

**Franklin County  
Family and Children First  
Council  
Service Coordination  
Mechanism  
July 2010**

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Service Coordination Mechanism  
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## Mission and Overview

**The mission of the Franklin County Family and Children First Council (FCFCFC) is to provide leadership and insight to policy makers, other Franklin County organizations and our individual constituents to make the county a thriving community of hopeful, healthy children and strong families. In addition, FCFCFC works to increase the access, capacity and effectiveness of services for the most vulnerable Franklin County youth and families whose needs extend beyond any one youth-serving system.**

### Service Coordination History & Overview

Ohio has a long history of coordinating services and systems to address the needs of children and families. In the mid-eighties, under the direction of Governor Celeste, state child serving agencies formed the Interdepartmental Cluster Services For Youth (ICSFY) to address the needs of children with severe and multi-disciplinary problems. Counties were mandated to form ICSFY's. Much of the focus was on children with very intense needs requiring out-of-home placements. Funding was provided at the state level to assist with specific needs.

In the early nineties, Governor Voinovich envisioned the Family and Children First Councils (FCFCFC) to expand the work of cluster and become the mechanism for bringing communities together to coordinate and streamline services for families and children needing or seeking governmental assistance. Statute was created establishing FCFCFC's and providing direction regarding how the coordination of services and systems should operate at the state and local level.

Service coordination is a process of service planning that provides individualized services and supports to families. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. It is critical that services and supports are responsive to the culture, race, and ethnicity of the families and youth served.

The FCFCFC service coordination statutory mandate has driven the development of an array of coordinated care options previously non-existent in most communities. Service coordination has promoted wraparound service by linking children in one system's care to other appropriate systems as well as to informal local supports. In addition, FCFCFC service coordination has united service providers without dismantling systems. Information is shared while also assuring the confidentiality of the child and family.

At the State level, the Family and Children First Children's Cabinet Council is composed of directors of all the major State Departments that oversee family services at the County level. This structure is mirrored at the county level. FCFCFC is made up of the County Executive Directors, or their designees, from the Alcohol, Drug and Mental Health Board of Franklin County (ADAMHB); Franklin County Board of Commissioners; Franklin County Board of Developmental Disabilities (FCBDD); Franklin County Board of Health; Franklin County Children Services (FCCS); Columbus City Council; Columbus Public Health Department, Columbus City Schools; Early Childhood Coordinating Committee; Educational Service Center of Central Ohio; Franklin County Department of Job & Family Services (FCDJFS), Head Start; Franklin County Juvenile Court; Ohio Department of Youth Services; Parent Representatives; South-Western City Schools and United Way of Central Ohio, Education Council of Central Ohio.

The success of FCFCFC service coordination efforts depends on integrating key components into this process. Franklin County Family and Children First Council utilize the following principles to support and improve the service coordination process and promote a more effective service delivery system:

- Services are delivered using a family-centered approach.
- Services are responsive to the cultural, racial and ethnic differences of the population being served.
- Services outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Wraparound services and community and natural family supports are utilized.
- Specialized treatment for difficult-to-serve populations and evidenced-based treatment services are encouraged.
- Duplicative efforts among agencies are reduced or eliminated.
- Most importantly, families are respected, are fully involved in decision-making for their children and are provided with family advocacy options.

### **Funding History with Service Coordination**

Historically, service coordination support flowed primarily toward the most difficult-to-serve children through a funding line item at the state level known as “cluster”. County FCFCFC’s were able to request cluster funding to support specific needs of a child or family. Most needs were related to placement costs.

However, services for children in out-of-home care were often provided too little, too late and/or sometimes for too long under cluster funding. Recognizing these systematic shortcomings, the Access to Better Care (ABC) budget in FY 06-09 expanded funding opportunities for county service coordination. ABC focused on prevention and early intervention for conditions that have historically led to the need for placement and other intensive, restrictive services. ABC incorporated active engagement at all levels of public and private service providers, and stressed active partnership with families.

In FY10, ABC was replaced with the Systems of Care (SOC) initiative. The framework for the SOC initiative describes the OFCF Children’s Cabinet’s commitment to implement a coordinated continuum of services and supports for all children and families, with an emphasis on behavioral health care. SOC is a broad, flexible array of effective services and supports that focuses on family-centered practice, community based services, strengthening the capacity of families, and providing individualized services. SOC involves an organized, coordinated network (i.e., Family and Children First) that integrates services/supports planning, coordination and management across multiple levels.

Two of the components of the Systems of Care initiative, Children’s Community Mental Health (CCBH) and Family Centered Services and Supports (FCSS), provide the opportunity for county FCFCFC’s to use funding to provide services and supports to families in FCFCFC service coordination, as well as the option to pay for a portion of the cost of the county FCFCFC service coordination process/wraparound.

In addition to the funding provided at the State level, the Franklin County Family and Children First Council receive pooled local levy dollars from five partner systems. This pooled funding is contributed by the local child-serving systems – the Alcohol, Drug and Mental Health Board of Franklin County; Franklin County Board of Developmental Disabilities; Franklin County Children

Services; Columbus City Schools and Franklin County Juvenile Court. This type of funding has allowed the local Council flexibility in funding the services unique to individual families and to the County.

### **Service Coordination Purpose**

The following are the principles, components, and activities necessary to accomplish the Purpose of the Service Coordination Process

- Create a seamless system of care for families
- Identify and develop strategies for service gaps
- Reduce the duplication and redundancy in service delivery
- Increase efficiency of administration and service delivery
- Increase early identification and intervention to prevent families from needing services
- Ensure services are accessible, support cultural diversity, and are provided in an individualized community based manner
- Conduct an assessment which identifies strengths and needs of the family, provide a coordinated intersystem planning process which addresses needs of the family and ensures families are central to the planning process, and provide flexible funding to assist with providing needed services

The Oversight-Finance Committee of the Franklin County Family and Children First Council, comprised of representatives from ADAMHB, Children Services, Columbus City Schools, Job and Family Services, Juvenile Court, Board of Developmental Disabilities, Education Service Center of Central Ohio, parents and representation of private child serving agencies created a document defining the FCFCFC mission. The document also established agreed upon principles intended to guide the community decision making process at the micro (individual and family) and macro (intra and intersystem) levels (Addendum 1). These principles were presented to FCFCFC Children's Cabinet (Executive Committee) and to the Council at large with approval from both.

The Franklin County Family and Children First Council supports the six commitments to child well-being and these commitments guide the initiatives and work of the Council. They include:

- 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

These commitments serve as the framework for the Council as they seek to align services and measure outcomes of County services provided to families and children.

### **Service Coordination Target Population**

The Council has committed to providing service coordination to any child and family in Franklin County that meets the following criteria:

- The child/youth is under the age of 22 (0 through 21)

- The child/youth is a Franklin County resident.
- The child/family is in need of a coordinated inter-disciplinary plan for addressing their unique needs.
- The family is requesting service coordination.
- There is a team of professionals collaborating with other agencies to assist the family in creating a unified plan. If this team is not in existence at the time of referral, the Intersystem Service Coordinator will work with the family to identify and recruit team members.
- The child has multi-systemic needs (i.e. the child is not necessarily involved in two or more systems but the child's needs involve more than one system).

## **Service Coordination Mechanism**

### **Section 1: Referral Procedure**

- Referrals are made to Franklin County FCFCFC through a central phone number, submitting a referral in a secured electronic format, in person, or by mail. The referral is assigned to an Intersystem Service Coordinator for further assessment and to determine eligibility. Referrals can be made by any agency, juvenile court and any family voluntarily seeking services. The family is contacted either by phone or home visit within 2 business days of the referral to gather additional information about the family request and to determine eligibility. If the family is eligible for service coordination, the initial meeting with the family is conducted within two weeks from the referral date based on the family's needs and availability. If the family is determined ineligible for service coordination, the Intersystem Service Coordinator will provide initial consultation services and link the family with other community resources to meet their need.
- The first contact is to gather additional information from the family to determine level of intervention and to begin establishing rapport. In addition, the purpose of the first contact is to hear from the family what they identify as their needs and to arrange for the first family team meeting as needed.

### **Levels of Intervention**

**Case Consultation** is provided to families with youth age birth through 21 who have multi-systemic needs (i.e. youth is not necessarily involved in two or more systems but child's needs involve more than one system). The youth may or may not be currently "involved" with a single or multiple public serving systems. During this phase, determination is made as to whether the family is eligible and interested in the service coordination process. If it is, the family is assigned an Intersystem Service Coordinator based on their identified needs and the expertise of the coordinators. If it is determine that an Intersystem Service Coordinator is not needed, information regarding other services will be provided to the family or referral source. Case consultation may also include information about available funding for services.

Youth eligible for service coordination are those with multi-system needs and are typically at risk of placement outside of the home or those who are currently in an out of home placement but seeking assistance with transition planning. Youth who are currently in residential placement will not be eligible for FCSS funding but may be eligible for some services provided through pooled funding.

**Service Coordination** is provided to families with youth age birth through 21. Eligibility criteria also include that the youth has multi-systemic needs, is at risk of placement outside of the home, is in need of intensive community-based services beyond the scope of traditional services, and the family is involved and willing to participate in the planning and treatment process. These families are assigned an Intersystem Service Coordinator who conducts an assessment which identifies strengths, needs and appropriate level of care interventions for the family. The Intersystem Service Coordinator is charged with assuring a coordinated intersystem planning process which addresses needs of the family and ensures that families are central to the planning process. Through the planning process, if needed services are identified and other funding sources are not available, FCSS and/or pooled funding may be accessed. Requests for funding will be presented to a request review team consisting of intersystem representatives. If a child is age birth to three the family will also be referred to Help Me Grow (HMG). Anytime a child involved in HMG is also receiving FCFCFC service coordination, the HMG Service Coordinator will take the lead in coordinating services.

