



**ADAMS COUNTY
FAMILY & CHILDREN FIRST COUNCIL**

SERVICE COORDINATION PLAN

Revised November 4, 2010

1. PURPOSE

The Adams County Family & Children First Council (ACFCFC) was established pursuant to the Ohio Revised Code sec. 121.37 to ensure those multi-systemic needs children and their families receive adequate and appropriate services. The following agencies participated in the development and approval of the Service Coordination Mechanism: Children's Services, Developmental Disabilities, Mental Health Services, Early Intervention Collaborative, ACFCFC, Adams County/Ohio Valley Schools, Manchester Local Schools, Juvenile Court, Job and Family Services, Adams County Regional Medical Center and family representatives. The Service Coordination Committee is a subcommittee of the ACFCFC. The Adams County Service Coordination Plan will support the following:

Ohio's commitments to child well being:

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

Encourage shared responsibility among systems serving children and families by locally driven, coordinated, appropriate, effective and cost efficient services for children and families. Family involvement is encouraged throughout all levels of the process. The success of ACFCFC service coordination depends on integrating key components into the process. The following is a list of components that will improve the service coordination process, resulting in a more effective service delivery system:

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

All children who receive services under the Help Me Grow program and who are also being served under the county service coordination mechanism must be assured that the services received are consistent with the laws and rules of Help Me Grow per federal regulations and Ohio Health Department policies and procedures. When a child is involved in both Help Me Grow and service coordination through the ACFCFC, the main provider of service coordination should be Help Me Grow to assure compliance with O.R.C.3701.61 with the county service coordination plan supporting and providing resource assistance for the family's Help Me Grow Plan.

Through the enactment of House Bill 57, the joint service plan will address the following:

- a. Designate service responsibilities among the various state and local agencies that provide services to children and their families, including children who are at-risk, abused, neglected, dependent, unruly, or delinquent children under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. Referrals from Juvenile Court are not restricted to unruly and delinquent children, but may include any child the court deems appropriate for Intersystems Service Coordination.

- b. Include an Intersystem Service Coordination Team Process for a child alleged to be an unruly child. The Intersystem Service Coordination Team Process shall include methods to divert the child from the juvenile court system. The child must be a resident of Adams County, and be in need of services. Proof of residency can be achieved with the following documentation: utility bill, tax bill, voting record, rent receipt or mortgage payment in the name of the parent. Documentation of guardianship and/or custody must also be presented.

2. Identified Multi-Systemic Needs Children

A child referred to the Intersystem Service Coordination Team is a multi-systemic needs child or a multi-handicapped child from birth to twenty-two. The child must be a resident of Adams County, have not been able to access needed services, and have exhausted all resources.

3. Referral Information & Intersystem Collaboration:

- a. Parent/Guardian Referral: A parent and/or guardian may make a referral by contacting the Intersystem Service Coordinator.
Adams County Family & Children First Council
P. O. Box 386 482 Rice Drive
West Union, Ohio 45693
Phone: 937-544-7256 Fax: 937-544-5406
E-mail: adamsfcfc@yahoo.com

The Coordinator will review the referral process with the individual and assist them as needed. They will receive a referral packet, which includes:

- a release of information form,
 - an intake form
 - a copy of the County Service Coordination Plan.
- b. Informal Consultation: The Intersystem Service Coordinator will provide informal consultation with agency and/or community representatives. A consultation will assist the provider in identifying additional resources. It is preferable that there is documentation of the following:
 - 1) The date of the receipt of the referral.
 - 2) Contact information for the person being referred.
 - 3) A brief description of the problems being experienced.
 - 4) Contact information for the person referring.
 - 5) Council response to the referral or the outcome of the referral.
 - c. Formal Referral: The following information needs to be completed and forwarded to the Intersystem Service Coordinator:
 1. Completed Intersystem Collaborative Referral Form signed by referring agency/system. No agency/system signature required if parent or guardian is making referral. Lead agency and case manager are identified on the form.
 2. ACFCFC release of information form signed by parent or guardian.
 3. Lead case manager is responsible to notify the families of the meeting dates and to encourage their participation.
 4. Referrals to Help Me Grow Program are made directly to the Central Intake site at 3964 Wheat Ridge Road, West Union, Ohio 45693; phone 937-544-2038.

