

## **Allen County Family and Children First Council**

### **Service Coordination Mechanism – Revised 2010, 2013, 2016 and 2019**

The **MISSION** of Allen County Family and Children First Council is to

“Initiate, build and maintain collaborative efforts that support, educate and empower all families toward independence.”

#### **I. Overview**

Allen County Family and Children First Council held its formative meeting on December 8, 1995 and began meeting regularly in January of the following year in Executive Session to hear and decide on requests to Cluster funds for multi-system children and youth, followed by a General Session to conduct Council business. Under Cluster, the heads of agencies met to consider the most challenging, multi-system, “deep-end” children - how they would be placed and who would pay the costs for each placement. This process was in no way family focused, and parents were not invited to participate.

Very shortly after the New Year in 1996, Cluster was abandoned in favor of an Intersystems Committee, where clinical representatives of the Council, on behalf of the Directors of partnering agencies, met with parents (and sometimes their children) to discuss the needs of their families, and how the combined services of the Council membership could be coordinated to meet the needs of their children. Although in both instances funding considerations had to be made, the new focus became much more on meeting the needs of the child and family through a child-centered, strengths-based, family focused and a culturally responsive process. Parents were invited to be a part of the discussion and decision-making for the lives of their children in care. Having the parents involved gave the Intersystems Committee a much better understanding of their situation.

Allen County’s Service Coordination Mechanism has been developed to enhance the existing collaboration among agencies and community programs which has grown considerably in the last 20 years. Successful collaboration has led to a much-improved sense of “common cause” among our community and social service leadership. We can be proud of what has been accomplished, and the variety of programs and collaborative partnerships that have come from learning to work well together. We continue to face challenges as a result of the great needs of many of our families and the increasingly limited financial resources available to meet those needs. Throughout our work with the Intersystems Committee, the purpose of service coordination has been to work in close collaboration to keep children and youth with their own families, or in the least restrictive environments possible for their well-being and the safety of the community. Service Coordination was designed to bring our child-serving agencies, families and providers

into collaborative teams to work in support of the family's or child's individual needs, by examining their strengths, and clarifying their concerns and objectives and then planning for a return to stability for the family with the right blend of services and efforts from the family team. Within this framework we acknowledge that there are many differences in the ways our families define normalcy and that teams need to be sensitive to the individual culture and climate of each family we work with.

In keeping with our mission as a Council, Allen County Family and Children First Council affirms that any child whose needs cross multiple systems and whose needs are not currently being met by the systems within our county is eligible for Service Coordination in Allen County. We also affirm that each family case will be served in accordance with the following beliefs:

- Promoting family driven, child-focused, culturally sensitive, individualized services
- Affirming the developmental importance of children living with their own family in a stable family environment
- Meeting the needs of the child and family utilizing the least restrictive community-based services
- Focusing on prevention and the child and family's strengths, rather than pathology
- Affirming that everyone has self-worth and that positive change can occur
- Affirming that the community has an important role to play in facilitating positive change
- Ensuring that every child, no matter what his/her ability, has access to service coordination including:
  - Children age birth up to 22<sup>nd</sup> birthday
  - Children whose parents voluntarily seek services
  - Children with at least one custodial parent/ guardian who wishes to keep the child(ren) in the community and agrees to participate actively in the wraparound process
  - Children who have multiple needs even if some of the needs are not being met by current services
  - Children at risk of being deemed unruly, alleged unruly, or adjudicated unruly
  - Children under the jurisdiction of the Juvenile Court as delinquent
  - Abused, neglected or dependent children

## **II. Participants in the Development of the SCM**

The team of Allen County professionals and families involved with the 2019 revision of this Service Coordination Mechanism include:

- Kristy Schweingruber, Director of Service and Support Administration– Allen Co. Board of DD
- Staci Nichols, Intake/Assessment Supervisor- Allen County Children Services