- The initial meeting with the family is to establish a partnership with the family. This is accomplished by interviewing the family to hear their story and gather their perspectives on their strengths, needs, goals, and family values. This interview allows the Intersystem Service Coordinator to learn what is culturally important to the family. The Family identifies who should be a part of the Child and Family Team including natural and formal community supports. Families are encouraged to invite whomever they choose, including an identified advocate. If the family does not have an identified advocate, the Intersystem Service Coordinator informs the family about the availability and benefits of a parent advocate through Parent Advocacy Connection (PAC).
- The Intersystem Service Coordinator obtains the proper releases to coordinate a meeting time with the families identified team members and to get clear direction from the family regarding what information may be shared. A Child and Family Team (CFT) meeting is planned with appropriate invitations to the families identified team members to be communicated to all team members.
- Referrals are maintained in a database and include:
  - Date referral is received
  - Contact information for the person being referred
  - A variety of demographic information
  - The level of care at the time of referral
  - Current system involvement
  - Behaviors or issues at the time of referral (children and family issues)
  - A brief description of the problems being experienced and previous history
  - Contact information for the person referring the family
  - Council response and outcome to the referral
- Intersystem Service Coordinators educate community agency staff about referral procedures and criteria for appropriate referrals. Intersystem training is periodically conducted for new employees of the systems to educate them about FCFCFC Service Coordination. The FCFCFC has a listing in Hands on Central Ohio which is a Central

Ohio information and referral system and maintains a website detailing FCFCFC services.

## **Section 2: Meeting Notification Procedure**

The following outlines the procedure for notification of all comprehensive family service coordination plan meetings

- An Intersystem Service Coordinator receives the initial referral and makes an initial contact with both the referral source and family to discover family needs and identify natural and system support individuals appropriate for the family team.
- The Intersystem Service Coordinator schedules a meeting (at a convenient time for the family) with all identified members of the Child and Family Team
- Notification of the first assessment meeting is documented in the case file. Notification of the family service coordination plan meeting is sent in writing to all participants including the family, any identified support persons for the family, and appropriate school personnel (School psychologists, nurses, and guidance counselors will help identify appropriate school personnel) provided that this is a culturally acceptable means of communication. If urgent needs require more timely means of notification, or if the Intersystem Service Coordinator feels that a personal contact would be more productive, phone calls can be made by the coordinator to all current or prospective family team members.
- The Intersystem Service Coordinator is responsible for notifying all participants of ongoing meetings. Generally, the second meeting and those thereafter are scheduled during the first meeting. The time and date of subsequent meetings may vary to comply with family requests and needs. The date of each of the subsequent meetings will be shared with all participating team members. Those team members not present at the time a subsequent meeting is scheduled, will be notified of the date and time by the Intersystem Service Coordinator by mail or by phone call.
- If system personnel are not participating in family service coordination meetings, information will be shared with the members of the Oversight-Finance Committee who represents that system. The request for participation will be addressed with individual systems.
- If a school representative does not attend family meetings, the Intersystem Service Coordinator will contact the appropriate administrator of the school system to seek participation of a representative and/or the team will identify someone from the team to work with the school to address any school issues.

## **Section 3: Family Meeting Initiation Procedure**

- Team meetings with all participating team members are scheduled, at a minimum, every 90 days to meet requirements of all systems involved. Typically, monthly meetings are conducted to review progress on goals and outcomes unless family needs warrant more

frequent meetings. Meeting times and location will be flexible and responsive to the family's needs and wants.

- The Intersystem Service Coordinator will develop a schedule to review plans at the time of plan development to meet requirements of agencies involved with the family. All team members will be advised of that schedule. The dates and times will be developed at times that are convenient for the family.
- Intersystem Service Coordinators may schedule more frequent meetings based on the needs of the family. Families can request additional meetings at any time and the Intersystem Service Coordinator will assist in arranging the meeting.

#### **Section 4: Service Coordination Prior to Out-of-Home Placement Procedure**

A procedure ensuring a comprehensive family service coordination plan meeting occurs before an out-of home placement is made, or within ten days after placement in the case of an emergency.

- When a case is referred to the Council for Service Coordination and, if the child is at-risk of placement, alternative community based services are determined during the comprehensive family service coordination meetings.
- FCSS funds and/or Pooled funding from ADAMHB, Juvenile Court, Children Services, BDD, and Columbus City Schools is available to pay for necessary identified community services that cannot be paid for by other funding sources. These funds are specifically used to pay for gaps in service that potentially will assist a family in keeping their child safely in the community.
- If alternative community based services do not adequately address the needs of the family and child, placement options are explored and discussed during team meetings. To allow the team to do more extensive planning to prevent the need for a longer term out of home placement that would require the family to relinquish custody, pooled funding can be utilized to fund a short term out of home respite placement either in an in-county residential setting or a treatment foster home. FCSS funding can be used if the child meets the eligibility criteria and respite care does not exceed 7 days.
- Ongoing planning meetings occur during this process to assure continuity of care.
- If longer term placement is needed the Intersystem Service Coordinator remains in touch with the family to help with discharge planning.
- If a child meets the criteria for Council Service Coordination and the child is currently in an out-of-home placement but has not had council involvement, case consultation can be provided prior to the child returning home so that community supports can be explored and transition planning can be completed.
- When an emergency placement is made, the Intersystem Service Coordinator schedules a team meeting (within 10 days of placement) to discuss the expected length of time that

the child may be in placement, explore a community based services plan and discuss transition planning as warranted.

- For those families not yet receiving Service Coordination, FCFCFC relies on the services of assessors at both Children Services and Juvenile Court to identify youth needing an out of home placement. These assessors also work with FCFCFC to provide input around what services and funding options might help prevent the need for an out of home placement and whether Service Coordination is warranted.
- School Districts, FCCS, Juvenile Court and BDD provide data to the council regarding youth with multiple-needs who are in out of home placements. This data helps council identify gaps in service and how the systems might collaborate on developing services needed that can both prevent future out of home placements and reduce the length of stay.

### **Section 5: Monitoring and Outcomes Procedure**

The following outlines the procedure for monitoring progress and tracking outcomes of each comprehensive family service coordination plan (Addendum 2)

- At every team meeting, Intersystem Service Coordinators are monitoring the progress of the family service coordination plans. Intersystem Service Coordinators gather feedback from the families and various service/system providers involved with the family before and during the meeting. Progress updates are given at the team meetings.
- At a minimum, the following data is collected at the time of referral, at every plan review period, and at closure:
  - Behavioral information, current placement status, custody status, school program, school district, system involvement, diagnoses and treatment history, criminal charges and disposition, and natural supports involved
  - At the request of the Council Committees and/or full Council additional data can be collected/reported
- Outcome goals are developed by the team for each family. Baseline data is collected during the plan development. Progress on activities and behaviors addressed in the outcome goals are reviewed by the team at each meeting and a review and revision of outcome goals is conducted at least every six months.
- Data collection and outcome reporting is the responsibility of Council staff. Reports are distributed and reviewed at every Council Committee and full Council meeting. The data collected helps the various Council committees and full Council to identify trends in service provision, community needs and to evaluate/prioritize the services provided in the county. Data is also used to promote further collaboration between systems and local agencies. This data will be submitted to the state upon request.
- Identification of gaps in services or capacity issues will be gathered in team meetings, during plan development and at plan review. FCFCFC staff track systems issues and report out to various Council Committees and full Council as needed.

- For cases that have been actively receiving service coordination through FCFCFC, Intersystem Service Coordinators will continue to monitor the progress of the children who briefly go into out-of-home placement settings to insure that proper transition planning takes place once the placement has ended. If the family declines service coordination during placement, the family and service providers involved are encouraged to contact the Council 30-60 days prior to the end of placement for transition planning assistance.

## **Section 6: Confidentiality**

A procedure for protecting the confidentiality of families

- The Intersystem Service Coordinator acquires consent for release of information in writing signed by the parent(s) at the first family meeting. The release of information includes permission for sharing, receiving, and sending of treatment history, psychosocial history, ISP treatment plans, medical records, IEP, outcome data, progress notes, school records, meeting summaries, court records, case status update, and other information as identified. Parents may elect to only have identified information shared. The release also allows for the information to be shared with agencies involved with the case.
- Parents may refuse to sign the consent or limit the consent and are not required to consent as part of receiving Service Coordination.
- Parents may cancel the consent prior to expiration by giving written notice to the Franklin County Family and Children First Council
- A confidentiality statement is attached to the sign in sheet for all service coordination meetings (form attached). All attendees sign agreeing that all information from the team meetings is to remain confidential.

## **Section 7: Needs and Strengths Assessment Procedure**

A procedure for assessing the needs and strengths of any child or family referred

- The Family and Children First Council receives information at time of referral from referral source and/or other collaterals (the information provided is an initial examination of the needs)
- Further information is gathered during family meetings and through contact with any service providers or other collaterals (OT, Nurses, Psychiatrist/Psychologist, etc)
  - to define problem
  - identify current services, support services (either formal or informal)
  - what else is needed
  - what are the goals
  - identify strengths

- The Intersystem Service Coordinator conducts informal interviews and observation to determine family and child strengths, what else is needed, and what are the goals (see attachment)
- Formal assessments will be gathered from the other systems involved with the family in order to identify needs and strengths
- The Intersystem Service Coordinator is responsible for ensuring that the assessment process is culturally sensitive and recognizing the need for appropriate representation of cultural values.
- Once all information has been gathered the Intersystem Service Coordinator completes a strengths narrative and inventory which are then reviewed with the family for accuracy. The family approved narrative and inventory are then presented to the CFT for any additions. The finalized narrative and inventory are used to develop the comprehensive plan.

### **Section 8: Family Plan Procedures**

A procedure for developing a family service coordination plan

- The Intersystem Service Coordinator will facilitate a comprehensive family service coordination planning meeting which will include the family, any identified support person or parent advocate, and all agency personnel currently working with the family
- The purpose of having a facilitated meeting with all parties is to ensure that the needs of the family are being addressed and that components of services are well coordinated
- The intent of a comprehensive plan is to reduce duplication and confusion for the family
- Once the plan is developed and agreed upon, all participants sign
- Plans are reviewed and revised at a minimum every 90 days or as needed through case closure
- Team meetings are scheduled monthly to review progress on goals and outcomes
- Families can request additional meetings at any time
- If agency personnel are not participating with family service coordination meetings, information will be shared with agency members of the Oversight-Finance Committee. These issues will be addressed with individual systems
- If a person from the school does not attend the meetings, then someone from the team will be identified as the representative to work with the school and address any school issues

### **Section 9: Dispute Resolution Process**

This dispute resolution process includes all cases involved in Service Coordination involving children and/or youth who are abused, neglected, dependent, unruly, allegedly unruly or delinquent including parents or custodians who are voluntarily seeking services.