5. Intersystems Service Coordinator is responsible to notify involved agencies of the meeting dates. A family service coordination plan meeting is to be conducted before a non-emergency out-of-home placement, or within ten days of an emergency placement of multi-systemic needs children who are engaged in a service coordination plan. The family service coordination plan shall outline how the county council members will jointly pay for services, where applicable, and provide services in the least restrictive environment. Funding for services is decided on an individual basis by the team after local interventions have been exhausted.
- d. Case to be reviewed monthly by Service Coordination Team for progress and outcome monitoring. Program and outcome monitoring will also be reviewed at family team meetings.
- e. Family confidentiality is assured through the use of the Release of Information Signature Form. Only those agencies designated or agreed upon by the family will be involved in the service plan discussions. No information shared during family meetings shall be shared outside the team without written consent of the family. All files will be maintained in confidential files in the respective case manager offices.
- f. At the time of referral and scheduling of the first team meeting, the family is advised that they may invite any mentor, support persons, advocates to the meeting with whom they are comfortable. They will also be given a list of available advocates they may contact, if desired.

4. INTERSYSTEM COLLABORATIVE MEETINGS:

The referring county agency will be designated as the lead case manager, as approved by the family. The team will invite the child's school district, representatives of the providers for the family, parents or guardians of the child, and advocates for the child, as approved by the family. The designated parties will attend team meetings regularly and in the event a case manager is unable to attend, that representative is responsible to provide the team with any updates or pertinent information to the case. The Intersystem Service Coordinator along with the members of the collaborative team will review and refer the case to the appropriate level.

Level I, Multi-Systemic Needs Children: Level I is for children with significant mental health, DD and educational concerns, including children who are abused, neglected and dependent. Team members will consist of those agencies pertinent to the needs and systems involvement of the child, family, parent or guardian.

Level II, Unruly and Delinquents: Level II will focus on those youth with unruly and delinquent behavior, court involved, or a need to intervene with said child and family to prevent court involvement. The youth's risk factors and protective factors will be considered by the comprehensive service plan. Team members will consist of those agencies pertinent to the needs of the family and system involvement of the child, family, parent, or guardian. Youth will then be deferred to a specific program to be developed by the directors of: Adams County Children Services, The Counseling Center, Adams County Dept. of Job & Family Services, Shawnee Mental Health, Juvenile Court System, Superintendents of local school districts, and Adams Co. Family & Children First Intersystems Service Coordinator. The services are outlined in the collaborative relationship among the aforementioned agencies. Funding needs for services will be determined by the team. Agencies will contribute to the funding needs as their individual agency's allows.

An intersystems service coordination meeting will be called to discuss with the family and interested parties available diversion programs to keep the child out of the juvenile justice system. Short term

respite can be offered to the family through Family Centered Services and Support funding at the Adams County Children's Home. The family does not have to relinquish custody to use this service. Active Parenting Classes are offered at little or no charge, depending on available funding, at several locations throughout the county to facilitate ease of attendance. The educational plan will be discussed as part of the service coordination plan.

Level III, Help Me Grow: Children participating through the Help Me Grow program will be served through the process defined in the annual application. If the child has multi systemic needs a referral will be made for a family team meeting as described in Level I.

5. Components of Service Coordination

- a. The case will be presented by the case manager at a scheduled team meeting. The referring agency and or case manager will present the current assessment of the case and reason for referral. The families are encouraged to participate and share their thoughts and concerns in the team meetings. Surrogate parents: ODH, Bureau of Early Intervention Services, shall appoint a surrogate parent if no parent can be identified, the agency or service provider, after reasonable efforts, cannot discover the whereabouts of a parent, or the child is a ward of the state under the laws of Ohio. The procedure for notifying ODH that a surrogate parent is needed: Contact Help Me Grow Program.
- b. The team will identify strengths, needs and culture discovery of the child and family using the Ohio Assessment Tool. The case review will identify previous and current agency and/or system involvement. The team will identify any additional assessments/referrals that may be beneficial to the family.
- c. The Intersystem Service Coordinator and team representatives will specify the services to be delivered. These services could include, but not be limited to mental health diagnostic assessments, psychiatric evaluations, DD evaluations, school psychological evaluations, substance abuse evaluations, etc.
- d. The team and Intersystems Service Coordinator will identify the appropriate agencies to assist the family.
- e. The lead agency and case manager will communicate with the appropriate systems and the family regarding appointment times, medication changes, or any barriers facing the family.
- f. The team will identify the period the services will be addressed. In the event a problem should arise all parties in the case shall be notified immediately in order for another alternative to be addressed.
- g. Case outcomes will be monitored and tracked in the individual family service coordination plan. Data tracked will include the following Life Domains: Residence, Social, Emotional/Psychological, Educational/Vocational, Financial/Legal, as well as Family Culture. The team and Intersystems Service Coordinator will receive monthly updates from the lead agency. Each agency involved in the plan will complete and submit a monthly report to the lead agency on Monday prior to the Service Coordination Meeting. Agency representatives can contact the Intersystems Service Coordinator to address any concerns on the case or facilitate any linkage to additional systems. Upon request, service coordination data will be submitted to the state for the purpose of evaluation.
- h. A short-term crisis and safety plan will be developed for the family. This will establish understanding among the team that a crisis may occur and that it is not considered a failure. The team will be ready to respond immediately in the event there is a crisis or safety concern.
- i. Special meetings can be scheduled at the request of the family or any service provider who has concerns regarding any barriers or complications with the case. The Intersystems Service Coordinator will facilitate the meeting.
- j. The Intersystems Service Coordinator will document parental agreement with the plan and update release of information as needed.

