

Crawford County Family & Children First Council

Service Coordination Mechanism

INTRODUCTION

We support Ohio's commitment to child well-being.

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

This plan is being formulated so that Crawford County agencies that serve children can meet the needs of those children and their families in a coordinated, simplified, and cost effective manner. It is written in compliance with the guidelines in House Bill 66 (amends 121.37) and the Ohio Administrative Code Section.

Our council is divided into two divisions; the administrative part known as the Family and Children First Council (sets policy, funding and develops procedure) and the Clinical part known as the Family and Children First Transition Team (assess referrals, allocates resources, and monitors treatment decisions). The FCFC Transition Team is comprised of members appointed by Council's designated agencies.

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. Service coordination builds upon the strengths of services already existing in the community. The service coordination process provides access to existing services/supports and when appropriate proposes new services, supports, and strategies to be added in order to address unmet needs.

Service coordination is a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex needs. 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. The process assists families in building a system of natural supports so to gradually reduce family reliance on formal systems as it becomes appropriate.

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THE ROLE OF THE CRAWFORD COUNTY FAMILY & CHILDREN FIRST COUNCIL AND TRANSITION TEAM

- To provide an avenue for parents, families and organizations to express their concerns about the needs of children being served by multiple systems in this county and to increase and encourage involvement of parents and their children in the planning and evaluation of child centered services.
- The Crawford County Shared Plan will be used to design and develop services which are deemed necessary to meet the needs of the youth of this county.
- Transition Team will meet bi-weekly or as needed to review and make recommendations of the potential transition of children to higher or lower levels of care. Each team member will sign a Confidentiality Release Agreement annually.
- Through the Service Coordination Process, the Council will screen and identify as early as possible those children and families who need support to prevent them from entering or continuing in the criminal justice system, reduce their reliance on social service agencies, and enable them to self direct their needs and supports.

Additionally, the Council seeks to speak as one unified voice without bias, representing all children, their families and the child serving entities of the county with regard to regulatory relief, funding, and legislative issues which affect the children of this county.

TARGET POPULATION

This plan has the potential of identifying a diverse segment of the population of children in Crawford County. This plan is designed to serve the following populations:

- Unruly
- At risk of being unruly
- Dependent
- Delinquent
- Neglected
- Abused
- Developmentally delayed
- Mental Health Concerns
- Those children for whom families have voluntarily requested services
- Resident of Crawford County
- A multi-need child from the ages of 0 through 21
- Receives or is eligible to receive services based on multi-needs
- A multi-need child in need of services and coordinated planning efforts

Services will be provided to the target population regardless of race, color, ethnicity, culture, gender, and/or diversity of family dynamic. All assistance and services will be provided in the least restrictive environment possible.

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CONFIDENTIALITY

Any family being referred for service coordination must sign a release of information. Upon receipt of the referral and release of information, the family is contacted by the service coordinator. The service coordinator discusses the signed release and ensures the parent/guardian understands all areas of the release.

In addition, all team members sign a confidentiality statement at the beginning of each family team meeting. This statement explains the confidentiality expectations of information disclosed during team meetings and the planning process.

ACTION PLAN

STEP 1: REFERRAL OF FAMILY AND/OR CHILD

If any of the following conditions exist with a child or family, an agency and/or family member may make a referral to the FCFC Council:

- There is a multi-systemic need,
- The family has not yet been able to access needed services because of the following:
 - Appropriate services are not available
 - Eligibility requirements cannot be met
 - Funding for these is inadequate or not available
 - Coordination of services among agencies has been unsuccessful.

Any family member or child serving system may complete a referral form requesting a review by the FCFC Service Coordinator or Director. The referring system shall be responsible for the proper completion of all releases. Each referred family shall receive a copy of the Service Coordination Mechanism, which includes the dispute resolution process, along with the Consent to Release and Exchange Confidentiality Information Form.

STEP 2: ASSESS THE APPROPRIATENESS OF THE REFERRAL AND DETERMINE THE LEVEL OF NEED.

Upon receipt of a completed referral form and release of information, the Council Service Coordinator or Director will contact the family and help them to determine their level of need by completing a Risk Screen Tool. The family will be contacted within 3 business days of a complete referral. If a family only needs Information and Referral, appropriate information and referral will be provided. If a family score of the assessment tool is not at the level of requiring a team, appropriate information, service connection and referrals will be provided to the family's and the referring agency. There may be times when a family is referred back to the referring agency. Depending on how the family scores on the screening tool will determine what level of service they will be referred to. Once the family is referred to a specific level of service, the Service Coordination Mechanism forms will be completed with the family.

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Level 1: Service Coordination: The family has utilized resources and still needs some additional support that can be directly provided by FCFC. The FCFC Service Coordinator or Director will meet with the family to complete the Service Coordination Mechanism and develop a plan to alleviate the concerns. If the family has multiple needs that cannot be resolved directly by the FCFC Service Coordinator or Director the Service Coordinator or Director will bring a team of individuals and agencies working with the family together to address the concerns. If the needs are more intense, the FCFC Service Coordinator or Director will refer the family to an appropriate service provider for higher level services such as High Fidelity Wraparound or Intensive Home Based Therapy. Currently, High Fidelity Wraparound is being administered through a local counseling agency and Intensive Home Based Therapy is being administered through a separate counseling agency. If a family is referred for a higher level of service, the family could remain enrolled in Crawford County Service Coordination, however, appropriate forms included in the Service Coordination Mechanism would need to be completed. (See step 3 for more details).