If there is significant and unresolved conflict regarding any aspect of the plan by any team member, every attempt should be made to resolve the conflict with the participating members of the team.

If the conflict cannot be resolved, the dispute resolution process may be initiated through a written request. This process can be used to settle disputes between agencies or parents/guardians and FCFCFC (so long as it applies to service coordination).

If the dispute does not pertain to service coordination, parents/guardians will use existing local agency procedures to address disputes. This process is in addition to other rights parents/guardians may have under the Ohio Revised Code. Each agency represented on a county FCFC that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services or funding during the dispute process. These rights shall not be interpreted as overriding or affecting decisions of a juvenile court regarding any out of home placements.

The process for dispute resolution is shared at the initial team meeting with the family and agencies who are members of the CFT. If any team member is not present during the initial meeting the Intersystem Service Coordinator is responsible for seeing that this process is communicated to those absent.

### **FCFCFC Agency to Agency Dispute Resolution Process**

When conflict arises between agencies as to the services a child/family is to receive, any agency represented on the council may initiate the dispute resolution process. The following timeline is used for disputes among agencies:

#### **STEP 1 – (7 working days):**

Within seven calendar days of the conflict, the disputing agency must submit in writing, documentation concerning the dispute, and any supporting evidence to:

Franklin County Family and Children’s First Council  
ATTN: Director of Multi-System Services  
855 West Mound Street  
Columbus, Ohio 43223  
Or  
Fax Number 614-351-2010  
ATTN: Director of Multi-System Services

Receipt of the written submission will initiate the beginning of the formal dispute process and will be logged into an internal tracking system to assure completion within the allotted timeframe.

#### **STEP 2 – (15 working days):**

Within 15 days of receiving the request, the FCFCFC Executive Director will set up a meeting between the Children’s Cabinet and the disputing agency meeting in executive session, with a quorum of at least 5-mandated members. The disputing agency will prepare a presentation for Children’s Cabinet regarding the nature of the dispute, the specific issues surrounding the conflict and a proposed solution. Each member of the Children’s Cabinet will vote on the

proposed solution, and a majority vote will determine the resolution of the dispute. The FCFCFC Executive Director will only facilitate the process and will have no voting rights. The Children's Cabinet will be responsible for preparing the responses to the disputing agency, and the FCFCFC Executive Director will issue a written response to the disputing agency within three days.

**STEP 3 – (5 working days):**

If the disputing agency disagrees with the decision made by Children's Cabinet, the disputing agency has the right to request that the dispute be reviewed by the final arbitrator, a Family Court Judge. The disputing agency must submit a written request to move to the final stage of the dispute resolution process within five days of receiving decision from the Children's Cabinet. The written request should be submitted to the FCFCFC Executive Director.

**STEP 4 – (5 working days):**

Within five days of receiving the written request, the FCFCFC Executive Director will submit all documentation pertaining to the dispute to the Family Court Judge. The court shall hold a hearing no more than ninety days after the complaint is filed.

**STEP 5:**

While the dispute resolution process or court proceedings are pending, all agencies providing services will continue to do so with no interruption until the final decision is made.

**FCFCFC Family Service Coordination Dispute Resolution**

Franklin County has developed and established planning processes which empower decision making closest to the child/family. This dispute resolution process will reinforce a continuation of decision making within the child/family team which includes the family as central to and driving the planning process. Families will be notified at the initial family meeting of their right to utilize the dispute resolution process if they have a disagreement with the service plan.

\*If a dispute with an individual agency exists, families must follow the dispute resolution process with that agency.

**STEP 1:**

If any child/family team member (including parents/guardians, advocates, and extended family participating on the team) identifies a significant conflict with any aspect of the individualized service plan, every attempt will be made to resolve the conflict within the child/family team planning process. If at any point during the efforts to resolve the conflict it is felt there is no progress towards resolution any team member may formalize the dispute process by notifying the Director of Multi-System Services in writing of the request to initiate the dispute process.

**STEP 2 - (10 working days):**

Receipt of the written submission will initiate the beginning of the formal dispute process and will be logged into an internal tracking system to assure completion within the allotted timeframe. Once a request to initiate the formal dispute process as been received by the Director of Multi-

System Services a team meeting will be scheduled within ten working days. The system staff represented on the child/family team will involve their immediate supervisors at the team meeting with the family invited to participate. At this meeting, a clear and concise statement of the dispute, along with possible alternative service plans, will be developed with family input. A family can submit additional information at anytime in the process.

**STEP 3 - (10 working days):**

If the child/family team does not resolve the matter at the team meeting, a referral for dispute resolution will be made to FCFCFC staff within ten working days. The referral may be written by the parent, Lead Agency, or child/family team facilitator and include a clear and concise definition of point(s) of dispute in writing, as well as any alternative plans developed by the child/family team. Referrals for dispute resolution may be faxed to the FCFCFC office at 351-2010.

**STEP 4 - (10 working days):**

Following receipt of all information at the FCFCFC office, the Executive Director may interview the parents and other team members to collect additional information. All the information will be compiled and written documentation will be forwarded to the Oversight-Finance Committee by the Executive Director. A meeting will be called, with the family invited to participate, within ten working days. Child/family team members (including parents/guardians, advocates, and extended family participating on the team) may bring additional information they believe to be pertinent to the resolution process with them to this meeting.

**STEP 5 - (10 working days):**

If the Oversight-Finance Committee cannot reach resolution, the Executive Director will convene a meeting of the CEO's of the systems involved in the dispute. This meeting will be held no later than ten working days following the Oversight-Finance Committee meeting, with the family invited to participate. The system executives may request additional information, or invite members of the child/family team to provide further detail regarding the dispute. Written notice of the outcome of this meeting will be forwarded to the child/family team, including the family, within one working day of the meeting. In emergency situations, written notice will be faxed, or verbally conveyed to the child/family team with written confirmation to follow.

**STEP 6 - (7 working days):**

If the system executives cannot reach resolution, a dispute resolution filing will be made at the Franklin County Juvenile Court within seven working days. This filing will request a hearing to determine resolution of the dispute. At the time of the filing, the parties will request a pretrial conference with the Judge assigned to the case. All documentation regarding attempts to resolve the dispute, and copies of proposed plans, including budgets designating fiscal responsibility for services, will be attached to the dispute resolution filing for judicial review.

**STEP 7 - (7 working days)**

If resolution is not reached at the pretrial conference, the judge will make a ruling following a hearing scheduled by the court. If resolution is reached at the pretrial conference, the filing will be withdrawn. In either case, the child/family team will be informed of the outcome in writing within seven working days of resolution.

**At any time during this dispute resolution process, parents or family members may involve the services of an advocate or mentor to assist in providing support.**

Services in place for the child and family at the beginning of the dispute resolution process will remain in force until the process is completed and resolution reached.

Time frames for each step of the resolution process were assigned with consideration for family convenience, time needed to assemble information for review at the next step, and speedy resolution of the dispute.

The total time frame for dispute resolution will be not more than sixty days from the initial meeting described in Step 2. This time frame does not include court hearings, or the pre-trial conference, which will be scheduled by the Court. Provision will be made for more rapid response in emergency situations.

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

### **Help Me Grow Dispute Resolution**

An individual or an organization may file a complaint with the county FCFCFC or directly with ODH regarding the provision of early intervention services within the county. The FCFCFC is required to notify ODH of the complaint in writing via fax or email within seven calendar days of receipt of the complaint. Each family is provided with information about parental rights and both local and state dispute resolution options during the first visit with the service coordinator per HMG policy and procedures.

In order for a complaint to proceed through the dispute resolution process the alleged violation must have occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children. In addition, a complaint may be filed if there is a request for reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was received.

The following process will be followed:

- a. The alleged violation must be submitted to the FCFCFC Executive Director in writing and shall include the facts alleged in the complaint including the address where the complaint is to be mailed
- b. FCFCFC Executive Director shall assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter and shall investigate the complaint by doing at least the following:

- Conduct an on-site investigation as determined necessary;
  - Interview complainant and give complainant an opportunity to submit additional information, either orally or in writing about the allegation;
  - Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the allegation; and,
  - Review all relevant information and make an independent determination as to whether there has been a violation.
  - Provide the information and documentation obtained in the investigation to the FCFCFC Executive Director
- c. The FCFCFC Executive Director may collect additional information, compile all information and documentation, and forward it to the Oversight-Finance Committee. A meeting will be called with the family invited to participate.
- d. If the OFC cannot reach resolution, the FCFCFC Executive Director will convene a meeting of the CEO's of the systems involved in the dispute with the family invited to participate.
- e. The FCFCFC Executive Director shall issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The decision shall address each allegation in the complaint and shall include findings of fact and conclusions and the reasons for the FCFCFC's decision. A copy of the decision shall be provided to the complainant and ODH.
- f. If the FCFCFC determines there was a violation, the FCFCFC must ensure that corrective actions are implemented no later than 45 days following the written final decision. The corrective action plan may include the following:
- Require the participation of the provider in specific technical assistance activities;
  - Award of monetary reimbursement appropriate to the needs of the child and family; and/or
  - Develop and provide trainings at the county level to achieve compliance in the appropriate future provision of services for all infants and toddlers with disabilities and their families.
- g. ODH will monitor the corrective action plan to ensure corrective actions are implemented.
- h. If the complainant is not satisfied with FCFCFC's findings or corrective action plan, the complainant may file a complaint with ODH in accordance with the procedures set forth above in paragraph A.1. of the ODH-BEIS Procedural Safeguards. ODH will investigate the complaint and issue a written decision within thirty (30) days from receipt of the complaint.