- k. Cost sharing of services for a family will be decided on an individual basis, as recommended by the team. The Intersystem Service Coordinator will contact the agency directors, set a meeting to review the recommendations for intervention services or placement in the least restrictive environment, if eligible, offering a free and appropriate education. The Intersystem Service Coordinator will facilitate the financial arrangements including identifying a fiscal agent. Depending on the needs of the family, Family Centered Services and Supports or Children's Community Behavioral Health funding may be used to partially fund services needed.

6. Service Coordination/Procedural Safeguards

Procedural safeguards represent the assurance and process provided by the Individuals with Disabilities Education Improvement Act (IDEIA) that protects parents' and eligible children's rights; and provides standards for accountability, consistency and a means for settling disputes in a fair and equitable manner statewide; and are consistent with Title 34CFT, Chapter III, Part 303.

Ohio Department of Health (ODH), in partnership with the Ohio and Adams County Family & Children First Councils (FCFC), is responsible for assuring effective implementation of procedural safeguards by each state or local agency or a public or private agency in the state that is involved in the provision of Part C early intervention services.

Procedural safeguards policy covers four areas:

1. Consent for early intervention services
2. Safeguards for confidentiality
3. Opportunity to examine records
4. Dispute resolution by ODH & FCFC

Consent for early intervention services include: parent consent, notice to initiate or refuse services, refusal to consent and surrogate parents.

Written parental consent is required before conducting developmental evaluation and family assessment to determine eligibility; and initiating the provision of early intervention services for the first time.

Notice to initiate or refuse services: when a provider of services proposes, or refuses, to initiate or change the eligibility, evaluation, or placement of an infant or toddler, or the provision of early intervention services, the provider shall give the parent written timely notice.

If consent is not given, the provider shall make reasonable efforts to ensure that the parent is fully aware of the nature of the developmental evaluation and family assessment or the services that would be available; and, understands that the child will not be able to receive the evaluation or services unless consent is given.

Refusal to consent: providers cannot override a parent's decision to refuse consent for evaluation and assessment. If the provider determines that the parent's refusal to consent for evaluation or assessment constitutes neglect, the provider must make a referral to Adams County Children Services.

Safeguards for Confidentiality: Each provider shall fully inform parents of the need for and the use of information collected and maintained by such provider.

Storage of confidential records: a permanent record of all infants' or toddlers' names, addresses, and phone numbers, and year early intervention was completed must be maintained in accordance with applicable laws and standard community practices. At a minimum, all client records shall be maintained until the child has reached the age of entry into kindergarten.

Opportunity to examine records:

- Record of access: any provider that collects, maintains, or uses early intervention service records must keep a record of any parties obtaining access to these records (except access by parents and authorized employees of the agency). All records must be maintained in locked, secure locations.
- List of types and locations of information: providers shall provide parents on request, a list of the types and locations of records collected, maintained, or used by the agency or provider.
- Fees: parents cannot be charged a fee for any search or retrieval of the records; but it can be charged for the actual amount of the copying cost of the records, if the fee does not prevent the parents from exercising their right to inspect and review these records.
- Amendment of record at parent's request.

If there is a hearing regarding dispute of information in records:

- The hearing must be held within thirty (30) days;
- The provider shall inform the parent of the date, time, and place of the hearing, with adequate advance notice;
- An individual, who does not have a direct interest in the outcomes of the hearing, must conduct the hearing.