Level 2a: High Fidelity Wraparound/ Intensive Home Based Therapy: If the family has multiple needs that cannot be resolved directly by the FCFC Service Coordinator, Director, or small family/agency team; the family will be referred for High Fidelity Wraparound or Intensive Home Based Therapy. Families with intense needs that revolve around behaviors and need a high level of supportive services and coordinated services will be referred to High Fidelity Wraparound. High Fidelity Wraparound is being provided by non-profit counseling agency. It is possible for families to access funding through Family and Children First Council while receiving High Fidelity Wraparound through the counseling agency as long as the appropriate Service Coordination forms are completed at the end of this packet and the item/service is listed in the family plan. The counseling agency would need to make a request to Family and Children First for specific items/services to be purchased. Family and Children First will have ten days to decide whether the request is appropriate and if funding is available to purchase the requested item/services/ If the request is questionable, it may take longer to seek additional feedback from the state prior to purchasing the item/service. If funds are approved, follow up information will be reported by the counseling agency to Family and Children First Council at minimum of twice a year. (See step 4 for more details).

Level 2b: Intensive Home Based Therapy: Families with intense needs that are involved the mental health system that are more in need of more intensive counseling or mental health management will be referred to Intensive Home Based Services. Intensive Home Based Therapy is being provided by a counseling agency. It is possible for families to access funding through Family and Children First Council while receiving Intensive Home Based Therapy through the counseling agency as long as the appropriate Service Coordination forms are completed at the end of this packet and the item/service is listed in the family plan. The counseling agency would need to make a request to Family and Children First for specific

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items/services to be purchased. Family and Children First will have ten days to decide whether the request is appropriate and if funding is available to purchase the requested item/services/ If the request is questionable, it may take longer to seek additional feedback from the state prior to purchasing the item/service. If funds are approved, follow up information will be reported by the counseling agency to Family and Children First Council at minimum of twice a year. (See step 4 for more details).

Level 3: Transition Team: Families will be referred and reviewed at the Transition Team when a child is at risk of moving into a higher level of care or as needed when stepping down from a higher level of care. Anticipated referrals to the Transition Team, are families who are involved in Service Coordination, High Fidelity Wraparound, or Intensive Home Based Therapy where the current services still do not seem to be improving the situation. The Transition Team may be able to provide additional information, knowledge, and resources. Other anticipated referrals are from Children's Services and Juvenile Court where kids are at risk of being removed or are placed in a foster home or residential facility to look for alternative options. (See step 5 for more details).

STEP 3: FORMULATION OF SERVICE COORDINATION

Parents/Caregivers of children/youth, ages 0-21, who are seeking assistance in meeting the needs of their children but do not have the intensity of need for High Fidelity Wraparound, will be provided access to Service Coordination services from FCFC. Once a referral is received the family is contacted to determine their willingness to participate in the service coordination process. If the family agrees to services, information is gathered for the strengths and culture discovery. A meeting will be scheduled within 10 days of agreement for services.

One on One Service Coordination: If the needs are something that can be handled directly through the FCFC Service Coordinator or Director the meeting will take place one on one with the family.

Team Based Service Coordination: If the needs require some coordination with other entities, all key participants involved with the child and family will be invited to a team meeting. The Service Coordinator will work with the family to help them identify their support person/people, appropriate agencies, and school representative. The Service Coordinator will contact each identified participant to notify them of the scheduled meetings.

STEP 4: FORMULATION OF HIGH FIDELITY WRAPAROUND SERVICES AND INTENSIVE HOME BASED SERVICES

Once a referral is received the family is contacted to determine their willingness to participate in the service coordination process. If the family agrees to services and the family is screened to be an appropriate fit for High Fidelity Wraparound or Intensive Home Based Services, a referral will be made to the agency providing the services. The High Fidelity Wraparound or Intensive Home Based Services provider will complete the strengths and culture discovery.

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Intensive Home Based Therapy will be primarily for families with intense needs that are receiving mental health treatment and need more intensive counseling or mental health management.

High Fidelity Wraparound will be primarily for families with intense multi system needs that typically revolve around behaviors and need a high level of supportive and coordinated services. Children/youth, ages 0 through 21, with complex needs who have been involved with two or more of the following systems within the last 90 days, whose needs are not being adequately met and who have reached a level of urgency requiring additional service coordination: Mental and Behavioral Health, Juvenile Court, Developmental Disabilities, Special Education, and Children's Services. High Fidelity Wraparound may also be considered for single system youth who are at imminent risk of placement in a more restrictive setting as determined by an initial risk screen and ongoing assessment. The service provider will complete the strengths and culture discovery with the family, identify natural supports, invite identified key individuals to a team meeting. At the team meeting, the team will complete a safety plan, and a family wraparound plan.

