

Scioto County Service Coordination Mechanism

Scioto County Family and Children First Council (SCFCFC) Vision: To be a community partner with all children and families of Scioto County. Children are valued for who they are and who they will become. Families know their children best and are responsible for them. Our partnership will be family-centered and family-friendly. Therefore, our partnership will embrace families and children to provide a safe, stable environment and services, which will strengthen and nurture the family within.

The Scioto County Family and Children First Council is committed to provide coordinated services to all families with children birth through age 21. Our commitment is to family centered practice that recognizes families are a child's first and most influential teacher. Partnership with families is the only way to develop the most useful plan of service delivery to meet the family's needs. **The Council is committed to providing services to the child and family in the least restrictive environment that ensures the safety of all involved.**

Scioto County's Service Coordination Mechanism/Plan (SCM or SCP) is a dynamic document that is the core for coordinating and providing support to families seeking services and families involved in multiple service systems. This mechanism is not designed nor utilized to override individual systems but to enhance and facilitate working with and for families and children across multiple systems. Participants involved in the review and revision of the Scioto Co. Family and Children First Service Coordination Mechanism included parents, Scioto Co. Children Services, Scioto Co. Board of DD, South Central Ohio Educational Service Center, Scioto Co. Help Me Grow, the Carousel Center (EI), Portsmouth City Health Department, Juvenile Court, ADAMHS Board of Adams, Lawrence and Scioto Co.'s, and the Chair of the SFCFC.

The Scioto County Service Coordination Mechanism is reviewed annually by the Council Members.

Target Population:

The Scioto County Family and Children First Council's Service Coordination Mechanism is open to all children **ages birth through age 21**. Children ages birth to age 3 years receiving services through Help Me Grow (HMG) will be preliminarily served through HMG Service Coordination and Home-Visiting protocols.

Procedure for Referring a Child and Family

#1 When a child and their family are in need of service coordination, **the family may contact the Council Coordinator directly** or an agency, school, or Juvenile Court may contact the Coordinator on behalf of the family. A referral packet is completed: a Service Coordination Referral Form (Appendix A) and Release of Information form (Appendix B). When the packet is returned to the Coordinator, the Coordinator contacts the family

to arrange a date for a Child and Family Team Meeting at the family's convenience. A team meeting will be arranged within 10 business days from the date the completed packet is received by the Coordinator.

Children and Families being served by HMG will follow the guidelines set by the Ohio Department of Health in the referral of families to Service Coordination and development of an Individual Family Service Plan (IFSP). If further assistance is needed in meeting the needs of a child and their family, the HMG Service Coordinator or family member will submit a referral for Service Coordination packet to the SCFCFC Coordinator and a Child and Family Team will be convened within the stated guidelines.

Criteria for service coordination include but are not limited to the following:

1. Family is requesting help for a child/youth.
2. A child/youth/family is involved in multiple systems and service plans are not meeting the needs of the parties involved.
3. A family is in need of additional resources that are not covered in current service plan
4. An agency on behalf of a family is having difficulty accessing a service need.
5. A child/youth has been identified as unruly/delinquent and is at risk of placement
6. A child(ren)/youth is at risk of a non-emergency out of home placement
7. A child (ren)/youth are placed in an out of home placement for emergency purposes.

#2 Children being served by Scioto Co. Children Services Board (CSB) may also provide service coordination through Family Case Conferences. Children Services' policy is to conduct a placement team meeting within 5-7 business days in which CSB staff meet with the birth family and foster family to share information and begin case planning. The Council Coordinator will attend these meetings to assure coordination of services. Within 30 days of the placement date, a Family Case Conference is held with the family, family support and service providers to develop a comprehensive case plan. (Scioto County Children Services follows the Family Centered Neighborhood Based model for case planning). If there is a service need that is identified or additional resources needed to implement a plan, the family can be referred for further service coordination or the developed plan can be submitted to the Council through the Creative Solutions and Review Team for help with implementation.