7. Dispute Resolution Process

A: Disputes between Child's Parents/Custodians and the County Council

The local dispute resolution process shall be used to resolve disputes between a child's parents, guardians, or custodians and the FCFC county council regarding service coordination. A parent, guardian, or custodian who disagrees with a decision rendered by a FCFC 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, guardians, 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, guardians, 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 Intersystem Service Coordinator is designated as the liaison for the receipt of complaints regarding service coordination.
- (2) Parents, guardians, or custodians shall be informed of their right to use the dispute resolution process.
 - a. Those parents, guardians, 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, guardians, 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, guardian, 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 Intersystem Service Coordinator will provide a copy of the dispute resolution process to the parent, guardian, or custodian filing a complaint.
- (3) The Intersystem Service Coordinator will notify the council chair and administrative agent of the complaint within seven 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, guardian, or custodian must continue to provide those services and the funding for those services during the dispute resolution process
 - (5) The Governance Committee of ACFCFC will may 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, guardian, or custodian and giving the parent, guardian, 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 chair will issue a written decision to the parent, guardian, or custodian within sixty (60) calendar days from receipt of the complaint. Situations determined to be an emergency by the Intersystems Service Coordinator will be addressed within thirty (30) 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 Intersystems Service 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 Intersystems Service Coordinator will assist the family in providing assessment and treatment information for the court.

B: Dispute Resolution Related to Part C Early Intervention Services

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 Ohio and Adams County Family & Children First Councils (ACFCFC), 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 ACFCFC regarding the provision of early intervention services within the county. The Intersystem Service Coordinator is designated as the council's liaison for the receipt of complaints.
- (2) The Intersystems Service 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 Intersystem Service Coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
- (4) The Intersystems Service Coordinator will explain the options available for dispute resolution, which include:
 - o Filing a complaint with the ACFCFC;
 - o 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 ACFCFC council Governance Committee 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 ACFCFC council Chair 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 Intersystems Service Coordinator will ensure that corrective actions are implemented within forty (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 (7) 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 ACFCFC 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.

C: Agency Disputes with County Council Decisions

An agency represented on the ACFCFC that disagrees with the council's decision concerning the services of funding for services a child is to receive from agencies represented on the ACFCFC council may initiate the local dispute resolution process established in the county Service Coordination Mechanism applicable to the council. The cost of mediation will be provided through funding for

service coordination as permitted by state and federal regulations which guide the expenditure of those funds.

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

1. The agency will notify the Intersystems Service Coordinator in writing explaining their disagreement with the decision.
2. The Intersystems Service Coordinator will notify the Governance Committee within seven (7) days of receiving the letter of disagreement.
3. The agency representative will be invited to explain the agencies reason for disagreeing at a meeting of the executive committee. The meeting will be scheduled no later then fourteen (14) days after the coordinator received the letter of disagreement.
4. If the disagreement cannot be resolved at the Governance committee meeting, the dispute will be referred to a mutually agreed upon professional mediator within fourteen (14) days. The mediation will be provided through funding as permitted by state and federal regulations.
5. The mediation process shall take no longer than forty-five (45) days.
6. On completion of the process, the mediator shall issue a written determination that directs one or more agencies represented on the council to provide services or funding for services to the child.
7. The determination shall include a plan of care governing the manner in which the services or funding are to be provided. The decision maker shall base the plan of care on the family service coordination plan developed as part of the county's service coordination mechanism and on evidence presented during local dispute resolution process. The decision maker may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency.
8. 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 (7) 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.
9. The court shall hold a hearing as soon as possible, not later than ninety (90) days after the motion or complaint is filed. At least five (5) 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.
10. 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 of 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 ACFCFC 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 mechanism 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 service or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.

While the local dispute resolution process or court proceeding pursuant to this section is pending, each agency shall provide services and funding as required by the decision made by the ACFCFC 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 of 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.

Attachment A

County Name: Adams

FCFC Coordinator Name: Kay Holden

FCFC Coordinator Address: P. O. Box 386
482 Rice Drive
West Union, Ohio 45693

FCFC Coordinator Email Address: adamsfcfc@yahoo.com

FCFC Coordinator Phone Number 937-544-7256



**ADAMS COUNTY FAMILY AND CHILDREN FIRST COUNCIL
REFERRAL FOR SERVICES**

Explain the purpose of the assessment, why you are recording information and what will happen to it. Make sure they understand that FCFC is a resource to help them access services. There is no stigma attached. Check that they consent to what is proposed. If the child is old enough to understand what you are proposing, they should give consent themselves. Do not assume that children with a disability or learning disabilities are not capable of understanding. (Refer to the common assessment discussion sheet attached to the end of this form if you are unclear on how to proceed.)