The High Fidelity Wraparound plan will address each of the following life domains; Individual, Family, Education, Mental Health, Legal, Social/Recreational. The wraparound plan shall be comprised of the following steps:

1. Identification of family/child strengths: The facilitator will facilitate a discussion for all family members and service providers to identify the strengths of each family member and the family as a whole.
2. Identify services/needs of the child and/or family: The facilitator will lead a discussion with the team members to help identify the needs of each family member and the family as a whole.
3. Identified family goals: The family will be encouraged to develop a few goals within one or more of the life domains. The goals will be established with input from the team.
4. Description of services/supports that will be provided: The team will develop a description of services and supports that will be implemented to address the areas of concerns. The team focuses on the family's strengths to meet their needs. The services must be responsive to the family's strengths, needs, culture, race, ethnic group. All services should be provided in a least restrictive setting.
5. Responsible person/case worker and lead agency for monitoring: The person responsible for monitoring the service/support will be identified.
6. Timeline: A timeline will be established for the completion of the service/support based upon the needs of the family.
7. Funding sources, reimbursements: The funding sources for the service or support will be identified.
8. Crisis and Safety Planning: The family will be asked to identify a potential crisis and the team will develop a plan of action to help prevent the crisis from occurring and a plan to address the crisis if one occurs.

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The wraparound coordinator, with the family's approval, shall appoint a lead case manager to ensure the family and all staff from involved agencies are notified of and invited to participate in additional team meetings. The tracking of progress on the plan, scheduling of meetings, and facilitation of meetings will be completed by the wraparound coordinator unless the family prefers otherwise. Each family has the option to choose a lead case manager for their team.

When addressing the needs of an alleged unruly child many services and supports are considered. The wraparound may involve local law enforcement officials and court personnel. A diversion program through the court will be utilized when appropriate. Mentoring, parent education programs, and alternative school settings may be utilized as well.

The formulation of a written wraparound plan will be done no later than 10 days after the scheduled wraparound meeting. The parents and agency representative's signatures are required on the wraparound plan. The signatures indicate that the parent(s) and agencies are in agreement with the developed plan and will comply with the document.

A copy of the wraparound plan will be shared with all agencies that will be participating in the team. The agencies will develop their individualized service plans based upon the wraparound plan. Each wraparound plan will be reviewed no less than quarterly.

Families and service providers can request a review of the service coordination plan by contacting the Family and Children First Council.

Any agency or family member involved in Service Coordination, High Fidelity Wraparound, or Intensive Home Based Therapy anticipating an out-of-home placement should contact Family and Children First to schedule a team meeting or Transition Team meeting. In the case of an out-of-home placement, the case will be reviewed within 10 days of the placement date.

If the issues cannot be resolved through Service Coordination process, High Fidelity Wraparound process or Intensive Home Based Therapy, the case will be referred to the Transition Team for review (Step 5).

STEP 5: TRANSITION TEAM

The Transition Team will be utilized for families who are identified as at risk of children moving into a higher level of care or as needed when children are stepping down from a higher level of care. When a family's needs have been unsuccessfully resolved through agency involvement, Service Coordination, High Fidelity Wraparound, or Intensive Home Based Services the family may be referred to the Transition Team. Agencies may make referrals to the Transition Team for families that are not yet involved in Service Coordination, High Fidelity Wraparound, or Intensive Home Based Therapy, if they have a concern that the family is about to lose custody of a child/ren or become involved in the juvenile court system.

An emergency meeting can be declared if the FCFC Director, the parent(s), or any agency(s) believe an emergency is indicated. An agency indicating a need for declaring an emergency

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should be directly involved with the Transition Team. An emergency meeting will be called within 7 business days and a crisis plan will be developed. A copy of the plan will be shared with all agencies that will be participating in the treatment. The agencies will develop their individualized service plans based on the joint service plan.

Transition Team members will refer families to the FCFC Director to be put on the agenda. The Transition Team will meet bi-weekly or as needed to review cases. The referral source must provide a brief summary of the family, reason for bringing the family to the Transition Team, expectations of the Transition Team, and a signed FCFC Release and Exchange of Confidential Information which has all of the Transition Team members checked. These items will be distributed to Transition Team members prior to the Transition Team meeting to allow team members to review the situation and bring any additional information about the family to the meeting.

The Transition Team is comprised of representatives of agencies of the council such as: representatives from Family and Children First Council, Head Start, Department of Job and Family Services, Crawford/Marion Alcohol Drug and Mental Health Board, Community Counseling Services, Children Services, Crawford County Board of Developmental Disabilities, Galion Health Department, Crawford County Health Department, Crawford County Family Court/ Juvenile Court, Department of Youth Services, School Districts, North Central Ohio Educational Service Center and/or Mid-Ohio Educational Service Center. The team is comprised primarily of supervisors who have knowledge in their field who may be able to offer a different perspective, additional resources, knowledge and insight than some of the direct level staff members who are part of the regular service coordination team. Agencies other than those on the Council may request membership to the Transition Team. Membership to the Transition Team for agencies other than those who have a membership on the Council shall require approval by a quorum vote by the Family and Children First Council. The Council or a member of the Transition Team may recommend agencies other than those on the Council to attend and participate in specific meetings pertaining to their consumers on an as needed basis. These recommended agencies may have additional resources, knowledge and insight than the established team.