The Council strives to facilitate a service coordination process that is family centered and responsive to the cultural needs of the family. The community is primarily rural and Appalachian. There is a high incidence of poverty and unemployment. The community is inundated with illegal drug activity, primarily prescription drug addiction. The community has sponsored several Bridges Out of Poverty trainings over the years to educate community members and service providers to effectively work with families. The family centered model of service coordination used in Scioto County is family centered

and families guide the process from deciding who attends and participates and what the goals for the child and family. Children are not excluded from the process. When it is deemed by the parent and the team that the child can handle the process and be appropriate, children are included. The terminology use through out this plan is family focused. Families decide who when and where. The plans may be started because of a child but the issues are addressed as a family system.

The Scioto County Family and Children First Council utilizes a three tiered service coordination model. This model is outlined next.

I. Child and Family Team Meetings:

Purpose: Initial case planning when multiple agencies are involved to prevent duplication of services, or if a family requests help but they are not yet involved in services nor is there a clear point of entry. Service coordination plan is developed based on family strengths and resources available. A meeting is arranged and facilitated by FCFC coordinator who tracks identified gaps in services.

Who Attends: Families, family-invited supports, direct providers, teachers and/or guidance counselors, Scioto Co. Children Services Board diversion or case workers, Shawnee Mental Health Children's Team case managers or Supervisors, Probation Officers at Juvenile Court, Parent Advocates when requested

Procedure for Notification of Child and Family Team Meetings

Agency Referral

When a completed referral packet is received, the Coordinator contacts the referral source to confirm information and then contacts the family by phone. The coordinator explains the process and answers any questions the family may have. A date and time is chosen with the family. The Council sends letters of invite to a child and family team meeting to all contacts approved by the family through the release of information. Included with the letter is a brochure of the Service Coordination Process and a Pre-Team Meeting Worksheet (Appendix C)The letters are sent out 5 business days prior to the meeting.

Family Referral

When a family contacts the SCFCFC Coordinator requesting help, the Coordinator will either meet with the family in person if feasible or will mail/email referral materials. **The family at anytime can initiate a team meeting** by contacting all parties or by contacting the coordinator to contact all involved parties.

Unruly/Delinquent Youth

Families and youth would become involved in diversion services when an unruly or misdemeanor complaint is filed or charge is imminent. A comprehensive assessment and family focused case plan would be jointly developed with a lead agency case manager identified and assigned by the family.

Child and Family Team Meeting Procedure and Process

Families participate voluntarily through self or other community provider referral. All involvement is highly confidential and family-focused. Prior to a Child and Family Team Meeting, all participants sign a confidentiality statement. A family and child assessment of strengths and challenges is facilitated at the Child and Family Team Meeting. Prior to the meeting all participants selected by family, receive a letter of invitation to the Child/Family Team Meeting with a Pre Meeting Worksheet (Appendix C). The Family will also receive a family assessment tool (Appendix D) and a child assessment tool (Appendix E) to complete prior to the meeting. Directly before the meeting starts, the coordinator will have the parent/guardian complete the Pre-Family Wants and Need Scale (Appendix F). The meeting follows a “wraparound “model. Introductions are made, a brief history is summarized with how did we get here. An assessment of who is involved, who lives in the home, diagnoses, medications, school district family make-up, etc. First the team addresses strengths of the family and child, assess what is going well. Next team assesses challenges for the child , family and team, what is not going so well. Third, family identifies goals for the child and family. Team offers available resources and creates service goals identifying who is responsible and a by when date. Goals are set and resources identified with a list of who is responsible for each step. Included in the plan is a crisis/emergency plan the family feels comfortable with and will cover safety issues for the family. All team members inclusive of the family sign an agreement to participate and complete their individual piece(s) of the plan (Appendix G). Each person in attendance at the Child and Family Team receives a copy of the plan at the end of the meeting. (Appendix H) A Lead Case Manager is chosen by the family. Length of services is anticipated to be 30-90 days. Children birth to age three and their families would receive service coordination and plan development through the local Help Me Grow Services unless the need is greater than can be resolved by HMG providers. Those families can request a SCFCFC Service Coordination Meeting/Family Team Meeting. Three follow up meetings are scheduled with the date shown on the bottom of the Summary Sheet (Appendix H).

II. Creative Solutions and Review Team

Purpose: To problem-solve case planning issues, review cases that are receiving Family Centered Support Services funding and or collaborative funding and identify service gaps in the community.