The Ohio Department of Health – Bureau of Early Intervention Services Procedural Safeguards further defines the local process with the following statements:

- If a written complaint is received under paragraphs A.1. or A.2. of the ODH-BEIS Procedural Safeguards that this is also the subject of an administrative hearing, or contains multiple issues, of which one or more are part of the administrative hearing, the complaint investigation or any part of the complaint investigation that is being

addressed in the administrative hearing must be set aside until the conclusion of the hearing. However, any part of the complaint that is not part of the administrative hearing must be resolved within the established time lines.

- If an issue is raised in a complaint filed under this procedure that has previously been decided in an administrative hearing process involving the same parties, the hearing decision is binding and the ODH will notify the complainant of such.

An individual or organization may file a complaint with the county FCFCFC regarding the provision of early intervention services within the county.

### **Alignment of FCFCFC and HMG Dispute Resolution Process**

Separate processes are in place for dispute resolution for the Service Coordination Mechanism for FCFCFC Service Coordination and HMG; however, the underlying principles are the same and are outlined below.

- Both dispute resolution processes reinforce a continuation of decision making within the child/family team which includes the family as central to and driving the planning process.
- Families are notified at the initial meeting of their right to utilize the dispute resolution process
- At any time during the dispute resolution process, parents or family members may involve the services of an advocate, mentor, or other person to assist in providing support
- Interviews with the parents/guardians and others on the team are conducted along with gathering any written documentation that is relevant to assist in resolving the dispute is completed as part of both processes
- The FCFCFC structure is involved in the dispute resolution process through the Oversight-Finance Committee and Children's Cabinet
- Both processes have a timeline for a written decision – 30 calendar days for the HMG process as defined in the ODH procedural safeguards and no longer than 60 days as defined in O.R.C. 121.381, 121.382

## **Comprehensive Family Service Coordination Plan**

### **Section 1: Designation of Service Responsibility**

- Service coordination plans identify goals, action steps, responsible person(s), timeframe for completion, funding sources for activities, unit costs associated with goal area, action steps, and domain areas associated with goal area.
- When needs are identified and services requested, the Intersystem Service Coordinator will indicate whether the service is available or not available and if there is a funding source to pay for the requested/needed service(s).

- The Intersystem Service Coordinator assigned to the case explore financial options with the family including applying for Medicaid/Healthy Start (if family is potentially eligible), exploring non-Medicaid funds available through individual providers, and assessing the family's ability to contribute financially. The Intersystem Service Coordinator presents the request to staff of the Franklin County Family and Children First Council (representatives from BDD, Juvenile Court, ADAMHB, and Children Services) for approval. The presentation must include information about financial eligibility for Medicaid/Healthy Start and non-Medicaid funds. Local pooled funds can only be accessed if no other payment options exist.
- If for any reason staff are unable to come to consensus regarding approval for funding, or the request is out of the ordinary, Oversight-Finance Committee members will be contacted to make decision regarding funding request.
- If funding is approved, services may be covered for duration of six months. The Intersystem Service Coordinator will work with the family for a transition plan and need for extension of funded services.
- The information regarding availability of services and funding will be reviewed with the Council Oversight and Executive Committees. The Oversight-Finance Committee will make recommendations for filling service gaps. The Executive Committee will approve recommendations and present options to Council.

## **Section 2: Designation of Lead**

Designates an individual to track progress, schedule reviews and facilitate meetings

- With the approval of the family the Intersystem Service Coordinator will be the designated individual to schedule regular meetings and reviews, facilitate meetings, and track progress
- The family may designate another person to assume this role; however the designated person will need to work with the Intersystem Service Coordinator assigned to the case to ensure that meetings and reviews are being conducted on a regular basis

## **Section 3: Assurances**

Ensures services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment

- Plans are developed based on strengths and needs of the family.
- Families are central to decisions regarding services that best meet the needs of the family.
- The Intersystem Service Coordinator will promote the identification of strengths and needs and facilitate planning around the identified strengths and needs of the family.
- Franklin County has diverse service delivery teams representing a multitude of cultures. The service team will ensure that sensitivity to the family's culture is employed. All of the

youth serving agencies in Franklin County are required to take professional development training around cultural competency.

- If a child meets the criteria for Council Service Coordination and the child is currently in an out-of-home placement, a referral can be made prior to the child returning home so that community supports can be explored and transition planning can be completed.
- Information will be given to youth serving systems and community based service providers to promote early identification of cases that could benefit from Council Service Coordination.
- Each Intersystem Service Coordinator will serve as a liaison to one of the youth serving systems. In their liaison role, they will assist with the identification of cases and can provide consultation regarding community supports.

#### **Section 4: Process for Alleged Unruly Youth**

- As a result of services put in place through the county Behavioral Health and Juvenile Justice (BHJJ) project ADAMHB, Children Service, and Juvenile Court developed a process for managing Unruly Youth.
- Please see attached process maps (Addendum 3) which outline in detail steps taken when a family/youth presents at court (BHJJ on the process map refers to mental health assessors placed at court).

#### **Section 5: Timelines for Service Plan Goals**

- Timelines for completion of goals are specified in the plan
- Plan is reviewed quarterly or as needed until the Council closes involvement with Service Coordination
- Plans and updates are discussed at the Franklin County Family and Children First team meetings

#### **Section 6: Plan for Short-term Safety and Crisis**

Every family receiving service coordination will have safety and crisis plan developed.

##### **Immediate Safety/Crisis Planning**

- In the event of imminent danger of the child or family, the team will have an immediate safety plan created within 48 hours. Immediate safety plans include but are not limited to out of home placement, risk of out-of-home placement (including the Juvenile Detention Center) and hospitalization. In these emergency cases, it is the responsibility of the Intersystem Service Coordinator to ensure a meeting occurs.

- During the first meeting, the team should create an appropriate safety plan for the family if any immediate risk situations are noted during the initial meeting. All members of the team should be informed of the plan.

### **Ongoing Safety/Crisis Planning**

- A Safety/Crisis Plan template is provided. This document provides guidance for the CFT in predicating a crisis, identifying the associated consequences, what typically triggers the crisis and setting up a series of steps to prevent the crisis from occurring, and planning for managing the crisis if and when it does occur.
- The plan also assists in coordination of services for providers during a neutral, positive and calm time so the crisis event can be managed as smoothly as possible and so the team members are aware of their responsibilities prior to the event.
- The assessment and revision of the plan will be done at the quarterly review meetings or as needed.

### **VIII. Fiscal Strategies**

FCFCFC employs several fiscal strategies to support the Service Coordination Mechanism:

1. System of Care:
  - a. Family Centered Services and Support funds (FCSS) are used to purchase services for youth ages 0 through 21 with multi-systemic needs who are receiving service coordination through FCFCFC. Services purchased are non-categorical and funds are used when private insurance, personal family resources or other partner system funds are not available to meet the family/child needs for unique support services.
  - b. Children's Community Behavioral Health funds (CCBH) are used to support mental health assessors and service coordination for youth entering the juvenile justice system.
  - c. Behavioral Health/Juvenile Justice Initiative (BHJJ) adds Juvenile Court funds to System of Care dollars to provide services to youth to provide a network of support enabling the youth to remain successfully with their family as opposed to being placed with DYS. In addition, these funds are used to support intensive, evidence based intervention approaches such as Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT).
2. Pooled Funding:
  - a. Funds are contributed to FCFCFC by ADAMHB, FCBDD, Franklin County Juvenile Court, FCCS and Columbus City Schools to purchase services for families/youth. These pooled funds can be used for youth ages 0 through 21 who are being served by two or more of the partner systems and receiving Service Coordination. Funds may be used to purchase non-categorical services when other funding for needed services is not available.
  - b. Pooled funding also supports MST and a contract with Nisonger Center to provide behavior plans for youth receiving Service Coordination.

### 3. Partner System Pooled Funding:

- a. Our partner systems have a number of initiatives in which their pooled funds are utilized to support families through the development of treatment teams using evidence based intervention approaches: Multi-Dimensional Family Treatment (MDFT), MST, Problem Sexual Behavior MST, FFT and Transition to Independence Process (TIPS). These funds are also used to support the Consolation, Assessment, Linkage and Liaison (CALL) team, an initiative that assesses the behavioral health issues and needs of youth when FCCS is opening a case. The purpose of the assessment is to determine the level of support and related services needed in order to maintain the child in the least restrictive environment. Referrals to FCFCFC are made if the evaluation indicates that support or wrap-around services might enable the child to stay with their family or in their community rather than be placed out of home or community.

## **IX Service Coordination Improvement Resources**

The revised Service Coordination Mechanism is a product of cross system and family input. The Oversight-Finance Committee of the Council worked for over a year to reexamine and redefine the purpose, and basic principles on which the Service Coordination practice and protocol are based. Some of the areas this Committee examined and developed were FCFCFC funding priorities, eligibility for pooled funding, prioritizing our target population, examining Service Coordination options including the implementation of a Wraparound model, data collection/review strategies, on-going data analysis, and identification of trends/gaps. This Committee has forwarded their recommendations for review and approval to both the Executive Committee of the Council and the full Council. The Council, via the work of the Oversight-Finance Committee has also identified and continues to develop specificity for expected outcomes for the Service Coordination Mechanism. The outcomes are tracked ongoing and results are reviewed monthly at the Oversight-Finance Committee and at the Children's Cabinet and the Council.

In addition, the following groups were convened to provide input on the development of the Service Coordination Mechanism (SCM) and/or changes to increase the effectiveness and efficiency.

- Help Me Grow parent groups
- Multi-System Services parent groups
- Help Me Grow Interagency Agreement Committee - meets on a regular basis throughout the year to continually refine ways in which service coordination can enhance transition from HMG to Part B services. Members of the committee include the 16 school districts in Franklin County, FCBDD, ESCCO, 2 Head Start agencies, a parent, and representatives from FCFC/HMG.
- Clinical managers and service coordinators for the HMG program provide continual input regarding Service Coordination protocol (Center for Child and Family Advocacy, Childhood League, CRIS, Dungarvin, Jewish Family Services, Mount Carmel, Northwest Counseling Services, Youth Advocate Services and the YMCA of Central Ohio)

- Multi-System Vendor Committee meets quarterly to provide input regarding effectiveness of the SCM (Rosemont, Berea Children's Home, Dungarvin, and United Methodist Children's Home)

In addition to pooled funding for service coordination, partner systems (FCADAMHB, FCBDD, FCDJFS, FC Juvenile Court and FCCS) contribute to support the administrative operations of FCFCFC that enable staff and consultants to maintain communication and collaboration with the continuum of community stakeholders and partner agencies that provide feedback regarding the SCM.