DATA COLLECTION AND REPORTING

Quarterly and annual reports determining the number of families served, referral source, reason for referral, and services provided will be collected. A parent satisfaction survey will also be provided to families upon the completion of services. Any collected data will be given to Family and Children First Council and be reported on at Full Council Meetings. The data collected will help to provide a clearer picture of needs within the community and gaps in service delivery. By working collaboratively and creatively the council can begin to invent new approaches to achieve better results for families and children. Any Family and Children First Data will be submitted to the state, upon their request.

SERVICE COORDINATION MECHANISM TRAINING

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Service Coordination Mechanism training is the responsibility of each member agency. Each member agency has identified a lead liaison between Family and Children First and their agency. It is the responsibility of each liaison to ensure their staff members and clients are appropriately trained on the Service Coordination Mechanism. The Family and Children First Council Director will also do periodic presentations to child serving agencies.

Information regarding Family and Children First and the Service Coordination Mechanism will be provided to families at local community events:

FISCAL STRATEGIES

Funding decisions for services identified in the family service coordination plan are determined by the funding source and the agencies requirements for each specific fund. The Family and Children First Council Director will approve the use of Family Centered Support Service Funds.

Resources are maximized by ensuring services are not being duplicated. Agencies will collaborate and blend funds to support service coordination on a case by case basis.

By ensuring children remain in their own community, resources are being reallocated from institutional services to community based family centered service. Local mental health services are being funded to help ensure children are able to have their needs met locally.

If an out-of-home placement is being considered a team meeting will be held to discuss options, resources, and funding sources that can be utilized to maintaining the child locally.

Children's Community Behavioral Health funds are utilized for children needing psychiatric services, individual counseling, and mental health assessments.

DISPUTE RESOLUTION

Crawford County Family and Children First Council acknowledges that conflicts may arise and is committed to resolving all conflict at the lowest possible level and in a timely manner. Conflicts may arise in three distinct types of situations:

1. The family is in disagreement with one or more agencies;
2. The family is in disagreement with the service plan;
3. One agency is in disagreement with another agency (s) and/or the service plan.

The process for handling each of the above situations is dependent on the premise that individuals will seek resolution through the individual agencies and/or team meetings prior to initiating the formal dispute resolution process. Emergency situations where a child is in imminent danger of abuse or neglect will be reported immediately to Children's Services and/or

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a local law enforcement agency. Other non-emergency situations will follow the dispute resolution process described below. Informal/formal agency grievance procedures should be utilized prior to initiating the formal dispute resolution process. If a family needs assistance in presenting their concerns within the team setting, they may request a parent advocate or agency caseworker to assist them in presenting their concerns.

Parents will be informed of the dispute resolution process by the Team Facilitator.

Steps to resolve the conflict at the family team level are:

1. The disputing parties in writing will inform the lead case manager of the facts of the conflict.
2. The lead case manager will call a special meeting(s) of the team within five (5) working days of receipt of notification and will facilitate the dispute resolution process. The family will continue to receive services as described in the Family Service Coordination Plan during this process.
3. When resolution is reached, the parents and the agency representatives will sign the revised Family Service Coordination Plan to acknowledge their commitment to the plan.
4. The lead case manager is responsible for the implementation of the plan.

If this process does not resolve the dispute, the following steps will be taken:

1. The family or agency which disagrees with the Family Service Coordination Plan shall file a written objection to the plan with the Council Director.
2. Upon receipt of the objection or within five (5) working days, the Director shall initiate discussions with each party involved to determine the facts of the case.
3. After determination of the facts and sharing among agencies and families involved, the Director shall schedule a meeting of the parties to the disagreement for the purpose of discussing resolution of the dispute between the two (2) parties.
4. If such efforts prove to be unsuccessful, the Director shall cause the membership of the Clinical Committee to become aware of the facts of the case within five (5) working days. The Clinical Committee will review all the relevant information at the regularly scheduled meeting, which is quarterly (unless an emergency meeting is needed: see below). The Clinical recommendations shall be issued within five (5) working days. Any policy violation dispute not resolved will be referred to the Council Membership to invite suggestions for reaching resolution of the dispute.

Emergency Dispute Resolution: The family or provider brings the emergency situation to the attention of the Council Director (An emergency situation is defined as disruption to an essential service provision which jeopardizes the

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safety and well being of the child or family). The Council Director will request an emergency meeting of the Clinical committee to review the referral. Time frame for convening this meeting will vary according to situation needs response time but will be scheduled no later than five (5) working days. Once the immediate emergency is handled, and continuing conflict will follow the outlined process.

5. If the parties fail to reach an agreement under the procedure, the matter will be filed with the Juvenile Court within seven (7) days and processed in accordance with Ohio Revised Code #121.38.
6. The Council Director shall keep a record of the results of each step of the resolution process and shall prepare an interagency assessment and a treatment information packet for the court.
7. During the dispute resolution process, families will continue to receive services as indicated in the Family Service Coordination Plan.
8. A parent or custodian who disagrees with a decision rendered by the Council regarding services for a child may initiate the dispute resolution process. Not later than sixty days after the parent or custodian initiates the dispute resolution process, the Council shall make findings and issue a written determination of its findings.
9. When the Council participants agree by majority vote that reasonable responsibilities are not being shared by member agencies, the State appeals process may be accessed. It is understood that, upon appeal, Cabinet Council decisions may result in a redirection of state funds within a county.
10. Ohio Revised Code #121.38 requires that unresolved issues be referred to the Juvenile Court having jurisdiction of the child for resolution. It further requires that during the period of investigation of the case by the court, that any services provided by any agency prior to the filing of the dispute be continued by the agency until the resolution process is completed. Following the decision of the court, if the agency or agencies providing services during the processing of the complaint are found not to be responsible for providing services, the agency or agencies shall be reimbursed by the agency or agencies found to have responsibility by the court.