Please print all information and complete thoroughly

Date: _____ Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____ Home Phone Number: _____

Work or Other Phone Number: _____ Best way to contact family: _____

Parent(s)/Guardian Name(s): _____

Address: _____

Emergency Contact Name(s): _____

Emergency Contact Phone Number: _____

Child's School District: _____ Child's Current Grade Level: _____

Does Child have an IEP? Yes No Unknown Does child have a family doctor? _____

Name of Family Doctor _____

Educational setting at the time of the referral:

- Public School Home Instruction
- MR/DD Suspended
- Alt. School Expelled
- Vocational School

Please describe this child's needs which warrant a referral for services, including any violent and aggressive behaviors. (Attach an additional page if necessary)

[Type text]

Juvenile Court Involvement

Current Previous Pending N/A

Adjudicated delinquent (other than violent offense).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjudicated unruly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charged and/or adjudicated (felony/misdemeanor Offense of violence).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paroled.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DYS Committed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Behavior

01 Health Problems	12 Homicidal Threats	23 Stealing	
02 Physical disability	13 Hyperactivity/ Attn. deficit disorder	24 Suicide Attempt	
03 Low intelligence/ Developmental Delay	14 Inappropriate Sexual Behavior	25 Suicidal Ideation	
04 Learning Disability	15 Problems in Authority Relations	26 Tantrums/Severe Anger	
05 Underachievement	16 Problems in Peer Relations	27 Truancy	
06 Victim of Physical/Sexual Abuse	17 Peers outside of age range	28 Unwarranted Aggression/ Assault	
07 Victim of neglect	18 Running Away	29 Vandalism	
08 Fighting	19 School Behavior Problems	30 Withdraw	
09 Fire setting/ Arson	20 Self- Mutilation	31 Other	
10 Hallucinations or Delusions	21 Sex Offender	32 N/ A	
11 Homicidal Attempts	22 Sleep Disturbance	33 Child is age 0-3	

Assessment of Strengths, Risks & Needs:

1. List the three most distressing problems you are having with your hild/family. _____
2. What seems to help, even if doesn't solve the problem? _____
3. What things does you child enjoy doing? _____
4. What talents or skills does your child have? _____
5. List some positive things about your family. _____
6. What are your dreams and future plans for your child? _____
7. What does your family hope to achieve in the next month? _____
8. What does your family hope to achieve this year? _____
9. If you had all the money and support you needed, what would you change about your family's situation? _____
10. Apart from your immediate family, list by name the most important people in your child's life (examples: extended family, friends, neighbors, clergy, health professionals, etc.). _____

[Type text]

Common Problems that can be reframed as strengths:

Common Problems	Reframed as Strength
1. Child runs away a lot	1. Child has good survival skills
2. Child is aggressive	2. Child likes physical contact
3. Family is crisis oriented	3. Family is adaptable
4. Family resists assistance	4. Family is a wise shopper for services
5. Child has a negative peer group	5. Child is able to make friends
6. Child has low self esteem	6. Child knows external cues well
7. Child is totally unable to stay on task	7. Child is curious, inquisitive
8. Family is dysfunctional	8. Family is overwhelmed; services aren't adequate
9. Child was ejected from last three programs	9. Child is extremely adaptable
10. Child is unable to make relationships	10. Child is self reliant, independent, or a good judge of character
11. This family is over-empowered	11. Family is a good advocate and figured out how to get what they want
12. Child doesn't take responsibility	12. Child wants to enjoy childhood, is age appropriate
13. Family doesn't follow through with services	13. Family is self sufficient
14. Parents are enmeshed with their child; i.e., poor boundaries	14. Parents love their child
15. Family has no support and is isolated	15. Family is new to the neighborhood

- 1. **Family Circumstances and Parenting**
 - a. Inadequate supervision:
 - b. Difficulty in controlling behavior:
 - c. Inappropriate discipline:
 - d. Inconsistent parenting:
 - e. Poor relationship/Father- child
 - f. Poor relationship/Mother-child

Comments (include sources of information)

Strength

Risk Level: Low (0-2)
 Moderate (3-4)
 High (5-6)

[Type text]