- Brian Wischmeyer, Director of Special Education – Lima City Schools
- Paula Hillard, Infant Vitality Supervisor – Allen County Health Department
- Judy Lester, Treatment Director – SAFY Behavioral Health
- Dan Norberg, Deputy Chief Probation Officer – Allen County Juvenile Court
- Audray Allen, Clinical Supervisor – Family Resource Center
- Kelly Monroe, Associate Director - Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties
- Jennifer Slechter, Parent Representative/Parent Mentor – Allen County ESC – former parent/ consumer
- Lisa Shafer, Clinical Manager Labor & Delivery/Antepartum Education – St. Rita’s Medical Center
- Susan Bryan & Lee Maroney, Social Service Worker I- Allen County Dept. of Job and Family Services (alternating)
- Erinn Sellers, Social Service Support Supervisor–Allen County Dept. of Job and Family Services (alternating)
- Barb Blass, Clinical Supervisor– Allen County Early Intervention
- Karen Martin, Supervisor of Family Services - Allen Co. Children Services - alternate
- Jamie Hardwick, Juvenile Detention Center Social Worker- alternate
- Amber Martin, Coordinator – Family and Children First Council - Staff

The Allen County Family and Children First Council approved this revision of the mechanism by the Full Council by vote on March 12, 2018.

### **III. Accessing Service Coordination in Allen County**

It is the assumption and expectation that the major participants in the Family and Children First Council are effectively addressing the needs of children as they serve their own client families utilizing their own agency mandates, policies, procedures and funds. The focus of the Service Coordination Mechanism is on those multi-need and system-challenged children and families who have needs above the mandate or policies of the individual agencies or programs, and on facilitating greater overall systems integration in serving children and families. As long as the services available in these agencies suffice to meet the needs of children and families, accessing the Allen County Service Coordination Mechanism is not necessary.

Allen County will ensure that all children being served by Ohio Early Intervention services and the Allen County Service Coordination Mechanism comply with Early Interventions requirements per federal regulations and DODD policy and procedure. To ensure compliance with Early Intervention regulations,

service coordinators will serve as the team leader even if Early Intervention services are added after the initial team is formed. Should the Early Intervention service coordinators be unable to facilitate the needs of their families within the team process established in their policies, they have the same access as other agencies to Intersystem services and funding.

The FCFC Coordinator functions as the point of contact and resource for Service Coordination and may be contacted at (419-227-8590 x 2785) by a parent or community agency, school, Juvenile Court or other entity for an initial screening / review of the family's need for services. (See Referral Form - Addendum A) The person who contacts the Coordinator will be provided with a Referral Form or simply asked the questions on the form by the Coordinator. It must be understood by anyone who initiates this process that family choice is a necessary component, and families must be willing to *voluntarily participate* in Service Coordination. The Coordinator will review the Referral Form and determine the level of service coordination the family initially needs.

### **Level I- Information and Referral**

If a family, an agency or an advocate contacts the FCFC Coordinator for assistance, a referral to the most appropriate agency will be made if the review determines that the family is:

- 1) Not involved with multiple agencies for services, and thus not eligible for service coordination at this time.
- 2) Having difficulty accessing services through a single agency that may not be the most appropriate for their needs
- 3) Not familiar with the agency resources available,

The agency will then utilize their policies and procedures to meet the needs of the family or will consider gathering a multi-system team if they are unable to sufficiently respond to the family's needs. This step is an integral part of engaging systems and families in need of service but is not a formal part of the Service Coordination Mechanism in Allen County. The process seeks to engage families in the least restrictive process for their needs as we know them at this initial stage of contact and no FCSS funds will be provided at this level.

### **Level II**

If the child is already involved in services from multiple systems and the family needs are not being met through existing efforts, a family team will be initiated by either the FCFC Coordinator or the agencies

currently serving the family, with the family's agreement to be actively involved with the team. The family can initiate this process by contacting the FCFC Coordinator at [Amber.Martin@jfs.ohio.gov](mailto:Amber.Martin@jfs.ohio.gov) or by phone at 419-227-8590 x 2785, or by sending a letter to P.O. Box 1243, Lima, Ohio 45802. The FCFC Coordinator, in consultation with the family will invite a wraparound team, which includes representation from all the services / programs the family may need, including the child's educational provider and any support person(s) chosen by the family to assemble.