Agencies adjudged to have responsibility may object to the determination of the court within a time period prescribed by law. Such objections will be processed under circumstances and by procedures prescribed by Ohio Revised code #121.38.

Throughout the dispute resolution process, services provided to the family will not be interrupted.

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Families participating in the Help Me Grow program will refer to the Help Me Grow Policies and Procedures for dispute resolution.

EVALUATION

The effectiveness of the Service Coordination Mechanism will be evaluated annually and revisions will be made. The Service Coordination Mechanism will be reviewed by representatives from Children Services, Developmental Disabilities, Alcohol Drug and Mental Health, Public Health, Juvenile Court, Education, and Family and Children First Council.

SERVICE COORDINATION MECHANISM DEVELOPMENT

Initially, the full FCFC and small groups (made up of representative of service agencies and members of the Council) met throughout the months of January and February, 1995 to work on the original Service Coordination Plan.

Implementation of the Service Coordination Plan took place on July 1, 1996.

All members of the Executive Council and the Clinical Team were consulted for suggested additions, deletions, and revisions during the months of March, April and May of 2000. The Revised Service Coordination Plan was reviewed by the members and voted upon at the June 2000 Council and Clinical Team meetings.

The second revision of the Service Coordination Mechanism was completed in the spring of 2002 and was authorized by the FCFC and the Clinical Team.

Clinical Team Members met to do plan revision during September and October 2005. The team included Juvenile Court, Children's Services, Community Counseling Services, ADAMH Board and the FCFC Coordinator.

In October 2008, the Service Coordination Mechanism was updated in order to simplify the process and to streamline the accessibility for agencies and families. The team consisted of Juvenile Court, ADAMH, FCFC Coordinator, and MRDD.

In August 2009, the full council suggested a task force be created to review and update the Service Coordination Mechanism. The team members included FCFC, ADAMH, Juvenile Court, and Galion City Schools.

In SFY 2010, the Service Coordination Mechanism was updated in order to satisfy the Ohio Family and Children First Council requirements. The mechanism was reviewed by representatives from Juvenile Court, Children Services, Board of Developmental Disabilities, Crawford-Marion Alcohol Drug and Mental Health, Department of Health, Galion City Schools, Early Intervention/Help Me Grow, Families, and Family and Children First.

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In SFY2016, the Service Coordination Mechanism was reviewed and updated to reflect proper terminology, updated agency information, updated process, and updated forms to be utilized during the service coordination process.

Original: March 1, 1996

Revision: June 19, 200

Second Revision: May 01, 2002

Third Revision: October 29, 2003

Fourth Revision: March 22, 2004

Fifth Revision: October 14, 2005

Sixth Revision: February, 2008

Revision: September 9, 2009

Revision: June 21, 2010

Revision: September 20, 2010

Revision: June 20, 2016

Crawford County Family & Children First Council

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419-562-1631 fax 419-562-5260
e-mail: ccfccouncil@hotmail.com

REFERRAL FORM

Date of Referral: _____

Child(ren)'s Name and DOB: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Referral source : _____ Phone: _____

PRESENTING CONCERN: (Include reason for referral, current custody status, & Significant History): _____

Please list formal and informal supports that would be helpful in this team. (family, friends, pastor, coach, counselor, caseworker)

<u>Requested Participants</u>	<u>Agency/Relationship</u>	<u>Phone Number:</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Suggested Meeting Location and Time: _____

Which level of service do you recommend?

___ Information & Referral

___ Service Coordination

___ High Fidelity Wraparound

___ Intensive Home Based Therapy

___ Transition Team

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Crawford County Family & Children First Council RISK SCREEN

Family Council Wraparound Risk Assessment Tool

CURRENT SYSTEM INVOLVEMENT (Last 30 Days)

Juvenile Court	
Child Welfare Services	
Mental Health Agency	
MRDD	
OWF - Welfare	
IEP	

Special Education Class	
Alternative School	
GRADS Program	
Probation/Parole	
Psyc Hospitalization	
Medicaid Recipient	

Receives SSI Benefits	
Health Department	
Head Start	
Help Me Grow	
Substance Abuse Program	

KNOWN PRESENTING RISKS

Acute Family Crisis	
Anorexia or Bulimia	
Depression	
Unrestricted internet access	
Hears voices or sees things	
Runaway	
Parent with severe chronic illness	
Aggressive Behaviors (Towards animals, property others, etc.)	
Emotional or Educational Disabilities	
Suspended, Expelled or Dropped Out of School	
Suicide Ideation, gestures or attempts	
Negative peer involvement or gang activity	
Parent with chronic/acute mental illness or Developmental Delay	