Who Attends: One appointed mid- level manager or clinician of each of the participating systems will be the designated representative on the Creative Solutions and Review Team including but not limited to: Shawnee Mental Health Center, Scioto County Juvenile Court, The ADAMHS Board of Adams, Lawrence and Scioto Counties, Scioto Co. Department of Jobs and Family Services, Scioto County Board of DD, Project Director for HMG, Scioto County Children Services Board, The South Central Ohio Educational Service Center, Disability Coordinator from Head Start, The Counseling Center, one Family Representative. A family may attend for the time period when the CSRT is reviewing their individual plan.

This group meets at least monthly and reviews child and family team plans. The group is convened by and facilitated by the Coordinator. Prior to the meeting, members are notified by fax or email of the plans to be discussed. The discussions of the plans will be identified to the group by the initials of the child. Agencies involved in the provision of services for the child/family will be notified with specific information on the identity prior to the meeting so they can best prepare information relevant for review. The group identifies and works to resolve service gaps. If there is a dispute or disagreement regarding the development or implementation of a plan, a referral for resolution is made to this team. Suggestions and /or recommendations creative ideas considered shall be referred back to the Child and Family Team for their implementation

III. Scioto County Family and Children First Council Administrative Committee

Purpose: To solve or resolve service coordination issues at the systems level, discuss resources available to support plan, approve expenditures for FCSS and CCBH funds available to the Council for service provision, review recommendations of Creative Solutions and Review Team, address identified gaps in services and lack of resources.

Who Attends: Director of Scioto Co. Children Services, ADAMHS Board of Adams, Lawrence and Scioto Counties representative, Juvenile Court Representative, Superintendent of Scioto Co. DD Board, South Central Ohio Educational Service Center Superintendent (Administrative Agent for the Council), Shawnee Mental Health Center Representative, Director Scioto Co Department of Jobs and Family Services, Superintendent of the Largest School District, Chair Person of the Council.

The Committee makes determination of the expenditure of funds for Service Coordination Plans. When reviewing the plans, Families are referred to by first name and last initials or by Child's first name and last initial. The agencies involved in the plan will be notified ahead of time that the family is so they can come prepared to answer questions if necessary. Funding plans and service gaps are reviewed in a committee meeting after the Monthly SCFCFC Meeting. If there is an emergency need to expend or commit more than \$500.00 this team will either meet in person or approve expenditure through conference call or email.

Service Coordination for Children At-Risk of / or Emergency Placed

The SCFCFC member agencies participate in proactive planning for prevention of Placement. Service Coordination is provided for children at-risk of placement and their families.

Children identified at-risk of placement for unruly/delinquent behaviors are referred by Children Services Diversion workers and Juvenile Court, including but not limited to children being released from Juvenile Detention Center, released from foster care, group home placements. These children have a high rate of return to care and in order to avert further placements these cases are high priority for Service Coordination. Another high priority population includes children being released from hospitals for behavioral health issues. These are children who are being served primarily by private mental health providers or seek help for the first time through hospital emergency rooms and placed into child or adolescent psychiatric units and are in need of specialized services upon discharge from the hospital. Scioto County has no beds for inpatient, psychiatric treatment for children. These children must be served out of county and the hospitals are good at referring directly back to the Mental Health provider in the county or to the FCFC.

#2 Children who have been placed in out of home care will have a service coordination meeting within 10 days. That meeting will be initiated by Children Services, or other placing agency and the Coordinator will attend and facilitate as necessary.

Procedure for Protecting Confidentiality of Families

Before a SCP is started, the parent/guardian/custodian of the child signs a release of information agreeing to the release of the child's(ren's) name and identifying information (birth date and family name) to specific agencies and individuals to be invited to the child and family team meeting, Creative Solutions and Review Team and Administrative Sub-Committee. The letters of invitation include the child's name and family name. When the plan is reviewed by the Creative Solutions and Administrative Sub-Committee the child/family are identified by first name and last initial or first name only.

The Referral Packets and Meeting Summary Sheets ROI and Team Confidentiality forms, Child and Family Assessment tools are kept in the SCFCFC Office in a locked file cabinet. Group notes from the meeting are destroyed.