At this point, the team will meet as necessary to determine what needs and resources are available for the family and whether the agencies represented in the Family Team have adequate resources and knowledge to serve those needs. Efforts should always be made to meet when the parents can be present; this confirms the importance of their involvement with the team, and creates an atmosphere of trust. If the resources are sufficient, and the management of their utilization is moving smoothly, there is no need to bring the case to Intersystems Committee at this time, but the team should continue to meet until objectives are met. If there is a lack of resources or funding for services available through the agencies represented in the Family Team, or there are difficulties with managing the utilization of the strategies planned for by the Family Team, the team needs to consider bringing their case to Intersystems and entering into the formal Service Coordination process. Until the case has been presented at Intersystems and approved for funding as described in Level III, FCSS funds may not be utilized.

### **Level III**

When the Family Team decides that the resources are not adequate to meet the family needs through the wraparound process, or they need additional ideas or consultation from more collaborators, they should make a request to present their case to the Intersystems Committee. This should only be done with the consent of the family, and their agreement to fully participate in the plan. The Case Summary Form (Addendum H) with the team signatures / confidentiality statement should be presented to the FCFC Coordinator at least 48 hours prior to a scheduled Intersystems Committee meeting where the Team Leader has asked to present. Family should be encouraged to attend if at all possible so they can advocate for themselves and their child. Families whose concerns are brought to Intersystems and whose requests are approved by Intersystems are eligible for use of FCSS funds if the services approved are allowable under FCSS Guidelines.

#### **IV. Process: Service Coordination Meeting Protocols**

The FCFC Coordinator will act as a resource for the newly formed team if invited, and provide guidance in the principles of family team development as necessary. Once cases have reached the Intersystems Committee, and the family's proposed plan of action has been approved by the Committee, they become a part of the Service Coordination Mechanism that requires the use of FCFC-developed documentation and processes including the following:

- 1) The first step, with the help of the parent(s), will be to select a Team Leader and the other members of the Family Team. This process should be conducted by the FCFC Coordinator or the agency service provider as soon as it is decided to form a Family Team for the purpose of implementing wraparound for Intersystems. The Team Leader should be the direct care person most often in contact with the parents and most familiar with their case. If this person is not amenable to the family, they may choose another member of the team to take on that role. Final make-up of the team is subject to family approval. This selection should be documented on the Commitment to Service Coordination, EHR, and Release of Information Form – Addendum B, before or during the first Service Coordination Mechanism team meeting. This form is also the record of authorization for release of information between and among the member agencies listed on the form in regards to this family. Prior to this point, the Family Team should use the forms and policies of the individual agency that has been in the lead for this family.
- 2) The initial duty of the Family Team Leader is to call a meeting of the team, keeping in mind the family's needs and limitations when planning for all parties to be present. The Team Leader should provide written notification to all parties invited within 5 business days of receiving the referral. Written notification may be accomplished by sending letters by mail or sending emails to each participant – and should be an agreed-upon method that was brokered by the Team Leader as they discussed and scheduled the meeting with each participant. The initial Family Team Meeting should take place within ten working days after the receipt of the referral unless other arrangements are made due to the scheduling needs of the family or other participants. In an effort to simplify and expedite communication with team members, efforts should be made to email the team any follow-up materials or messages between meetings. If the family does not have access to email, it will be the responsibility of the Team Leader to keep the family informed and document the communications via telephone or mail. Meetings may take place sooner than 10 days from referral if possible.