Impulsive Behavior	
Truancy	
Availability of Weapons	
Chargeable Sex Offense	
Fire Setting Behaviors	
Youth uses drugs or alcohol	
Limited Ability to Control Anger	
Resides in high crime neighborhood	
Parent with Drug or Alcohol Problem	
Youth's Lack of Stable Residence/Homelessness	
Lack of caregiver monitoring and or Residential Treatment Facility (Current)	

Self Injurious Behaviors	
Sexual acting out	
Victimization	
Family Conflict	
Predjudicial thinking	
Held Back/Behind in Grade	
Known/Suspected Criminal Activity	
Verbal or Written Threats to Others	
Limited Developmental Capacity to Maintain Personal Safety	
Violent Behaviors (towards others, animals or property)	
Current Placement Suspected Child Residential Treatment Facility (History)	

Total Score

Information Source (Name)
 Relationship
 At
 Intake By

Emergency Team Meeting/CCO

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Crawford County Family & Children First Council CHILD CONSENT TO RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____, the _____ of
(Relationship to child)
_____, _____ hereby represent that
(Name of Child) (Date of Birth)

I have legal authority to act on behalf of the above named child and hereby give my consent/authorization to each agency to release and exchange confidential information, regarding this child to the designated representative/s of the following agencies **(indicated with a check mark)** which comprise the Crawford County Family and Children First Clinical Council:

- Affinity Health Works
- Crawford County Health Department/ Galion Health Department
- Community Counseling Services, Inc.
- Crawford/Marion Alcohol, Drug Addiction & Mental Health Board
- Crawford County Children Services
- Crawford County Department of Job and Family Services
- Crawford County Family and Children First
- Crawford County Juvenile Court
- Crawford County Developmental Disabilities Board
- Crawford County and City School Systems; Mid-Ohio Educational Services Center; North Central Educational Service Center
- Family Life Counseling
- Ohio Heartland Community Action Commission Head Start
- Ohio Department of Developmental Disabilities
- Ohio Department of Youth Services
- Others (pertinent to this specific release): _____
- Restore Ministries

Initialed: _____

I understand that such information as may be necessary to develop a comprehensive treatment plan for the child will be released and exchanged among the designated representatives of the Crawford County Family and Children First Council, and that such information may include, but not be limited to, medical records, psychotherapy records, scholastic/attendance records, psychological reports, Juvenile Court records, and Children Services records.

Other information to be released/exchanged: _____

I understand the information to be released includes: (signature required if applicable)

_____ Diagnosis and/or treatment for alcohol and/or drug abuse.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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Crawford County Family & Children First Council CONSENT TO RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION Continued

Please initial acceptance of the following statements.

_____ In the event that the designated representatives of Crawford County Family and Children First Clinical Council are unable to reach agreement on a comprehensive treatment plan for the above named child, I consent to the release and exchange of confidential information to the Crawford County Family and Children First Council for resolution. Per the FCFC Dispute Resolution, if the dispute is not resolved by the FCFC Council the matter will be taken to the Juvenile Court Judge for final disposition.

_____ I further understand that information about my child may need to be released to the State Interdepartmental Cluster for Youth Services and/or to the Family and Children First Cabinet Council for the purpose of applying for state funds to be used in the care and treatment of my child.

_____ I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it, and that in any event this consent expires automatically as follows: Upon the expiration of ninety (90) days after the date of signing this consent. This release may be revoked by contacting the Crawford County Family and Children First Council Coordinator at 419-562-1631.

A photocopy of this consent to release and exchange confidential information shall have the same force and effect as the original.

Signed on this _____ day of _____, 20____

Parent, Guardian, Custodian of Child

Witness

Crawford County Family & Children First Council

Crawford County Family & Children First Council ADULT CONSENT TO RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____, _____
(Name) (Date of Birth)

hereby give my consent/authorization to each agency to release and exchange confidential information, regarding myself to the designated representative/s of the following agencies **(indicated with a check mark)** which comprise the Crawford County Family and Children First Clinical Council:

- Affinity Health Works
- Crawford County Health Department/ Galion Health Department
- Community Counseling Services, Inc.
- Crawford/Marion Alcohol, Drug Addiction & Mental Health Board
- Crawford County Children Services
- Crawford County Department of Job and Family Services
- Crawford County Family and Children First
- Crawford County Juvenile Court
- Crawford County Developmental Disabilities Board
- Crawford County and City School Systems; Mid-Ohio Educational Services Center; North Central Educational Service Center
- Family Life Counseling
- Ohio Heartland Community Action Commission Head Start
- Ohio Department of Developmental Disabilities
- Ohio Department of Youth Services
- Others (pertinent to this specific release): _____
- Restore Ministries

Initialed: _____

I understand that such information as may be necessary to develop a comprehensive treatment plan for me and/or my family will be released and exchanged among the designated representatives of the Crawford County Family and Children First Council, and that such information may include, but not be limited to, medical records, psychotherapy records, scholastic/attendance records, psychological reports, Juvenile Court records, and Children Services records.

Other information to be released/exchanged: _____

I understand the information to be released includes: (signature required if applicable)

_____ Diagnosis and/or treatment for alcohol and/or drug abuse.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Crawford County Family & Children First Council

Crawford County Family & Children First Council CONSENT TO RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION Continued

Please initial acceptance of the following statements.