Additionally, all FCFCFC Inter-system Service Coordination staff and FCFCFC administrators have attended wrap-around training within the last year. This evidence based approach is the basis for much of the family centered, strength based approach that has been adopted in our revised Service Coordination Mechanism. As FCFCFC raises awareness within the community of the tenants on which wrap-around is based, we anticipate a strengthened, community wide approach to providing service coordination.

## **X. Service Coordination Mechanism Quality Assurance**

The Oversight-Finance Committee of the Council is specifically charged with monitoring the effective implementation of the Service Coordination Mechanism. The Committee reports results to both the Council Executive Committee and the full Council. Monitoring methodologies include:

- Data is provided on a monthly basis including service statistics, consumer statistics, effectiveness of the services provided, and parent or system complaints. The State has provided a data tracking system for HMG and FCFCFC has established a parallel data tracking system for Multi-System Services
- Parent groups provide ongoing assessment of effectiveness. Focus groups are held on a quarterly basis for parents of youth receiving service coordination through both the HMG and Multi-System Services Programs. Parent Surveys are distributed semi-annually.
- Stakeholder input is gathered and forwarded to the Oversight-Finance Committee, Children's Cabinet, and Council. Stakeholder input is gathered through monthly HMG Vendor meetings, monthly HMG peer supervision meetings, and quarterly Multi-Service Vendor meetings. FCFCFC is a member of the United Way Vision Council and sub-committees to gain community feedback concerning issues associated with children in general and FCFCFC services.
- Partner system input is gathered monthly through Oversight-Finance Committee meetings. FCFCFC staff also attend Integrated System of Care Program Committee (placement and service sub-committees) meetings, Cross System Initiative meetings, and BHJJ Initiative meetings
- FCFCFC staff monitor both HMG and Multi-System contracts at least twice a year to assure program effectiveness and contract compliance

- The Intersystem Service Coordination Committee meets weekly to review family plans and discuss new referrals. The plans are reviewed and approved upon referral and when funding is requested by the family team. Additionally, the committee reviews cases whenever there is a significant change in the presenting issues or when additional problem solving is needed.
- Family plans are presented for review periodically to the Oversight-Finance Committee and the Council Executive Committee

The Oversight-Finance Committee (OFC) monitors progress on Service Coordination Outcomes on a monthly basis. Changes to the Service Coordination Mechanism may be recommended by either the FCFCFC staff or Oversight-Finance Committee based on review of the document and guidance and/or updates from the state. OFC may then forward the revisions and recommend approval at the next Council meeting.

# Franklin County Family and Children First Council

## ADDENDUMS

### Required

- A. Referral Form
- B. Consent for Release of Information
- C. Team Meeting Agreement of Confidentiality and Participant List
- D. Family Strengths, Needs, and Cultural Diversity Tool
- E. Family Team Case Plan
- F. Safety – Crisis Plan

### Additional

1. FCFCFC Guiding Principles
2. Case Plan Review and Outcome Documents
  - FCFC Family Team Meeting Summary
  - FCFC Six Month Update Form (Intersystem Service Coordinator)
  - FCFC Six Month Update Form (Service Provider)
  - FCFC Closure Form
3. Intersystem Family Assessment Intake Project Process Maps (Unruly Process)

FRANKLIN COUNTY FAMILY & CHILDREN FIRST COUNCIL – REFERRAL FORM

Referral Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Agency/FCCS Region: \_\_\_\_\_ Phone Number: \_\_\_\_\_

RS Email Address: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Child's SSN: \_\_\_\_\_ Gender:  Male  Female

Racial/Ethnic Identity:  Caucasian(White)  African American (Black)  Bi-racial  Hispanic/Latino  
 Asian American  Somali  Native American  
 Other: \_\_\_\_\_

Type of Insurance (Child):  Medicaid  Private Insurance  No Insurance

Primary Caretaker(s) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (w/City, State & Zip Code): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Other People in the Home:	Relation to Child:	Age:

Family Structure:  Two-parent (parents, step-parents)  Single Mother  Single Father  
 Extended Family (relatives)  Foster Parents  No Family  Other: \_\_\_\_\_

Where is the child living at this time?:  Family/Friend/Relative  Independent/Transition Living  Foster Care  
 Group Home  Restrictive Living(DYS, DH, ICC Hosp, Residential)

Who currently has custody of the referred youth?  Family  Relative/Friend  FCCS  Court(DYS)  
 Other: \_\_\_\_\_

**CURRENT SYSTEM INVOLVEMENT:**

Systems Involved	Contact Info - Name & Phone # (For Mental Health Agency include the agency name)	Involvement (check if known)
<input type="checkbox"/> Child Protective Services (Children Services)		<input type="checkbox"/> VPS <input type="checkbox"/> COPS <input type="checkbox"/> Custody
<input type="checkbox"/> Juvenile Court		<input type="checkbox"/> Probation <input type="checkbox"/> Court Program
<input type="checkbox"/> Mental Health Agency		<input type="checkbox"/> CSP / CPST <input type="checkbox"/> Counseling <input type="checkbox"/> Day TX. <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other: _____
<input type="checkbox"/> Board of Developmental Disabilities		<input type="checkbox"/> Service Coordination

<input type="checkbox"/> Department of Youth Services	<input type="checkbox"/> Parole
List other agencies/services involved that are not listed above:	

<b>CURRENT SCHOOL INFORMATION:</b>		<input type="checkbox"/> IEP/Special Education
School District:	School Attending:	
Attendance:	<input type="checkbox"/> regular <input type="checkbox"/> sporadic <input type="checkbox"/> Not attending <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled	

<b>CRIMINAL ADJUDICATION:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony
Charge(s):			

<b>Complete the following information as it pertains to the child:</b>			
<b>Mental Health Diagnosis:</b>			
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Mood D/O	<input type="checkbox"/> PTSD	<input type="checkbox"/> Anxiety D/O
<input type="checkbox"/> Depression	<input type="checkbox"/> Conduct D/O	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Other: (list below)
<input type="checkbox"/> Attachment D/O	<input type="checkbox"/> Oppositional Defiant D/O	<input type="checkbox"/> Schizophrenia	
<input type="checkbox"/> Bipolar D/O	<input type="checkbox"/> Obsessive Compulsive D/O	<input type="checkbox"/> Personality D/O	

<b>DD Diagnosis:</b>			
<input type="checkbox"/> Severity Unknown	<input type="checkbox"/> Mild (IQ 55-69)	<input type="checkbox"/> Moderate (IQ 41-55)	<input type="checkbox"/> Severe (IQ 27-41)
<input type="checkbox"/> Autism	<input type="checkbox"/> Asperger's	<input type="checkbox"/> PDD	<input type="checkbox"/> Developmental Disability

DX: (please list)

<b>Complete the following information as it pertains to the child's behavior(s):</b>			
<input type="checkbox"/> Behaviors dangerous to self	<input type="checkbox"/> Severe sibling conflict	<input type="checkbox"/> Running away	
<input type="checkbox"/> Self-mutilation	<input type="checkbox"/> Problems in peer relationships	<input type="checkbox"/> Poor hygiene	
<input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Enuresis	
<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Problems in school	<input type="checkbox"/> Encopresis	
<input type="checkbox"/> Domestic Violence, alleged perpetrator	<input type="checkbox"/> Destruction of property	<input type="checkbox"/> Sleep disturbance	
<input type="checkbox"/> Domestic Violence, alleged victim	<input type="checkbox"/> Unlawful conduct	<input type="checkbox"/> AOD exposed	
<input type="checkbox"/> Assaultive Behavior	<input type="checkbox"/> Stealing	<input type="checkbox"/> Hyperactivity	
<input type="checkbox"/> Non-compliance with authority	<input type="checkbox"/> Cruelty to animals	<input type="checkbox"/> Alcohol abuse	
<input type="checkbox"/> Severe parent/child conflict	<input type="checkbox"/> Problem Sexual Behavior	<input type="checkbox"/> Drug abuse	
<input type="checkbox"/> Other health related issues			
Other health related issues (please list)			

<b>Complete the following information as it pertains to the Parent(s)/Caregiver(s) behaviors/situation:</b> indicate whether Current behavior (C) or History of behavior (H).			
<b>C</b>	<b>H</b>	<b>Issues:</b>	<b>Whom:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Issues	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed	
<input type="checkbox"/>	<input type="checkbox"/>	DD Issues	
<input type="checkbox"/>	<input type="checkbox"/>	Domestic Violence	
<input type="checkbox"/>	<input type="checkbox"/>	Previous FCCS Case Opened	
<input type="checkbox"/>	<input type="checkbox"/>	Missing Parental Figure	
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Issues	
<input type="checkbox"/>	<input type="checkbox"/>	Housing Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Family living in poverty	

**Is the child currently at-risk for placement & placement history?**  
(below, list the placement history for the past 12 months – when & where, if applicable)

Have there been any other previous out-of-home placements prior to the last 12 months?

Yes

No

**NARRATIVE SECTION:**

**Briefly describe the current situation:**

**List any important history:**

**What is working well for the youth/family (strengths):**

**Recommendations/requests:**

# Franklin County Family and Children First Council

CONSENT FOR RELEASE OF INFORMATION that is needed to coordinate, plan, fund and provide for the care, treatment and services for:

\_\_\_\_\_  
Name Date of Birth

Family & Children First Council has my permission to give/receive/share the following information: (please circle any documents that you would not like shared)

Treatment history	IIEP	Meeting summaries
Psychosocial history	Outcome data	Court records
ISP Treatment Plan(s)	Progress notes	Case status update
Medical records	School records	Other:

This release allows information to be shared with the following entities:

*Only agencies involved in the case will be included in this release*

_____ ADAMH Provider Agencies	_____ Franklin County Children Services
_____ Columbus City Schools	_____ Franklin County Juvenile Court
_____ Dept. of Job & Family Services	_____ Franklin County BDD
_____ Department of Youth Services	_____ FCBDD Provider Agencies
_____ Lead Agency as Assigned	_____ Other:
_____ Other: _____	_____ Other: _____

I understand that the CONSENT FOR RELEASE OF INFORMATION expires 180 days from the date it is signed. I also understand that I may cancel this Consent at any time by stating so in writing with the date and my signature. Please send notice of cancellation to: *Family & Children First Council, 855 W. Mound St., Columbus, OH 43223*. This does not include any information that has been shared between the time that I gave permission to share information and the time that it was cancelled.