2. Education/Employment

- a. Disruptive Classroom Behavior:
- b. Disruptive behavior on school property:
- c. Low achievement :
- d. Problems with peers:
- e. Problems with teachers:
- f. Truancy:
- g. Unemployed/not seeking employment:

Comments (include sources of information)

Strength

Risk Level: Low (0)
Moderate (1-3)
High (4-7)

3. Peer Relations

- a. Some delinquent acquaintances:
- b. Disruptive behavior on school property:
- c. No or few positive acquaintance :
- d. No or few positive friends:

Comments (include sources of information)

Strength

Risk Level: Low (0-1)
Moderate (2-3)
High (4)

4. Leisure/Recreation

- a. Limited organized activities:
- b. Could make better use of time:
- c. No personal interests:

Comments (include sources of information)

Strength

Risk Level: Low (0)
Moderate (1-2)
High (3-5)

5. Substance Abuse

- a. Occasional drug use:
- b. Chronic drug use:
- c. Chronic alcohol abuse :
- d. Substance abuse interferes with life:
- e. Substance abuse linked to offense:

Comments (include sources of information)

Strength

Risk Level: Low (0)
Moderate (1-2)
High (3-5)

6. Personality and Behavior

- a. Inflated self esteem:
- b. Physically aggressive:
- c. Tantrums:
- d. Short attention span:
- e. Verbally aggressive:

Comments (include sources of information)

Strength

Risk Level: Low (0)
Moderate (1-4)
High (5-7)

[Type text]

7. Attitudes/ Orientation

- a. Antisocial/ pro-criminal attitudes:
- b. Not seeking help:
- c. Actively rejecting help:
- d. Defies authority:
- e. Callous, little concern for others:

Comments (include sources of information)

Strength

Risk Level: Low (0)
 Moderate (1-3)
 High (4-5)

SCORES
Low
Moderate
High
TOTAL :

Overall Total:

- LOW (0-8) MODERATE (9-22)
- HIGH (23-34) VERY HIGH (35-42)

OTHER NEEDS OR SPECIAL CONSIDERATIONS

Please include any special considerations including the needs for culturally specific services:

Family/Parents

- a. Chronic history of offense(s):
- b. Emotional distress:
- c. Drug-alcohol abuse:
- d. Marital conflict:
- e. Financial/Accommodation problems:
- f. Uncooperative parents:
- g. Cultural/ ethnic issues:
- h. Abusive father:
- i. Abusive mother:
- j. Significant family trauma (specify):
- k. Other:

Name, Address and Phone Number of person or agency making the referral:

Name and Phone number of person completing referral form:

Once the referral is completed, please forward to FCFC Coordinator.

Kay Holden
 Box 386, 482 Rice Dr.
 West Union, OH 45693
 937-544-7256 fax: 937-544-5406
adamsfcfc@yahoo.com

Date Intersystem Coordinator received referral for services: _____ Date of initial family contact by Coordinator: _____

[Type text]

How to complete the assessment

The common assessment form is just a way of recording your conversation with the child and their parent(s) and other knowledge and observations. The discussion does not have to be highly formal or presented as a “big event”. You will want to use a method and style that suits you, the child/parent and the situation. Key points to remember:

- The interview is collaborative – you are working with the family to find solutions – they will often know better than you
- If the child, young person or family doesn't want to participate, you can't force them. If that happens you may wish to use the common assessment form to structure information that you do have, in order to aid decision-making. But you will need to record clearly that agreement to undertake an assessment has been refused. Before sharing any information you need to make parents aware of the Council's confidentiality and privacy policies.
- If you are worried about a child's welfare or safety or your own safety, act accordingly. You are a mandated reporter.

The common assessment discussion:

1. Explain the purpose of the assessment, why you are recording information and what will happen to it. Make sure they understand that FCFC is a resource to help them access services. There is no stigma attached. Check that they consent to what is proposed. If the child is old enough to understand what you are proposing, they should give consent themselves. Do not assume that children with a disability or learning disabilities are not capable of understanding.
2. Complete the front page of basic details.
3. Go through the main assessment areas.
4. For each broad group, you should consider each of the elements in turn; to the extent they are appropriate in the circumstances. You do not need to comment on every element. Concentrate on the presenting issues. You should consider the whole child. You should also focus on areas of strength in the family, not just needs. The interview should not be threatening.