_____ In the event that the designated representatives of Crawford County Family and Children First Clinical Council are unable to reach agreement on a comprehensive treatment plan for the above named child, I consent to the release and exchange of confidential information to the Crawford County Family and Children First Council for resolution. Per the FCFC Dispute Resolution, if the dispute is not resolved by the FCFC Council the matter will be taken to the Juvenile Court Judge for final disposition.

_____ I further understand that information about my child may need to be released to the State Interdepartmental Cluster for Youth Services and/or to the Family and Children First Cabinet Council for the purpose of applying for state funds to be used in the care and treatment of my child.

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Signed on this _____ day of _____, 20____

Parent, Guardian, Custodian of Child

Witness

Crawford County Family & Children First Council

Crawford County Family & Children First Council Strengths and Culture Assessment

Assessment Performed By:

Date of Assessment:

Parent/Guardian:

Address:

Phone:

Cell:

Other Caregiver:

Address:

Phone:

Cell:

Children's Names	DOB	Age	Gender

Agency Involvement (Last 12 Months)	Primary Contact's Name
ADAMH	
Affinity Health Works	
Community Counseling	
Family Life Counseling	
Health Department (BCMh)	
Help Me Grow	
Head Start	
Board of Developmental Disabilities	
School(s)/Special Education/IEP/GRADS	
Medical Physician(s)	
Insurance/Medicaid (Caresource, Molina)	
JFS (Cash, Food Stamps)	
Children Services (abuse/neglect)	
Family and/or Juvenile Court (unruly, delinquent)	

Crawford County Family & Children First Council

Probation/Parole	
Legal Aid	
SSI/SSD Benefits	
Turning Point	
Restore Ministries	
Other:	

Custody Arrangements:

Life Domains
Food and Clothing: How are you doing with food and clothing?

Residence/Shelter: How is your housing? Rent/Own; Safe
--

Transportation: How do you get to where you need to go? Own vehicle, friend/family, taxi, public transportation?

Family: What are the things you like most about your children? What do they do that makes you smile? What do you do that makes them smile? The best times we have had as a family are....

Financial: What kind of income does your family have? (work, SS, child support, cash assistance) Does your family make more than 100% federal poverty guidelines?
--

Legal: Are there charges for abuse or neglect? Do the kids have charges of unruly or delinquent behavior? Any charges for drugs or alcohol?
--

Crawford County Family & Children First Council

Mental Health: Are there any mental health diagnoses? (ADHD, Bipolar, ODD, OCD, Autism Spectrum)

Are there any medications? Is there a doctor/psychiatrist? Is there a counselor?

Developmental Delays/Disabilities: Are there any developmental delays?

Is there any medication or adaptive equipment?

Physical Health: Do you have a primary doctor? Are there any physical health diagnoses?

Is there any medication or adaptive equipment?

Educational: What does your child do well in at school? What areas do they struggle?
What services are being received? (IEP; Physical, Occupational, Speech Therapy; MH class)

Social/Recreational: What does your family/child do for fun? What activities do you and your family enjoy together? What do you enjoy individually?

Safety: Do you feel your family is safe? If not, why?

Supports: Who do you feel supported by? (family, friends, neighbors, church, clubs/organizations)
Why? Who can you call when you need help and want to talk? Who has helped you in the past?
Who can you trust?

Crawford County Family & Children First Council

Spiritual: Are you part of a faith community? Do you have family traditions or cultural events that your family participates? Are there any special values or beliefs for your family?

What are your three most urgent concerns?

- 1.
- 2.
- 3.

Why do you think these concerns are occurring? What is causing them?

- 1.
- 2.
- 3.

In a perfect world, how do you see these being resolved? Your life and the life of your family would be better in six months if....

Crawford County Family & Children First Council

Crawford County Family & Children First Council Child Strength Assessment Form

Name: _____ Age: _____
Date: _____

1. The things I like to do after school are: _____

2. If I had ten dollars, I would: _____

3. My favorite TV programs are: _____

4. My favorite game at school is: _____

5. My best friends are: _____

6. My favorite time of day is: _____

7. My favorite toy is: _____

8. My favorite record/song/music is: _____

9. My favorite subject at school is: _____

10. My favorite things to do with my family are: _____

11. I like to read books about: _____

12. The places I would like to go in town are: _____

13. My favorite foods are: _____

14. My favorite inside activities are: _____

15. My favorite outside activities are: _____

16. My hobbies are: _____

17. My favorite animals are: _____

18. The three things I like to do most are: _____

Crawford County Family & Children First Council

Crawford County Family & Children First Council

Family Service Coordination Plan

Child Name: _____ Family Name: _____ Date: _____

Present:

Life Domain/ Need	Strength	Desired Outcome	Services/ Support	Person Responsible	Date to be completed	Funding
Individual						
Family						
School						
Mental Health						
Social Recreational						
Legal						

Additional Information:

Next Meeting:

Facilitator Signature: _____

Parent/Custodian Signature: _____ Youth Signature: _____

Crawford County Family & Children First Council

Crawford County Family & Children First Council Crisis/Safety Plan Worksheet

Family Name: _____ Date: _____

Service Coordinator: _____

Crisis Defined---- When something happens and you don't know what to do.