Continuity of Services and Follow up

Plans are reviewed by Creative Solutions and Review Team, monthly as long as the plans are active. Parents or any party involved in the service coordination plan can rest or initiate a child and family team meeting or follow-up Child and Family Team when new issues need to be addressed or there are goals from the plan that have barriers to completion. The assigned lead case manager or family will contact the SCFCFC Coordinator when a new team is required. The Lead Case Manager (LCM), assigned at the Child and family Team meeting will review the plan at least every 30 days and track

goal accomplishments. The goal completion information will be reported to the SCFCFC either by the lead case manager or through the LCM's agency representative at the Creative Solutions and Review Team meetings.

Dispute Resolution Process

Dispute Resolution is an important component of any service delivery system. Although agencies and professionals are committed to meeting the needs of the child and/or family, there are times when decisions or the process may be questioned by one or more members of the team. In all instances, families are encouraged to ask questions and become informed as to what is available, what their child might need and what rights and responsibilities they have as parents. Conflicts may arise in three types of situations:

1. The family is in disagreement with one agency
2. The family is in disagreement with the service plan
3. One agency is in disagreement with another agency or the service plan

The process for handling each of the above situations is dependent on the premise that individuals will in all instances seek clarification and resolution at the team level prior to initiating the formal conflict resolution process. If the family needs direction in order to handle the situation in a team setting, they may request the assistance of a parent support person to meet with the team. Lists of the parent support personnel will be made available to the family at any phase of the dispute resolution process.

It is important to note that the parents' and agency representatives' signatures are required on the service plan when developed. By signing the document, all parties are assuring that they are in agreement with the developed plan and enter into a contractual agreement to comply with the goals and process. Failure to follow through may result in the initiation of due process proceedings, if an agency is not in compliance, or court imposed consequences, if the family is not in compliance.

#3 While a dispute is being resolved, the child/family will continue to receive services identified in the Family Plan .

Category A: Family Disagrees with the Plan

Purpose: The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. A parent or custodian who disagrees with a decision rendered by a county council regarding services for a child may initiate the dispute resolution process established in the county's Service Coordination Mechanism. **In addition, children and families eligible for Help Me Grow, but not eligible for Part C Early Intervention services, may file a complaint through the county council's dispute resolution process.**

Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition

to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code.

The following steps outline this component of the dispute resolution process:

- (1) The council coordinator is designated as the liaison for the receipt of complaints regarding service coordination. The Coordinator is located at:
Rebecca Wheelersburg
South Central Educational Service Center
411 Court Street, Room 109
Portsmouth, Ohio 45662
Phone: 740-354-0250
FAX: 740-353-1882
- (2) Parents or custodians shall be informed of their right to use the dispute resolution process.
 - a. Those parents or custodians who are denied access to the service coordination process at the point of referral will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
 - b. During intake, parents or custodians will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
 - c. Any member of the service coordination team or any member of council who receives a complaint from a parent or custodian regarding service coordination will inform the complainant of their right to use the council's dispute resolution process and provide the complainant with the contact information for filing a complaint.
 - d. The council coordinator will provide a copy of the dispute resolution process to the parent or custodian filing a complaint.
- (3) The council coordinator will notify the council chair and administrative agent of the complaint within seven (7) calendar days.
- (4) Each agency represented on a county council that is providing services or funding for services that are the subject of the dispute resolution process initiated by a parent or custodian must continue to provide those services and the funding for those services during the dispute resolution process.
- (5) The Council's Administrative Subcommittee will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
- (6) The investigation of the complaint will include at least the following:
 - a. Conducting an on-site investigation as determined necessary;
 - b. Interviewing the parent or custodian and giving the parent or custodian the opportunity to submit additional information, either orally or in writing;
 - c. Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing; and
 - d. Reviewing all relevant information and making a decision.

- (7) **The council will issue a written decision to the parent or custodian within thirty (30) calendar days from receipt of the complaint. #4 Situations determined to be an emergency by the Council's Administrative Sub-Committee will be addressed within 5 calendar days. The written decision will address each allegation and include findings of facts and conclusions and the reasons for the council's decision.**
- (8) When the provision of service or funding cannot be resolved through the designated dispute resolution process, the final arbitrator will be the presiding juvenile court judge. The council coordinator will assist the parent or custodian in filing the case with the juvenile court within seven days of the failed dispute resolution process. The council coordinator will assist the family in providing assessment and treatment information for the court.

