checkbox"/> HARCATUS Community Action Organization |
| <input type="checkbox"/> Tuscarawas Carroll Harrison Educational Service
Center | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Buckeye Career Center | |

This release is valid for 180 days from the date of origin unless revoked or services end. By my signature, I authorize the release of personal information pertaining to this case.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Revocation of Consent: I hereby revoke the above consent for the release of information. Upon revocation of consent, further release of specified information shall cease immediately.

Signature: _____ Date: _____

Witness: _____ Date: _____

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the records released including information on any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal law.

Federal regulations 42CFR Part 2) prohibit you from making any further disclosure of it without the specific writing consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:

This information is being disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnosis.

3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state law.



Plan of Care

Child's Name:	DOB:
Name of Service Coordinator:	Date of Original Plan:
Dates Updated:	Date Plan completed:

Child and Family Team Members

All information is confidential and is not to be shared with non-team members. By signing this form, you are stating that you agree that have participated in the planning process and agree with the Plan of Care.

Team Member	Role	Signature

Goals and Activities

Complete this page for each of the top 3 or 4 Life Domain Areas prioritized on the page 3.

Domain to be addressed:

Identified Need (pg 3)	Strengths related to need (pg 2)	Goal	Activities (who, what, by when, and how paid for)	Progress toward goal (use key below)

Progress Key: NA=No longer a need or goal 1=Unresolved or worse; not attained 2=Unchanged; still a need or goal
 3=Progress made, but still a need 4=Unresolved or partially attained, but improved 5=Retained or attained satisfaction

Goals and Activities

Complete this page for each of the top 3 or 4 Life Domain Areas prioritized on the page 3.

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Complete this page for each of the top 3 or 4 Life Domain Areas prioritized on the page 3.

Domain to be addressed:

Identified Need (pg 3)	Strengths related to need (pg 2)	Goal	Activities (who, what, by when, and how paid for)	Progress toward goal (use key below)

Progress Key: NA=No longer a need or goal
 3=Progress made, but still a need
 1=Unresolved or worse; not attained
 4=Unresolved or partially attained, but improved
 2=Unchanged; still a need or goal
 5=Retained or attained satisfaction

Crisis Response Planning

Each child and family team should develop safety plans to address possible safety/crisis situations at home and at school. Consider the following when developing your safety plans:

- Expect that a child with multiple needs living in the community will experience crisis
- Consider the most challenging act(s) that could happen and create the intervention
- Review historical strength-based information regarding strategies that have worked
- Pre-plan the interventions with people and/or agencies who may be involved in the safety issue resolution. Include an outline of responsibilities and communication procedures.
- Develop a protocol of who will be notified, and in what time frame
- Develop a process for evaluating the safety plan use/effectiveness

Name of child:	Crisis Response Plan for (home, school):	Date prepared:
Past behaviors/Situations considered crises or safety concerns:		
Progressive list of interventions to respond to a crisis/safety situation (include description of the intervention, who is involved, contact information, and responsibilities)		



Service Coordination Referral Form

IDENTIFIED YOUTH

Date of Referral: _____

Youth Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: Female Male Race _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Current School: _____ Grade: _____ Regular Ed Special Ed

Current diagnoses (check all that apply):

- ADD/ADHD
- ODD
- Bipolar
- Depression
- Autism/Asperger's
- Unknown
- Other: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Youth: _____

Home Address: _____ City: _____ Zip: _____

Check if same as above

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Hours: _____

of Members in Household? _____

Sibling:	Age:	Sibling:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

Is youth at risk for placement out of the home? YES NO

Is youth in need of transition/step-down services back to the community? YES NO

Is youth/family in need of support and/or services to maintain the youth in the home/community? YES NO

Reason Referred for Services or Supports? _____

CURRENT YOUTH INVOLVEMENT
LAST 30 DAYS
 (check all that apply)

<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Children Services	<input type="checkbox"/> Hospital
<input type="checkbox"/> Detention	<input type="checkbox"/> Investigation	<input type="checkbox"/> Medical
<input type="checkbox"/> Probation	<input type="checkbox"/> Voluntary Case Plan	<input type="checkbox"/> Mental Health-Psych
<input type="checkbox"/> DYS Parole	<input type="checkbox"/> Custody	<input type="checkbox"/> DD
<input type="checkbox"/> Protective Supervision		
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Respite (out of home)
<input type="checkbox"/> Outpatient Counseling	<input type="checkbox"/> Outpatient	
<input type="checkbox"/> Medication Management	<input type="checkbox"/> Inpatient	

YOUTH CONCERNS/NEEDS

<input type="checkbox"/> Alcohol/Drug	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Child Neglect
<input type="checkbox"/> Delinquent	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Poverty	<input type="checkbox"/> Special Education
<input type="checkbox"/> Unruly	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Other Agencies/Workers involved: (Name, Agency, phone number)

Completed by: _____ Agency: _____ Phone: _____

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 For FCFC use only:

Date received: _____
 Initial date of contact: _____
 Date of assessment meeting: _____
 Date of Family Team meeting: _____

Outcome of referral:

- SC case opened
- Referred elsewhere: _____
- Family refused services
- Unable to locate
- Other: _____

Crisis / Safety

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Have there been any crisis situations at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crisis response plan 1 2 3 4 5
What was done in response to the situation(s)?		
Have there been any crisis situations in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crisis response plan 1 2 3 4 5
What was done in response to the situation(s)?		
Have there been any crisis situations at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crisis response plan 1 2 3 4 5
What was done in response to the situation(s)?		