I understand that I may refuse to sign this Consent and cannot be required to sign this Consent as a condition of receiving services from the Family & Children First Council.

I understand that the information disclosed above may be redisclosed by the person(s) described above, in which case the privacy of this information may no longer be protected under federal law.

This consent expires: \_\_\_\_\_  
Date -- 180 days from date signed

_____ Signature of client/person authorized to consent	_____ Relationship to client
_____ Witness	_____ Date

855 W. Mound Street • Columbus, Ohio 43223  
Phone: (614) 275-2511 Fax: (614) 351-2010



## Strengths Discovery

The Facilitator should casually introduce himself and explain why they are visiting with the family and what their role is. During this visit the strengths and needs are identified as well as any potential natural supports and community resources that may be of assistance or support to the family. This is an informal, casual dialogue and not a formal assessment. The goal is to become acquainted with the family's culture, traditions, norms, strengths, needs, values and hopes for the future. Facilitators are encouraged to refrain from taking notes if at all possible, and document the meeting information after the visit. It is equally important to meet at a location that is convenient for the family.

The flow of the visit may go something like this: "Thank you for taking the time to meet with me. I look forward to the opportunity to get better acquainted with you and your family."

Do not refer to your credentials or titles, but rather introduce yourself by name. This levels the playing ground. If the family is extremely stressed and cannot offer input of value, make a concerted effort to impart hope by labeling strengths you observe. For example, you might state, "Your commitment and resilience are amazing, where have you drawn your strength to get by as long as you have, what has worked for you in the past?" The family strengths are observed and stated not requested.

I am here today to assist your family in developing a family team and plan that will meet your unique needs. Tell me about your situation and how you have managed thus far.

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What supports do you need to better assist you and your family?

It seems as if you have done a good job coping with this situation for quite some time. Who have you relied upon in the past? How have they been supportive?

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Do you have any supportive family members in the area?

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What are some family traditions that you are important to you?

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---

Has anyone from your child's school been particularly helpful to you?

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Do you have an affiliation with a faith based organization? Would you like to find one?

---

---

Do you or your child belong to any community groups? Have you ever considered becoming involved in any community activities?

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What kinds of activities do you and your child do together? (If none) What kinds of activities do you think you would enjoy doing with your child?

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**Vision Statement:**

Finish this statement: "Life will be better when..."

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Family Strengths

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

People who might attend my Family Team Conference

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Specific Cultural or Linguistic Needs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## SAMPLE FAMILY STRENGTH DISCOVERY

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Tell me about your family.

What do you enjoy doing together?

What are your family traditions?

What are your fondest memories?

Do you have a social support network?

Who has been there for your family in the past?

With what cultural background do you identify?

Do you have a religious affiliation?

## INDIVIDUAL STRENGTH DISCOVERY

---

Tell me about your family and friends.

What are your hobbies and interests?

What do you enjoy doing in your spare time?

Who has been there for you in the past?

What things are most important to you?

What are your future goals?

What are you good at?

**Franklin County Family & Children First Council – Family Team Case Plan**

- New Plan       Revised Plan (highlight revisions)

Youth's Name: \_\_\_\_\_ Coordinator: \_\_\_\_\_ Budget Period: \_\_\_\_\_

**Needs/Concerns:**

**Goal(s):**

Targeted Goal(s)	Plan of Action (Steps towards meeting goal(s))	Who is responsible?	Time Frame:	Status: <input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved





**Family & Children First Council – Safety/Crisis Plan Form**

Plan Date: \_\_\_\_\_ FCFC Coordinator: \_\_\_\_\_  
 Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent/Caregiver's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Current Placement: \_\_\_\_\_ Address: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Respite Home: \_\_\_\_\_ Back-up Home: \_\_\_\_\_

Team Members/Important Contacts:	Relationship:	Phone/Pager#:	24 hr Access?

**Anticipated Problems (Home, School & Community):**  
 (Suicidal intentions, self-harm/mutilation, aggression, assault, property destruction, theft, substance/medication abuse, sexual activity/acting out, animal cruelty, isolation, fire setting, runaway, medical problems, use of weapons, etc.)

**What approaches are most useful:**  
 (Nurturing, confrontive, directive, supportive, matter-of-fact, interactive, active, solitary, quiet, stimulating, etc.)  
 Parents/Caregivers:

Youth:

**Hospital Procedure (Who will hospitalize, assess for hospitalization):**  
 (Legal guardian must approve hospitalization)

**Recommended Interventions (Home, School and Community):**  
 (Quiet time alone, journaling, relaxation/breathing exercises, going for a walk, putting hands under cold water, listening to music, calling a friend/therapist/pastor, exercising, cold ice pack, art work, talking with an adult, reading, shower or bath, etc.)  
 Parents/Caregivers:

Youth:

## Oversight-Finance Committee

### Franklin County Family & Children First Council - Guiding Principles

The mission of the FCFC of Franklin County is to increase the access, capacity and effectiveness of services for the most vulnerable Franklin County youth and their families whose needs extend beyond any one youth-serving system.

#### Primary functions of FCFC:

- Promote high quality services for youth and families within Franklin County.
- Increase service capacity in response to service demand and/ or identified service gaps.
- Identify intersystem barriers to collaboration at consumer and system levels.
- Provide flexible funding for creative, non-categorical services.

#### Promote high quality services for youth and families within Franklin County:

- Identify evidence-based practices and support their replication through FCFC funding. FCFC to issue Requests for Proposals that would fund initial implementation (start-up), specialized training for provider staff members, and proprietary fees associated with evidence-based approaches.
- Serve as a "clearing house" for individual system RFP's prior to release their release. The goal is to achieve county-wide theoretical consistency, obtain greater impact through expanded program capacity, and avoid unintended conflicts with other RFP requirements.
- Provide training to staff members of public agencies and provider agencies to increase skill sets i.e.:
  - Wrap around planning
  - Creative interventions
  - Components of family system theory
  - Development of multidimensional plans
  - Strength-based, competency-based assessments
- Advocate for additional state, federal, and private initiatives to increase local resources.
- Provide consultation to agency or provider staff members when the services provided are not meeting expectations of the family or providers. FCFC staff consultants would be the "best and brightest" representatives of the respective agencies at FCFC.

#### Increase service capacity in response to service demand and/ or identified service gaps:

- Provide funding (individual system or blended funding) for increased service capacity of categorical services to eliminate waiting lists.
- Reduce the number of youth placed in the most restrictive levels of care: Department of Youth Services, residential placement, psychiatric hospitalization, and out-of-county placements. Reallocate financial resources to increase local capacity and service options.
- Identify potential funding sources to expand capacity: new \$'s, reallocation of existing resources, alternative funding sources (i.e. unbundling Medicaid eligible services from social, educational, court services).
- Approve shared funding to purchase specialized, intensive services for high need/low incidence problems that are not available locally.

## Oversight-Finance Committee

### Franklin County Family & Children First Council - Guiding Principles

#### Identify intersystem barriers to collaboration at the consumer and system levels:

- Serve as *benefit coordinator* to maximize federal, state, and local funding streams. FCFC staff members match the services requested with the most appropriate funding stream so that the case manager/service coordinator need not be the expert regarding funding sources and requirements.
- Develop an approval process that is streamlined for easy application and timely decision-making.
- Conduct a review of policies or procedures identified as barriers to the implementation of agreed upon service plans. Advocate for statutory or rule changes to permit desired policy change.
- Facilitate a mediation process to gain consensus when an intersystem treatment team does not agree on goals, plan, intervention, etc.
- Develop unified planning and reporting documents that are acceptable to all funding streams: FAST, ABC, levy dollars, etc.
- Develop strategies for recruitment and retention of credentialed professional staff members: independently licensed mental health professionals, child psychiatrists, others.

Provide flexible funding for creative, non-categorical services that contribute to the key building blocks of healthy development identified by Search Institute's *40 Assets*. Funding may be for specific client interventions or for special populations.

#### External Assets

1. Family support—Family life provides high levels of love and support.
2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. Other adult relationships—Young person receives support from three or more nonparent adults.
4. Caring neighborhood—Young person experiences caring neighbors.
5. Caring school climate—School provides a caring, encouraging environment.
6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.
7. Community values youth—Young person perceives that adults in the community value youth.
8. Youth as resources—Young people are given useful roles in the community.
9. Service to others—Young person serves in the community one hour or more per week.
10. Safety—Young person feels safe at home, school, and in the neighborhood.
11. Family boundaries—Family has clear rules and consequences and monitors the young person's whereabouts.
12. School Boundaries—School provides clear rules and consequences.
13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people's behavior.
14. Adult role models—Parent(s) and other adults model positive, responsible behavior.
15. Positive peer influence—Young person's best friends model responsible behavior.
16. High expectations—Both parent(s) and teachers encourage the young person to do well.
17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
19. Religious community—Young person spends one or more hours per week in activities in a religious institution.
20. Time at home—Young person is out with friends "with nothing special to do" two or fewer nights per week.