Category B: Dispute Resolution Related to Part C Early Intervention Services

Purpose: Ohio Department of Health (ODH), as the lead agency, shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county family and children first councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each county council shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

The following steps outline this component of the dispute resolution process:

- (1) An individual or an organization may file a complaint with the county council regarding the provision of early intervention services within the county. The council coordinator is designated as the council's liaison for the receipt of complaints.
- (2) The council coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or U.S. mail or fax) within seven calendar days of receipt of the complaint.
- (3) The council coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
- (4) The council coordinator will explain the options available for dispute resolution, which include:
 - Filing a complaint with the county council;
 - Filing a complaint with ODH;
 - Requesting mediation;
 - Requesting an administrative hearing with ODH;
 - Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints.*

- (5) Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
- (6) The Council's Administrative Subcommittee will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
- (7) The investigation of the complaint will include at least the following:
 - Conducting an on-site investigation as determined necessary;
 - Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing;
 - Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing; and
 - Reviewing all relevant information and making a decision.
- (8) The council will issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH. **
- (9) The council will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

* If the provider has a resolution process for complaints, the provider of Part C services must notify ODH and the county council of the complaint in writing (via email or U.S. mail or fax) within seven calendar days of receipt of the complaint. The provider of Part C services must issue a written decision to the complainant, the county council, and ODH within thirty (30) calendar days from receipt of the complaint.

** If ODH receives notice that a complaint regarding Part C services was filed with the county council or a provider, ODH will monitor the resolution process to assure that the complaint is resolved by the county council or provider within thirty (30) calendar days. If the complaint is not resolved within thirty calendar days, ODH will notify the complainant, the county council and the provider, if applicable, that complainant may select one of the following:

- (1) To have ODH investigate the complaint in accordance with Rule 3701-8-08 (C)(4), If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the county council or provider received the complaint; and
- (2) To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (C)(3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.

Category C: Agency Disputes with County Council Decisions

Purpose: An agency represented on the county council that disagrees with the council's decision concerning the services or funding for services a child is to receive from agencies represented on the council may initiate the local dispute resolution process established in the county Service Coordination Mechanism applicable to the council.

The following steps outline this component of the dispute resolution process:

- Step 1. Agency contacts Coordinator who convenes a meeting, within 5 working days, of the involved agency representatives to resolve the issue. If a resolution can not be reached, move to step 2
- Step 2. Coordinator convenes a meeting with the Agency Directors involved within 5 working days to negotiate a resolution. If no solution is reached, then step 3.
- Step 3. Full Family and Children First Council is convened within 5 working days and they will facilitate a final negotiated resolution
- Step 4. If an issue remains unsolved after all the steps of the process have been implemented the coordinator will place the matter before the Scioto County Juvenile Court by filing a petition within 7 days. (per ORC 121.37)

- (1) An agency subject to a determination pursuant to a local dispute resolution process shall immediately comply with the determination, unless the agency objects to the determination by doing one of the following not later than seven days after the date the written determination is issued:
 - a. If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, filing in the juvenile court of the county having jurisdiction over the child's case a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child.
 - b. If the child is not a child described above, filing in the juvenile court of the county served by the county council a complaint objecting to the determination.
- (2) The court shall hold a hearing as soon as possible, but not later than ninety days after the motion or complaint is filed. At least five days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose of the court hearing. In the case of a motion filed under division (B)(1) of this section (4a noted above) the court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child, if appropriate, and shall provide notice as required for those hearings.
- (3) Except in cases in which the hearing is conducted as part of the adjudicatory or dispositional hearing, a hearing held pursuant to this division shall be limited to a

determination of which agencies are to provide services or funding for services to the child. At the conclusion of the hearing, the court shall issue an order directing one or more agencies represented on the county council to provide services or funding for services to the child. The order shall include a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the family service coordination plan developed as part of the county's service coordination plan and on evidence presented during the hearing. An agency required by the order to provide services or funding shall be a party to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.