- payment. All members of the family team present when this plan is developed should sign the reverse side of the Case Summary to signify that they are in agreement with the proposed plan.
- 6) Families will be offered the services of a parent advocate at no charge to them. This advocate will attend family team meetings with the family to assure that they understand the process and are heard by the other members of the team. Families may also be encouraged to invite a support person to the team meetings which may include a relative, a friend, a neighbor or a pastor. Allen County FCFC policy states that parent advocates will be paid \$25 an hour to accompany parents to family team meetings. FCFC will recruit advocates from the community as needed by our families and recommend PAC training for them. The payment for acting as the parent advocate will be made from the fund which the child is eligible to use for services, as written in Allen County FCFC policy. All support individuals selected by the family will be invited and notified of all team meetings in the same way that other members of the team are notified.
  - 7) The first team meeting should include a review of the Referral Form or the completion of that form if it has not been filled out. The team should also assess the child's presenting concerns, the family strengths and possible strategies to meet the outcomes expressed by the family and endorsed by the team.
  - 8) The team should also discuss and prepare a FCFC Crisis Plan (Addendum F) for each family during the initial meeting and should revisit it for review periodically to assure that it meets the current needs of the child and family. If a Crisis or Safety Plan has already been developed by one of the partnering agencies, it should be reviewed and revised if necessary, or approved by the team for continued use by the family.
  - 9) At any point in the life of the Family Team, if there is a scheduled out-of-home placement for a child, the team should meet before that placement occurs. If there is an emergency placement of a child in Service Coordination, within 10 days of that placement the Family Team should meet to discuss how they will begin planning for the child's reintegration into the life of the family and community.
  - 10) When the family has reached its intended goal, the team, in consultation and agreement with the family will be responsible for determining the need for ongoing involvement in the wrap-around process, with the understanding that the team can reconvene in the future if conditions warrant.
  - 11) The Family Team shall appoint one of its members to monitor progress and track outcomes to be reported to the Intersystems Committee. They shall also define and select members to fill any

each meeting they attend during the year. The Family Teams will likewise sign Confidentiality /Attendance Form (Addendum C) at the beginning of each team meeting held.

Allen County FCFC strongly endorses the philosophy that if change is to occur in a family, the work of change should be facilitated within the family / home setting. No child should receive treatment in an environment that is more restrictive than needed for their own well-being and for the safety of the community. This means that in Allen County placement of a child outside the home should only be considered when there is no other viable option for housing/ treatment. Any out-of-home placement should be of the shortest duration that will allow positive outcomes to be achieved. There will be regular monitoring of the placement by the Team Leader for progress, and meetings should continue to review progress and to plan for the child's return to their home and community.

## **VI. Child/ Family Strengths & Needs Assessment**

A. As the Family Team is formed, appropriate assessments and surveys should be utilized to help inform the team of the strengths of the family, the needs of the child, the present status of the child in question, and other information that might help form the basis for planning. This will include the Ohio CANS but may also include other assessments used by any of the members of the Family Team which are relevant to the child's/ family's situation. Those may include the MAYSI, the Ohio Scales, or other appropriate assessments.

B. All pertinent partners should be asked to give their input, including the child/ youth, the family or caregivers, the agencies or service providers currently involved, school representatives and others invited by the family.

C. Each Family Team will discuss and complete the Ohio CANS (Addendum D).

D. The data from the Referral Form (Addendum A) should help inform the team concerning the child's current living arrangements and the presenting situation identified. The FCFC Needs, Strengths and Outcome form (Addendum E) may be used to help the team make plans for the family and to record progress towards the goals established; later the Case Summary Form (Addendum H) will be used to record the strengths and needs of the family before coming to the Committee for assistance. This form also requires the team to select from general outcome statements and to write a more individual outcome for each child. After selecting an outcome or a set of outcomes, the team will record their proposed plan, and the financial needs they have. This Case Summary Form should be prepared with the assistance and approval of the entire team.

## **VII. Dispute Resolution:**

**This Dispute Resolution Process is designed to serve families and agencies actively involved in the Service Coordination Process through the Intersystems Committee of Allen County Family and Children First Council.** Any dispute should first be discussed together by the team which includes the parents or caregivers, and efforts should be made to mediate a resolution which allows the team process to continue. Mediation is an integral element in each step of this process.

A. If a dispute arises between an agency and a family, a resolution will first be attempted through the existing agency process adhering to their policies and timelines. If a dispute has not been addressed within 30 calendar days of initiation within an agency, the family may choose to request consideration through the process described in section B.