### Internal Assets

21. Achievement Motivation—Young person is motivated to do well in school.
22. School Engagement—Young person is actively engaged in learning.
23. Homework—Young person reports doing at least one hour of homework every school day.
24. Bonding to school—Young person cares about her or his school.
25. Reading for Pleasure—Young person reads for pleasure three or more hours per week.
26. Caring—Young person places high value on helping other people.
27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty.
28. Integrity—Young person acts on convictions and stands up for her or his beliefs.
29. Honesty—Young person “tells the truth even when it is not easy.”
30. Responsibility—Young person accepts and takes personal responsibility.
31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.
32. Planning and decision making—Young person knows how to plan ahead and make choices.
33. Interpersonal Competence—Young person has empathy, sensitivity, and friendship skills.
34. Cultural Competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. Resistance skills—Young person can resist negative peer pressure and dangerous situations.
36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.
37. Personal power—Young person feels he or she has control over “things that happen to me.”
38. Self-esteem—Young person reports having a high self-esteem.
39. Sense of purpose—Young person reports that “my life has a purpose.”
40. Positive view of personal future—Young person is optimistic about her or his personal future.

## Oversight-Finance Committee

# Franklin County Family & Children First Council - Guiding Principles

### GUIDING PRINCIPLES

#### Family & Children First Council of Franklin County

- ❖ Members recognize their interdependent relationship and that individual agency decisions have an impact on all of the other agencies.
- ❖ Collaboration and consensus decision making are valued over unilateral decision making and majority rule.
- ❖ Youth are best served within the context of their own family – interventions and support that are family-based increase family stability and facilitate re-unification.
- ❖ Custody relinquishment to alleviate family problems or to access required services is unacceptable.
- ❖ Programs and services are child-focused, family-based and replicate evidence-based models (Multi-Systemic Therapy, Multidimensional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Wrap Around) and their shared components:
  - Strength based
  - Problem behavior understood in context of broader family system.
  - Solutions based upon health within the family.
  - Interventions increase parent's ability to nurture, establish high expectations, increase accountability and provide consistent consequences.
  - Focus is on present and future.
  - Interventions focus on multiple systems and sequential behavioral patterns that maintain (usually unintentionally) the problems behaviors.
  - Goals and plans are family driven.
- ❖ Right-sized intervention at the right time results in most effective long-term success with high risk/high need youth and families.
- ❖ The least restrictive level of care for youth is preferred.
- ❖ An ecological approach is required to understand the impact other conditions have on the development of the problem and the family's resources to resolve the problem: poverty, lack of safe and adequate housing, under-performing school, lack of positive leisure activities, limited health care, limited public transportation system
- ❖ Assessments and plans have a broad systemic perspective that includes the multiple domains and systems within which youth and their families live.
- ❖ Services are culturally and linguistically appropriate to meet the needs of a diverse racial and ethnic population.
- ❖ Services are developmentally appropriate.
- ❖ Flexible dollars and creative services must clearly be related to therapeutic goals.
- ❖ Accountability for outcomes is paramount.

Family & Children First Council – Family Team Meeting Summary

Youth's Name: \_\_\_\_\_ Caregiver's Name: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Time Spent: \_\_\_\_\_ Facilitator: \_\_\_\_\_

**I. Minutes:** (Did all team members receive a copy of minutes from most recent meeting? If no, who did not?)

--

**II. Round Robin Update from Each Team Member:** (2-3 minute update from each team member)

--

**III. Review of Items that were to be Completed from Previous Meeting:**

--

**IV. Check on Status of Services:**

• Meeting Needs?	
• What is being accomplished?	
• Are services appropriate?	
• Are timelines being adhered to?	
• What is the transition plan?	

**V. Check on Outcomes:**

--

**VI. New Items:**

--

**Next Meeting time, date, location:**

--

\_\_\_\_\_  
Staff Signature and Date

**FCFC Six-Month Update Form**

Client's Name: \_\_\_\_\_

Budget Period:

July 1 – December 31

January 1 – June 30

Identifier: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Date of Update: \_\_\_\_\_

**Current Placement:**

<input type="checkbox"/>	Home/Relative/Friend
<input type="checkbox"/>	Independent Living
<input type="checkbox"/>	Foster/TX Foster Home
<input type="checkbox"/>	Group Home
<input type="checkbox"/>	Restricted Living/Hosp.

If in placement, how long? \_\_\_\_\_

**Custody:**

<input type="checkbox"/>	Parents
<input type="checkbox"/>	Relative/Friend
<input type="checkbox"/>	FCCS
<input type="checkbox"/>	Courts (DYS)
<input type="checkbox"/>	Other:

**School Program:**

<input type="checkbox"/>	Regular
<input type="checkbox"/>	IEP
<input type="checkbox"/>	GED

**School District:**

Choose one of the following
-----------------------------

**System Involvement:**

<input type="checkbox"/>	FCCS
<input type="checkbox"/>	FCBDD
<input type="checkbox"/>	ADAMH
<input type="checkbox"/>	Juvenile Court
<input type="checkbox"/>	School

**New Criminal Charges:**

<input type="checkbox"/>	Misdemeanor
<input type="checkbox"/>	Felony
<input type="checkbox"/>	Charges Pending
<input type="checkbox"/>	Deemed incompetent

Charge: \_\_\_\_\_

**Behavioral Checklist:**

<input type="checkbox"/>	Behaviors dangerous to self	<input type="checkbox"/>	Severe sibling conflict	<input type="checkbox"/>	Running away
<input type="checkbox"/>	Self-mutilation	<input type="checkbox"/>	Problems in peer relationships	<input type="checkbox"/>	Poor hygiene
<input type="checkbox"/>	Suicidal Ideation	<input type="checkbox"/>	Poor social skills	<input type="checkbox"/>	Enuresis
<input type="checkbox"/>	Homicidal Ideation	<input type="checkbox"/>	Problems in school	<input type="checkbox"/>	Encopresis
<input type="checkbox"/>	Domestic Violence, alleged perpetrator	<input type="checkbox"/>	Destruction of property	<input type="checkbox"/>	Sleep disturbance
<input type="checkbox"/>	Domestic Violence, alleged victim	<input type="checkbox"/>	Unlawful conduct	<input type="checkbox"/>	AOD exposed
<input type="checkbox"/>	Assaultive Behavior	<input type="checkbox"/>	Stealing	<input type="checkbox"/>	Hyperactivity
<input type="checkbox"/>	Non-compliance with authority	<input type="checkbox"/>	Cruelty to animals	<input type="checkbox"/>	Alcohol abuse
<input type="checkbox"/>	Severe parent/child conflict	<input type="checkbox"/>	Problem Sexual Behavior	<input type="checkbox"/>	Drug abuse
<input type="checkbox"/>	Other health related issues:				

**FCFC Six-Month Update- Completed by Service Provider**

Client's Name: \_\_\_\_\_

Budget Period:

- July 1 – December 31  
 January 1 – June 30

FCFC Coordinator: \_\_\_\_\_

Date of Update: \_\_\_\_\_

Service Provider Agency Name: \_\_\_\_\_

Type of Services Received:

- Family Support       Family Coach       Youth Coach       Respite

<b>What is the overall progress for each level of service provided?</b>
<b>What activities did staff provide?</b>
<b>What barriers have there been?</b>
<b>What feedback/recommendations do you have for the team?</b>

**FAMILY & CHILDREN FIRST COUNCIL - CLOSURE FORM**

Youth's Name: \_\_\_\_\_

Youth Identifier: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Date of Closure: \_\_\_\_\_

Approx. Time Spent: \_\_\_\_\_

Current Case Status:	<input type="checkbox"/> Consultation	<input type="checkbox"/> Discretionary	<input type="checkbox"/> FCSS	<input type="checkbox"/> Multi-System
Level of Care @ Closure:	<input type="checkbox"/> Family/Friend/Relative	<input type="checkbox"/> Independent/Transition Living	<input type="checkbox"/> Foster Care	
	<input type="checkbox"/> Group Home	<input type="checkbox"/> Restrictive Living(DYS, DH, ICC Hosp, Residential)		
Custody @ Closure:	<input type="checkbox"/> Family	<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> FCCS	<input type="checkbox"/> Court(DYS)
	<input type="checkbox"/> Other:			
Systems Involved @ Closure:	<input type="checkbox"/> FCCS	<input type="checkbox"/> BDD	<input type="checkbox"/> ADAMH	<input type="checkbox"/> Juvenile Court
	<input type="checkbox"/> School	<input type="checkbox"/> DYS	<input type="checkbox"/> None	<input type="checkbox"/> Other:

**Closure Information:**

**Reason case was not funded:**

- |   |  |
|---|--|
| <input type="checkbox"/> No funding requested                   | <input type="checkbox"/> Contract limitations for FCFC           |
| <input type="checkbox"/> Client remained or went into placement | <input type="checkbox"/> Current systems' responsibility         |
| <input type="checkbox"/> Other service options identified       | <input type="checkbox"/> Requested service does not exist        |
| <input type="checkbox"/> Other funding options identified       | <input type="checkbox"/> Youth not involved in any systems       |
| <input type="checkbox"/> Single-system youth                    | <input type="checkbox"/> Team not in agreement with service plan |
| <input type="checkbox"/> Other:                                 |  |

**Reason for closure:**

- |   |   |
|---|---|
| <input type="checkbox"/> Consultation complete                        | <input type="checkbox"/> No follow through or refusal by RS   |
| <input type="checkbox"/> All services funded by other funding sources | <input type="checkbox"/> Youth went into placement            |
| <input type="checkbox"/> Services no longer necessary                 | <input type="checkbox"/> Youth transitioned to adult services |
| <input type="checkbox"/> Family able to utilize community resources   | <input type="checkbox"/> Family moved                         |
| <input type="checkbox"/> Situation improved                           | <input type="checkbox"/> No follow through by team            |
| <input type="checkbox"/> No follow through or refusal by family       | <input type="checkbox"/> Other:                               |

**Is the youth at-risk for out of home placement?**

Yes  No

If yes, mark all of the following that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Abuse/dependency/neglect                | <input type="checkbox"/> In-patient treatment/AOD  |
| <input type="checkbox"/> Criminal activity                       | <input type="checkbox"/> Residential school  |
| <input type="checkbox"/> Juvenile detention/crisis stabilization | <input type="checkbox"/> Relinquishment of custody in order to receive behavioral healthcare |
| <input type="checkbox"/> In-patient treatment/mental health      |  |