Living Situation

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Describe your family's current living situation (do all family members live at home?).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living arrangement 1 2 3 4 5
Does your home provide enough space, privacy, and comfort? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Space, privacy and comfort 1 2 3 4 5
Are there barriers to living in your current home long-term? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stability of living arrangement 1 2 3 4 5

Are there any safety concerns? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety of physical environment 1 2 3 4 5
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Living Environment

(only report living locations within the past 6 months)

Name	Start Date	End Date	Location

Family

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Describe relationships among family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family relationships 1 2 3 4 5
Describe relationships with your extended family.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extended family resource 1 2 3 4 5

Who (other than family members) offers support to you and your family?

- Yes
- No

Social support network
1 2 3 4 5

Basic Needs/Financial

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Are your family's housing, food, and clothing needs met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Basic needs 1 2 3 4 5
Are your family's transportation needs met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation 1 2 3 4 5
What are your family's sources of income? Is there enough income to meet the family's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial resources 1 2 3 4 5
Please describe family members' money management skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money mgt skills 1 2 3 4 5
Do family members have access to childcare when needed-while adults are at work and when family members just need a break?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare and/or respite 1 2 3 4 5

Mental Health

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Describe behavioral strengths and needs of your child and family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioral functioning 1 2 3 4 5
Describe cognitive strengths and needs (learning ability, problem solving and thinking) of your child and family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cognitive functioning 1 2 3 4 5
Describe emotional strengths and needs (reaction to stress, stability of mood) of your child and family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional functioning 1 2 3 4 5
Do you have access to the mental health service providers your family needs or wants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to MH providers 1 2 3 4 5
Describe any significant psychological/psychiatric child and family history (past and current providers, medication, hospitalization, etc).		

AOD

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Describe any current AOD abuse or addiction concerns regarding your child or other family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current AOD abuse/addiction 1 2 3 4 5
Describe past AOD abuse or addiction concerns regarding your child or other family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Past AOD abuse/addiction 1 2 3 4 5
Do family members have access to needed AOD treatment and support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to AOD tx/support 1 2 3 4 5
Describe the impact AOD issues have had on yourself and family members, both currently and in the past (social/community and family relationships; financial, legal, employment).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Impact of AOD issues 1 2 3 4 5

Social and Recreational

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Do family members have friends? Why or why not? Do they get along well with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Interactive Skills 1 2 3 4 5
Describe activities family members currently do together or would like to do together.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family activities 1 2 3 4 5
Describe activities your child or family members are involved in or would like to be involved in, as individuals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual activities 1 2 3 4 5
Describe social relationships. Do family members spend time with people outside their immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social relationships 1 2 3 4 5

Cultural

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Describe ethnic or national traditions/holidays you family observes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affiliation w/ethnic group 1 2 3 4 5
How do family members participate in these traditions? Are there any barriers to participating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to traditions 1 2 3 4 5

Spiritual

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Describe your family's religious or spiritual practices, values, and support network.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affiliation w/spiritual group 1 2 3 4 5
Does your family have access to desired spiritual practices and support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to spiritual support 1 2 3 4 5

Medical

	Is this an area of strength?	Level of need (1=No need, 5=Great need)
Describe the physical health of family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical health 1 2 3 4 5
Describe the dental health of family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental health 1 2 3 4 5
Do family members have access to needed health equipment or supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to special equipment 1 2 3 4 5

Do family members have access to needed dental and health care providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to providers 1 2 3 4 5
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Educational

Describe your child's current educational status-grade level, placement (LD, CD, ED), attendance.		
	Is this an area of strength? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of need (1=No need, 5=Great need)
Describe how your child is doing in his/her school work.		Academic skills 1 2 3 4 5
Describe how your child is doing behaviorally in school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior in school 1 2 3 4 5
Do family members have age-appropriate independent living skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IL skills 1 2 3 4 5
Describe your child's work experience, pre-employment skills and interests. <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-employment skills 1 2 3 4 5
Describe any vocational or educational strengths and needs of adult family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult vocation/emplmnt skills 1 2 3 4 5

Legal

Describe significant involvement with legal system and current status.		
	Is this an area of strength? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of need (1=No need, 5=Great need) Need for legal services 1 2 3 4 5