- (4) **While the local dispute resolution process or court proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the county council before dispute resolution was initiated.** If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

Fiscal Strategies

Funding discussions and decisions are not a part of the child and family team in terms of which agency has funding to pay for which service. Child and Family Team Meetings are for developing coordinated service plans that meet the child and family's needs. Funding needed for the plan is discussed at the Creative Solutions and Review Team (CSART). The CSART meets at least monthly to review new plans and update ongoing cases. When there are funding gaps for plans the CSART discusses and makes recommendations on how to fund the plans. Funding may come from specific agencies or utilize funding through SCFCFC. The recommendations on funding plans are submitted at least monthly to the Administrative Sub-Committee to approve expenditures on plans.

The Scioto Co. FCFC does not pool funds. The agencies do share costs of plans based on funds they have available. Scioto County has chosen to expend FCSS monies through this process. Any funding received through the ADAMHS Board including CCBH funds are expended the same way.

Expenditures are reported out at the monthly SCFCFC meetings, by vendor, service and cost.

Public Awareness and Marketing Efforts

The Council has struggled with the issue of public awareness and marketing Service Coordination. The struggle is centered around capacity to serve the numbers generated by a county wide public information campaign. What we do in marketing is distribute a brochure explaining Service Coordination to all member agencies to be included in their information displays and we distribute brochures at the county fair and area health fairs. All member agencies have a laminated SCFCFC Logo that they display at public functions, identifying them as council members and all have Service Coordination brochures at their displays. Annually, the FCFC Coordinator conducts training for all direct service staff of member agencies. This training is centered around the Service Coordination Process and how to refer families, make referrals for service coordination. Bi-annually the council conducts a service provider fair, where agencies set up information booths geared towards other service providers. Schools are a targeted population for Service Coordination training. Annually the FCFC Coordinator meets with the School Counselors and Psychologists and reviews the process for referring. These targeted marketing and training strategies have resulted in increased number of referrals by 50%.

Quality Assurance

Evaluation of Individual Child/Family Plans

Scioto Co. FCFC feels it is important to track the effectiveness of the Service Coordination Mechanism at the family/child plan. Informally plans are reviewed on a regular basis especially for children in residential treatment and out of home placements. The children/youth receiving services with FCSS funding are reviewed and tracked monthly at CSART.

The plan to evaluate the effectiveness of individual child/family plans will be accomplished by the means described below:

1. All families will be asked to complete the Family Caregiver Wants and Need Scale prior to the Child and Family Team meeting.
2. The Creative Solutions and Review Team will track the percentage of goal completion as developed during the child and family team meeting.
3. The Lead Case Manager (LCM) will be reporting progress toward goal completion monthly to their supervisor and the supervisor will report information to the CSART at the monthly meetings.
4. The Family will complete the post Family Caregiver Wants and Needs Scale and the LCM will forward the information to the SCFCFC Coordinator when the Service Coordination Case is closed
5. Semi- Annually in December and June, families will be given a satisfaction survey (to be developed) including: Individual's school performance (academic, behavioral, attendance), parents perception of child's improvement

The CSART and Administrative Sub-Committee will review data ongoing to assess for gaps in services.

A Quality Assurance Committee will be formed with representatives from Council Member agencies and at least 3 families who have received service coordination. **This committee will meet semi-annually February and August to review trends and gaps in services. Data gathered on Goal completion, pre and post scores from the Family/Caregiver Wants and Needs Scale.**

General Evaluation Data Collection and Tracking

The Council Coordinator will track the following information and report to the Council Monthly:

1. Number of children/families served
2. Number of Child and Family Team Meeting scheduled and held
3. Referral sources to service coordination
4. Ages of children served
5. Diagnosis of children served
6. Services identified as needed and rendered

On an annual basis the following information will be reported to the Council:

1. Percentage of case plans developed by team and approved as developed by CSART and Administrative Sub-Committee.
2. Family Satisfaction Survey Results
3. Number of repeat cases
4. Number of plans disputed
5. Agencies invited to CFT/ Agencies in attendance
6. Cumulative information of the monthly reported data

The Scioto County Family and Children First Council will make any and all data available to the Ohio Family and Children First Office/Cabinet Council upon request.