**FAMILY & CHILDREN FIRST COUNCIL - CLOSURE FORM**

**Behavioral Checklist:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Behaviors dangerous to self            | <input type="checkbox"/> Severe sibling conflict        | <input type="checkbox"/> Running away      |
| <input type="checkbox"/> Self-mutilation                        | <input type="checkbox"/> Problems in peer relationships | <input type="checkbox"/> Poor hygiene      |
| <input type="checkbox"/> Suicidal Ideation                      | <input type="checkbox"/> Poor social skills             | <input type="checkbox"/> Enuresis          |
| <input type="checkbox"/> Homicidal Ideation                     | <input type="checkbox"/> Problems in school             | <input type="checkbox"/> Encopresis        |
| <input type="checkbox"/> Domestic Violence, alleged perpetrator | <input type="checkbox"/> Destruction of property        | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Domestic Violence, alleged victim      | <input type="checkbox"/> Unlawful conduct               | <input type="checkbox"/> AOD exposed       |
| <input type="checkbox"/> Assaultive Behavior                    | <input type="checkbox"/> Stealing                       | <input type="checkbox"/> Hyperactivity     |
| <input type="checkbox"/> Non-compliance with authority          | <input type="checkbox"/> Cruelty to animals             | <input type="checkbox"/> Alcohol abuse     |
| <input type="checkbox"/> Severe parent/child conflict           | <input type="checkbox"/> Problem Sexual Behavior        | <input type="checkbox"/> Drug abuse        |
| <input type="checkbox"/> Other health related issues:           |   |  |

**Closure Summary:**

\_\_\_\_\_  
Coordinator Name

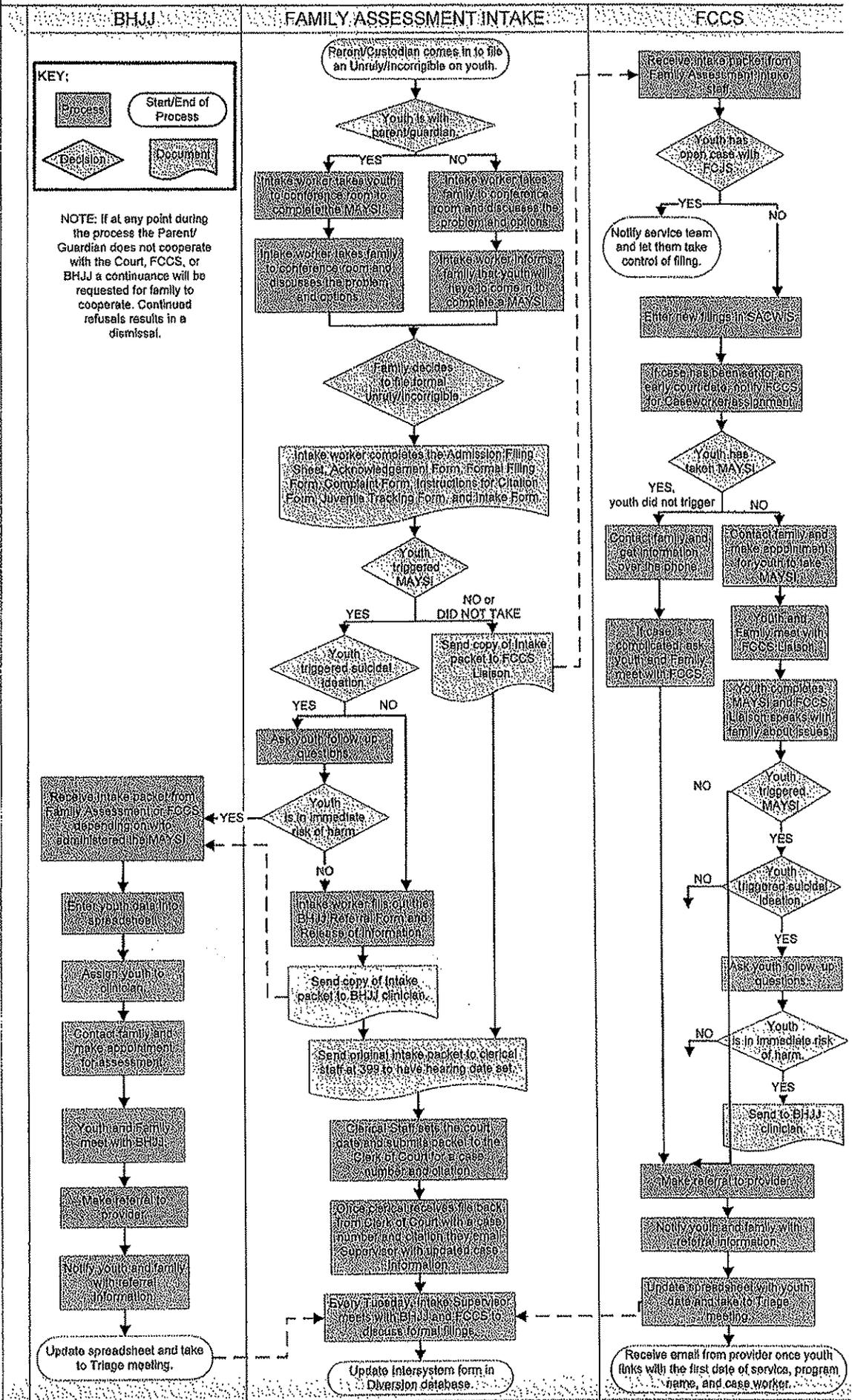
\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Staff Name

\_\_\_\_\_  
Date

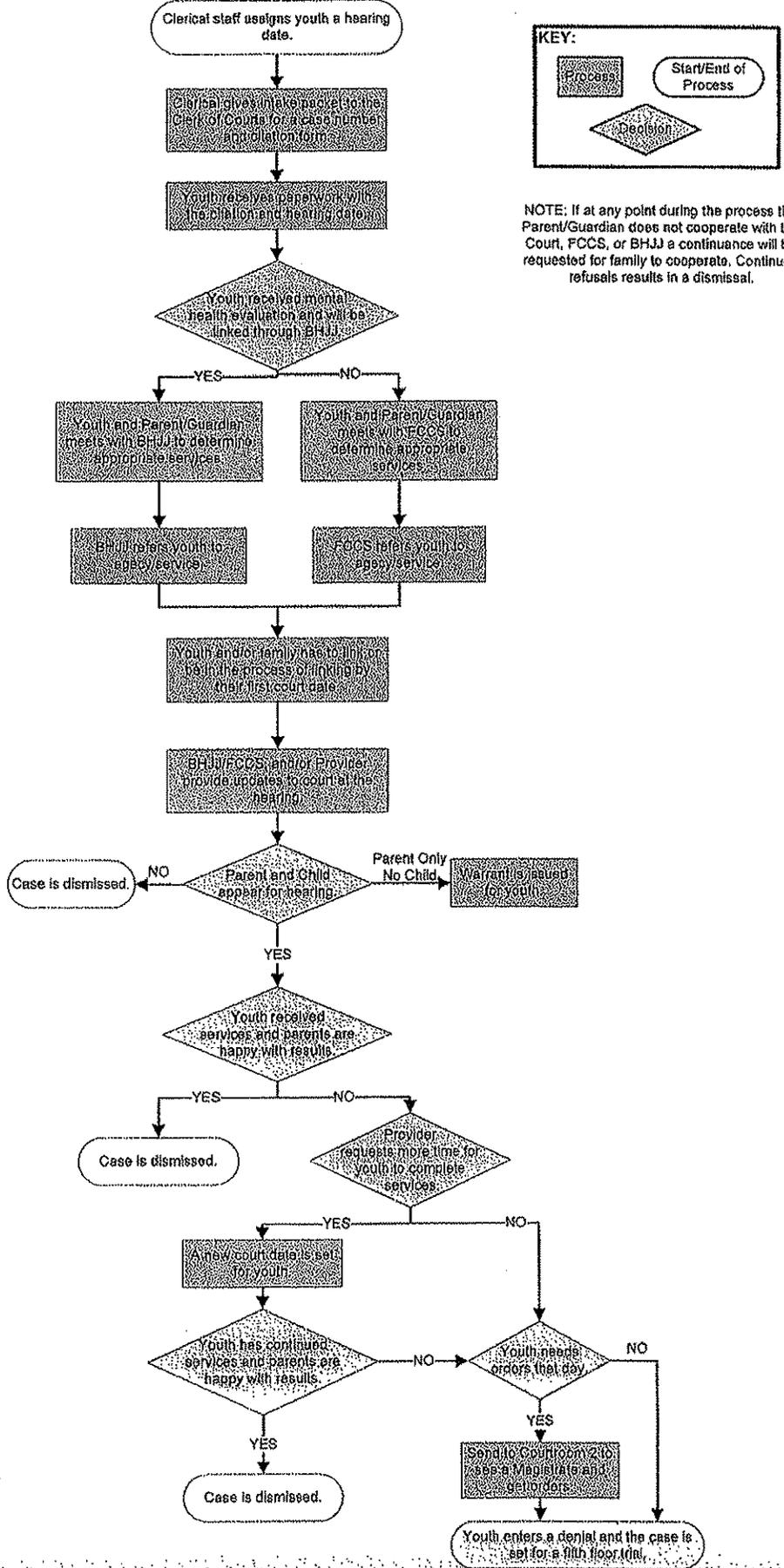
# Intersystem Family Assessment Intake Project- Formal Filing Process

Department of Performance Evaluation- Franklin County Court of Common Pleas, Domestic Relations and Juvenile Branch



# Intersystem Family Assessment Intake Project- Formal Unruly/Incorrigible Process

Department of Performance Evaluation- Franklin County Court of Common Pleas, Domestic Relations and Juvenile Branch



**KEY:**

- Process (shaded rectangle)
- Start/End of Process (oval)
- Decision (diamond)

NOTE: If at any point during the process the Parent/Guardian does not cooperate with the Court, FCCS, or BHJJ a continuance will be requested for family to cooperate. Continued refusals results in a dismissal.

# Inter-system Family Assessment Intake Project- Informal Filing Process

Department of Performance Evaluation- Franklin County Court of Common Pleas, Domestic Relations and Juvenile Branch