Don't be put off by the language in which some of the elements are expressed. These terms are used in many existing assessment frameworks. We want the common assessment to be compatible with these, so other agencies can build on the common assessment you have done, rather than starting again from scratch with their own assessment frameworks. A quick explanation of what each element means in plain English is attached.

Wherever possible, you should base the interview and your comments on evidence, not just opinion. Evidence would be what you have seen, what the child has said and what the family members have said.

5. Record, with the child or parent, your overall conclusions and the evidence behind them. Agree what you say with the child or parent and record any major differences of opinion.
6. Identify solutions and actions. Try to focus on what the child and family can do for themselves. If they need more, they should be referred to a family team.
7. Agree who will do what and when you will review progress. Record the child or parent's consent to share the assessment information with other agencies and any limitations on that consent. Remind a family that consent to share information will streamline the process of service coordination and will keep them from repeating their story over and over.



ADAMS COUNTY FAMILY AND CHILDREN FIRST COUNCIL
P.O. Box 386 482 Rice Drive
West Union, Ohio 45693
Phone 937-544-7256 or Fax 937-544-5406

Consent for Release of Information

Child's Full Name

Date of Birth

I, _____, hereby authorize **Adams County FCFC Wraparound, Ohio**
(Name of Individual)

Family & Children First Cabinet Council to release and share information regarding my _____
(give relationship /i.e. daughter, son etc.)

with the following agencies:

(Referral Source Name)

The purpose of sharing this information is to: **Initiate the Adams County FCF Wraparound Process.**

Check the information to be shared which may include, but is not limited to:

- _____ **Identifying information:** name, birth date, gender, race, address and telephone number.
- _____ **Case information:** Medical (except for HIV, AIDS treatment records) and social history, treatment/service history, psychological evaluations, Individualized Education Plans (IEP's), Individualized Family Service Plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding the individual named above.
- _____ **Name and contact information:** for agencies and/or individuals involved with or providing services to the child and his/her family.
- _____ **Other:** _____

I understand that the Consent for Release of Information expires at the end of treatment, age 21 or 22, as applicable. 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 and delivering it to the Adams County Family & Children First Office. 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.

SIGNATURE Date

Re-Release of information beyond that allowed by this Consent is not permitted.



ADAMS COUNTY FAMILY AND CHILDREN FIRST COUNCIL
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Adams County Family and Children First Council (FCFC) is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

Circumstances that may require FCFC to use or disclose youth health information include, but are not limited to:

- To public health authorities as required by law;
- In response to a court order;
- For law enforcement purposes;
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public;
- To federal officials for intelligence and national security activities authorized by law;
- To parents/guardians in the course of planning for care/treatment;
- Within FCFC for the purposes of treatment, payment, or health care operations.

Health information pertaining to family planning, sexually transmitted disease, and/or HIV will not be released without your specific authorization.

Disclosures outside of the FCFC will require your written authorization. You may revoke such authorization at any time.

Your rights regarding your health information:

- You have the right to request restrictions on certain uses and disclosures of your health information. The Family & Children First Council is not required to agree to the requested restriction.
- You have the right for your communications regarding youth health information to be confidential.
- You have the right to inspect, copy, or request amendment of your health information.
- You have the right to receive an accounting of the disclosures of your health information.
- You have the right to obtain a paper copy of the Notice of Privacy Practices upon request.

You may exercise any of these rights by submitting a written request to the FCFC Coordinator.

FCFC is required to protect your health information, including maintaining the privacy of your health information and providing you with this Notice. FCFC is required to abide by all the terms of the Notice currently in effect. FCFC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. You may obtain a copy of the current Notice by submitting a written request to:

FCFC Coordinator
PO Box 386
West Union, OH 45693

You may file a complaint with the FCFC Coordinator if you feel your privacy rights have been violated without fear of retaliation. You must submit your written complaint to the FCFC Coordinator.

If you have further questions regarding this Notice, you may contact the FCFC Coordinator at 937-544-7256.

Signature of Youth/Parent/Guardian: _____ Date: _____



ADAMS COUNTY FAMILY AND CHILDREN FIRST COUNCIL FAMILY TEAM MEETING WORKSHEET

Please check appropriate box, if it is a follow up meeting please indicate by placing a number in the provided blank.
Example: Follow Up Family Team Meeting 4. Follow Up Family Team Meeting 5. Etc..