Child and Family Team Referral Form

Referral Contact _____

Agency/School _____

Referral Phone _____ **FAX** _____

Referral Contact Email _____

Child's Name	Parent/Custodian Address Phone	Date of Birth Social Security Number
Advocate/Support Person Address and Phone Would they like a parent advocate? Y N	School District & Building Grade Level	Children Services Case Manager
Foster Parents- Address/Phone	Mental Health Provider- Case Manager	Juvenile Court Probation Officer
Other	Other	Other

Reason for Referral _____

Date Received _____ Date of CFT Meeting _____

Scioto County Consent for Release of Information

Designated Youth's Full Name

Current Date

Social Security Number

Date of Birth

The following agency(s) have my permission to exchange/give/receive/share/disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person (please identify all agencies that apply):

- Scioto County Children Services _____
- County Board of MR-DD _____
- County Educational Service Center _____
- Scioto County Job & Family Services _____
- Scioto County CAO _____
- County Alcohol, Drug Addiction, Mental Health Services Board _____
- Local School District(s) _____
- SCFCFC Administrative Team _____
- Other _____
- Other _____
- Other _____
- Other _____

- Juvenile Court _____
- Creative Solutions & Review _____
- Shawnee Mental Health Center _____
- The Counseling Center _____
- Help Me Grow/REACH _____

The purpose of this form is to authorize sharing of identifying information (name, birth date, sex, race, address, telephone number, social security number), by the Scioto County Family and Children First Council to secure and coordinate services for the individual/family.

Information regarding the following shall not be released unless specified:

- yes no Substance abuse: diagnosis and treatment
- yes no Financial Information: Public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W2's and tax returns, and other financial information.

I understand that the Consent of Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature. The revocation does not include any information which has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

180 day release: This consent expires on the _____ day of _____, 201_____

Date: _____ Signature of Youth (if over 18): _____

Date: _____ Signature of Guardian: _____

Date: _____ Signature of Witness/Agency Representative: _____

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

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

1. If the records released include information of my diagnosis or treatment of drug or alcohol abuse, the following statement applies:

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

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

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

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

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

Scioto County Family & Children First Council
Parent/Family Strength Assessment

IDENTIFYING DATA

Family Name _____ Phone (____) _____
Child's Name _____ Birthdate _____

PARTICIPANTS TO ASSESSMENT

Name of respondent _____ Relationship _____

1. The things I like most about my child(ren) are:

2. My life would really be better in six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

5. I am happiest when:

6. The best times we have had as a family are:

7. Name some special rules that your family has:

8. Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Who do you feel you can trust to be there when you need them?

9. What activities do you and your family enjoy together? What do you enjoy most about yourself?

10. What are your family traditions? In which cultural events does your family participate?

11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additions:

Scioto County
Family & Children First Council
Child Strength Assessment
Form

Name: _____
Date: _____

Age: _____

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

2. If I had ten dollars I'd _____

3. My favorite TV programs are _____

4. My favorite game at school is _____

5. My best friends are _____

6. My favorite time of day is _____

7. My favorite toy is _____

8. My favorite CD/music is _____

9. My favorite subject at school is _____

10. I like to read books about _____

11. The places I'd like to go in town are _____

12. My favorite foods are _____

13. My favorite inside activities are _____

14. My favorite outside activities are _____

15. My hobbies are _____

16. My favorite animals are _____

17. The three things I like to do most are _____

Child and Family Team Summary

Child/Family Name _____ Date of Meeting _____

Lead Case Manager _____ Phone _____

Goal	Resources	Who is Responsible	By When
Crisis Plan			

Next meeting _____

Child and Family Team Referral Form

Referral Contact _____

Agency/School _____

Referral Phone _____ **FAX** _____

Referral Contact Email _____

Child's Name	Parent/Custodian Address Phone	Date of Birth Social Security Number
Advocate/Support Person Address and Phone Would they like a parent advocate? Y N	School District & Building Grade Level	Children Services Case Manager
Foster Parents- Address/Phone	Mental Health Provider- Case Manager	Juvenile Court Probation Officer
Other	Other	Other

Reason for Referral _____

Date Received _____ Date of CFT Meeting _____

Designated Youth's Full Name

Current Date

Social Security Number

Date of Birth

The following agency(s) have my permission to exchange/give/receive/share/disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person (please identify all agencies that apply):