1. Describe the crisis behavior or situation in detail, what does it look like or sound like?

2. Who is involved in the crisis?

3. Are there other activities going on at the same time that makes things better or worse?

4. List the trigger(s) that leads to the crisis:

5. How often does the crisis happen? How many times per day, week, month?

____Daily ____Weekly ____Monthly ____Other

6. When the crisis happens, how intense is it?

1-----2-----3-----4-----5
Not very Very

7. How long does the crisis or situation last? (Minutes, hours, days)

8. Describe what happens after (as a result of) the crisis:

a. What does the person do?

b. How does he or she feel?

c. Are any actions taken, positive or negative?

d. How do other people react to what's going on?

9. What have you tried in the past to avoid the crisis or situation? How well did it work?

10. Why do you think the crisis continues to happen? What is the person getting from it?

Crawford County Family & Children First Council

Crawford County Family and Children First Council Crisis/Safety Plan Worksheet Continued

11. When triggers **start**, what can you do to **prevent** the crisis from happening?

12. What can the person do to prevent it from happening?

13. What are suggestions from the Service Coordination team to do if the crisis occurs? Who will do what, when and how often:

Parent/Custodian Signature

Date

Crawford County Family & Children First Council

Crawford County Family & Children First Council Team Signature/Confidentiality Page

I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, findings, evaluations, and/or actions taken during today's meeting are **CONFIDENTIAL**. Except as required to carry out the duties of my employment, this information is not subject to disclosure - pursuant to Ohio Revised Code Chapters 2305, 2317, 4757, and 5122. I further understand that any breach of this confidentiality is subject to disciplinary action, and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited, and are binding on me even after my involvement with this Service Coordination Team.

The individuals signing below are members of the team and were a part of the meeting, either in person or by telephone, held on _____.

Printed Name	Role	Signature	Date	Agree to follow the plan (circle)	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Crawford County Family & Children First Council

Crawford County Family & Children First Council Dispute Resolution Form

Name of Person Submitting Form: _____

Relationship to Child: _____

Date of Dispute: _____

Dispute with this Agency: _____

Describe the nature of the dispute:

Briefly describe the proposed solution to the dispute:

Send the completed form and any other documentation pertaining to the dispute to:

**FCFC Program Coordinator
907 N. Sandusky Ave.
Bucyrus, OH 44820
Phone: (419) 562-1631 or (419) 569-5374
Fax: (419)-562-5260**

Crawford County Family & Children First Council

Crawford County Family & Children First Council

Family Update Form

To be completed every six months

Family Name: _____ Date of update: _____

Service Coordinator: _____

Address: _____

Phone number(s): _____

Current placement:

___ Home/Relative/Friend

___ Independent Living

___ Foster/Group Home

___ Restricted Living/Hosp

If in placement, for how long? _____

Custody:

___ Parents

___ Relative/Friend

___ Other: _____

School Program:

___ Regular

___ IEP

___ Home Instruction

___ Alternative:

Current School District: _____

Attendance: _____

Involved with any systems or agencies such as:

___ ADAMH

___ Family/Juvenile Court

___ Children Services

___ Head Start

___ Health Department

___ Help Me Grow

___ JFS/Medicaid

___ Legal Aid

___ Community

___ Counseling

___ Affinity Healthworks

___ Medical Physicians(s)

___ Board of Development

___ Disabilities

___ Probation/Parole

___ SSI/SSD Benefits

___ Turning Point

Any criminal charges: _____

Behavioral Checklist:

___ Behaviors dangerous to self

___ Self-mutilation

___ Suicidal or homicidal ideation

___ Domestic violence, perpetrator or victim

___ Assaultive behavior

___ Non-compliance with authority

___ Severe parent/child conflict

___ Severe sibling conflict

___ Problems in peer relationships

___ Problems in school—Such as: _____

___ Mental Health diagnosis: _____

___ Seeing a Dr.: _____

(medical, psychiatric or both)

___ Stealing

___ Cruelty to animals

___ Problem sexual behavior

___ Running away

___ Hyperactivity

___ Poor hygiene

___ Drug/alcohol abuse

___ Poor social skills

___ Unlawful conduct

Crawford County Family & Children First Council

Crawford County Family & Children First Council Discharge Outline

Family name:

Discharge date:

Summary of needs chosen by Service Coordination Team

- 1.
- 2.
- 3.

How were they met?

Any ongoing community services still needed? If so, were they referred and where:

What were the barriers inhibiting the family from meeting their needs previously?

Total Amount spent on family:

Additional Notes:

Crawford County Family & Children First Council

Crawford County Family & Children First Council Family Evaluation form of Service Coordination Team and Services

Please complete and return

Your Name:

Date:

1. The Service Coordination services and team were explained to me clearly.

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor
Comments: _____

2. I felt the Service Coordination meetings were _____ for my family.

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor
Comments: _____

3. I believe that participating in Service Coordination strengthened my family.

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor
Comments: _____

4. I took an active part in developing the Service Coordination Plan.

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor
Comments: _____

5. The Service Coordination Plan that was developed was supported by all team members.

-----5-----4-----3-----2-----1-----
Excellent Very good Good Fair Poor
Comments: _____