Initial Family Team Meeting	Second Family Team Meeting	Third Family Team Meeting	Follow Up Family Team Meeting _____	Removal from Home
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Child's Name:

Parent's Name:

Child's D.O.B.:

Referring Agency:

Family Team Leader:

Service Coordination Start Date:

Service Coordination End Date:

School	Current Location	IEP, If yes, updated properly?	Next Family Team Meeting
Medication	Diagnosis	Social/ Recreational Update	Mental Health Update
Drug/ Alcohol Update	Medical Update	Education/ Vocational Update	Legal Update

Checklist for information required in file:

- Release of Information Signed
- Notice of Privacy Practices Signed
- Clients Right and Responsibilities Signed
- Family Participation Survey Complete
- Dispute Resolution Process Explained
- Purpose of Service Coordination Explained
- Overview of Service Coordination Explained
- The Term "Family Centered" was Explained
- Family Team Introduced
- Process for Family Team Meeting w/in 10 days of emergency placement
- Timelines Met for Meeting, if no, please explain: _____

Strengths/ Needs Discussed?	Individual Family Service Coordination Plan Initiated?	Goal and Timelines Defined?

GOALS MET:

Family Team Leader: Please update this form each time a Family Team Meeting takes place. This information will be used to complete monthly and quarterly reports. All data collected will be reported back to the Ohio Family and Children First Cabinet Council

**ADAMS COUNTY FAMILY AND CHILDREN FIRST COUNCIL
FAMILY TEAM MEETING WORKSHEET**

I hereby authorize the use of disclosure of my individually identifiable health information or personal information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

PARENT/CUSTODIAN SIGNATURE: _____

As a Family Team Member, I hereby agree, by signing this document, to ensure the confidentiality of all personal and family information contained within this document.

FAMILY TEAM MEMBER SIGNATURES:



**ADAMS COUNTY FAMILY AND CHILDREN FIRST COUNCIL
INDIVIDUAL FAMILY SERVICE COORDINATION PLAN**

Child's Name _____ **Date** _____

Lead Agency Name: _____

Each agency involved in the plan will complete and submit a monthly report to the lead agency on Monday prior to the Service Coordination Meeting. Copy this plan and only complete the * columns on the right relating to your responsibilities.

(Month, Year) **Monthly Update:** _____ **Reporting Agency:** _____
(Agency Name)

Life Domain	Needs	Strengths	Actions	Agency/Person Responsible	*Date To Be Completed	*Actions/Outcomes Completed Yes Date _____ No (See change form) _____ Outcome:
Residence						
Social						Yes Date _____ No (See change form) _____ Outcome:

Life Domain	Needs	Strengths	Actions	Agency/Person Responsible	*Date To Be Completed	*Action Completed ___ Yes Date ___ ___ No (See change form) Outcome:
Emotional/ Psychological						
Educational/ Vocational						___ Yes Date ___ ___ No (See change form) Outcome:
Financial/Legal						___ Yes Date ___ ___ No (See change form) Outcome:



**ADAMS COUNTY FAMILY AND CHILDREN FIRST COUNCIL
CRISIS AND SAFETY PLAN**

Date of Plan:

Child's Name:

Parent's Name:

Child's D.O.B.:

Referring Agency:

Family Team Leader:

Service Coordination Start Date:

Service Coordination End Date:

Behavior

Antecedent

Crisis Plan

Family Team Leader: Please update this form each time a Family Team Meeting takes place. This information will be used to complete monthly and quarterly reports. All data collected will be reported back to the Ohio Family and Children First Cabinet Council

I hereby authorize the use of disclosure of my individually identifiable health information or personal information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

PARENT/CUSTODIAN SIGNATURE: _____

FAMILY TEAM MEMBER SIGNATURES:



ADAMS COUNTY FAMILY AND CHILDREN FIRST COUCNIL REQUEST FOR DISPUTE RESOLUTION

Between Parent and Council **Part C** **Agency Dispute w/ County Council**

Purpose – To request formal dispute resolution as described in the Service Coordination Mechanism. Use this form to resolve issues relating to service coordination that defy a consensus solution among members of a family team, family, or agency.

Application- Submit this form to the Intersystem Coordinator for resolution of issues regarding service coordination. A service coordinator, provider, family member, or other member of a family team may submit this request. Any council member may submit a request regarding Council business.

Submitted by: _____ Phone: _____

Position and Agency (if applicable): _____

Address: _____

Issue: (Identify the reason for this request)

Other Information: (Include pertinent resolution attempts and list interested parties.)

I hereby request formal resolution of the concern. (Attach any pertinent documentation or additional comments.)

Signature: _____ Date: _____