- Scioto County Children Services _____
- County Board of MR-DD _____
- County Educational Service Center _____
- Scioto County Job & Family Services _____
- Scioto County CAO _____
- County Alcohol, Drug Addiction, Mental Health Services Board _____
- Local School District(s) _____
- SCFCFC Administrative Team _____
- Other _____
- Other _____
- Other _____
- Other _____

- Juvenile Court _____
- Creative Solutions & Review _____
- Shawnee Mental Health Center _____
- The Counseling Center _____
- Help Me Grow/REACH _____

The purpose of this form is to authorize sharing of identifying information (name, birth date, sex, race, address, telephone number, social security number), by the Scioto County Family and Children First Council to secure and coordinate services for the individual/family.

Information regarding the following shall not be released unless specified:

- yes no Substance abuse: diagnosis and treatment
- yes no Financial Information: Public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W2's and tax returns, and other financial information.

I understand that the Consent of Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature. The revocation does not include any information which has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

180 day release: This consent expires on the _____ day of _____, 201_____

Date: _____ Signature of Youth (if over 18): _____

Date: _____ Signature of Guardian: _____

Date: _____ Signature of Witness/Agency Representative: _____

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Pre- Family Team Meeting Worksheet

What are the strengths of the family?

Who do you turn to in times of family crisis (death of a loved one, divorce, illness, financial stress)?

What are the strengths of the child/children?

As a parent/ caregiver, my wishes for this child are.....?

If you could have one goal met in your life in the next year what would it be?

As a service provider, goals I would like to see the family and/or child achieve?

Please tell us the top three concerns you have and would like to talk about when we meet:

- 1.
- 2.
- 3.

Resources available: support people for the family, programs/services in place now.

Services and supports that may be helpful to my/this family?

Scioto County Family & Children First Council
Parent/Family Strength Assessment

IDENTIFYING DATA

Family Name _____ Phone (____) _____
Child's Name _____ Birthdate _____

PARTICIPANTS TO ASSESSMENT

Name of respondent _____ Relationship _____

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2. My life would really be better in six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

5. I am happiest when:

6. The best times we have had as a family are:

7. Name some special rules that your family has:

8. Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Who do you feel you can trust to be there when you need them?

9. What activities do you and your family enjoy together? What do you enjoy most about yourself?

10. What are your family traditions? In which cultural events does your family participate?

11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additions:

Scioto County
Family & Children First Council
Child Strength Assessment
Form

Name: _____
Date: _____

Age: _____

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

2. If I had ten dollars I'd _____

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11. The places I'd like to go in town are _____

12. My favorite foods are _____

13. My favorite inside activities are _____

14. My favorite outside activities are _____

15. My hobbies are _____

16. My favorite animals are _____

17. The three things I like to do most are _____

Appendix F p-2

	Always	Almost Always	Often	Some times	Rarely	Never
In the last six months, to what extent:						
1. Were your family's values and culture taken into account when planning for your child?	<input type="radio"/>					
2. Were the needs/circumstances of your family considered in this planning?	<input type="radio"/>					
3. Were you able to influence planning for your child's treatment or services?	<input type="radio"/>					

Relationship to Child

Parent	<input type="radio"/>
Grandparent	<input type="radio"/>
Guardian	<input type="radio"/>
Foster Parent	<input type="radio"/>
Other	<input type="radio"/>

Child's Last four digits of Social Security Number _____

Appendix F p-4

	Always	Almost Always	Often	Some times	Rarely	Never
During the time the youth/family was involved with Family and Children First						
1. Were your family's values and culture taken into account when planning for your child?	<input type="radio"/>					
2. Were the needs/circumstances of your family considered in this planning?	<input type="radio"/>					
3. Were you able to influence planning for your child's treatment or services?	<input type="radio"/>					

Relationship to Child

Parent	<input type="radio"/>
Grandparent	<input type="radio"/>
Guardian	<input type="radio"/>
Foster Parent	<input type="radio"/>
Other	<input type="radio"/>

Child's Last four digits of Social Security Number _____

Child and Family Team Summary

Child/Family Name _____ Date of Meeting _____

Lead Case Manager _____ Phone _____

Goal	Resources	Who is Responsible	By When
Crisis Plan			

Next meeting _____