B. If the dispute arises between two agencies, or a family and more than one agency, or there is a dispute between the family and their Family Team concerning their plan, or if the single-agency process above has been unsuccessful, any of the disputants may contact the Intersystems Chair for referral to a **Dispute Resolution Committee.**

- This Committee will be appointed by the chair(s) of the Intersystems Committee in consultation with the President of Family and Children First Council within 5 days of the referral.
- This Committee shall be comprised of three executive directors of agencies not involved in the dispute and their representatives who serve on the Intersystems Committee, at least one parent representative from Council, and one community agency member from Council.
- Within 5 days of appointment, the Dispute Resolution Committee shall meet and hear the dispute and make a decision by majority vote. There shall be every effort made to mediate the dispute at this and every ensuing level.
- The Intersystems Committee chair(s) shall notify the disputants of the recommended solution within 5 days of the decision being made.

C. If the decision of the Dispute Resolution Committee is not satisfactory to at least one party to the dispute, the disputants may refer the dispute to the Family and Children First Council Steering Committee by submitting a written complaint to the Council President not later than five (5) business days after notification of the decision by the Intersystems Committee Chair(s). The Steering Committee will hear the dispute, make a decision by majority vote and the Chair of Steering Committee shall report that decision to the disputants. This communication shall be in writing within sixty (60) days of the receipt of the original

complaint. A member of the Steering Committee who is a disputant shall be disqualified as a part of the dispute resolution process with this committee.

D. If any disputant involved is not satisfied with the decision of the Steering Committee, the disputant may appeal the decision of the Steering Committee to the Juvenile Court by filing one of the following not later than seven (7) business days after the decision of the Steering Committee has issued:

- a. If the child involved is the subject of a pending dependency, neglect, abuse, delinquency, unruly, or juvenile traffic offender proceeding in the Juvenile Court, by filing a written motion in the pending proceeding to determine which agencies are to provide services or funding for services for the child pursuant to Revised Code Section 121.38(B)(1).
- b. If the child involved is not the subject of a pending dependency, neglect, abuse, delinquency, unruly, or juvenile traffic offender proceeding in the Juvenile Court, by filing a written complaint with the Court objecting to the decision of the Steering Committee pursuant to Revised Code Section 121.38(B)(2).

The party submitting the appeal shall immediately notify the Council President of the appeal by providing the Council President with a copy of the written complaint or motion. All parties involved in the dispute, with the assistance of the Council Coordinator and Intersystems Chairperson shall submit all relevant information and their respective positions and proposed solutions to the Court not later than thirty (30) days after the written appeal is filed with the Court. The Court will consider and decide the appeal within ninety (90) days after the filing of the appeal with the Court. Unless otherwise scheduled by the Court on its own motion, no formal hearing will be held unless specifically requested by one of the disputants not later than thirty (30) days after the written appeal is filed with the Court.

E. Each agency represented on Allen County Family and Children First Council that is, at the time the complaint is initiated, providing services or funding for services that are the subject of the dispute resolution process initiated by a parent or custodian under section 121.381 of the Ohio Revised Code shall continue to provide those services and the funding for those services already in place until a resolution is complete. If an agency that provides services or funds during the local dispute resolution process is determined through the process 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.

F. In the event of an emergency involving an immediate risk of harm or injury to a child during any dispute, existing mechanisms for legal protection and /or intervention shall be invoked. An emergency meeting of the Steering Committee will be called and the number of members who are able to attend on short notice

will constitute the quorum. The Steering Committee will hear the parties in dispute and communicate their decision within 24 hours of hearing the case.

G. Any party may choose to bring an advocate at any point in the dispute process. The advocate may provide information to the Dispute Resolution Committee and the Court and support to the party or parties involved in the dispute.

H. The dispute resolution discussion is not open to the public. Records of the dispute and its resolution shall be filed in the FCFC Council office.

I. The dispute resolution process will be an integral part of any presentation / training to families and agencies in the community concerning the Allen County Service Coordination Mechanism. See Section XII for further details.

J. The decision of the Judge is final for disputes under this Service Coordination Mechanism.

K. If a dispute is raised in connection with a child in Early Intervention services it is the responsibility of the Council to assure the effective implementation of procedural safeguards by each state or local agency or private agency in the state that is involved with the provisions of Early Intervention Service. Any dispute filed regarding a child in Early Intervention will follow the rules, regulations, and laws governing Early Interventions set forth by DODD and other governing parties.

### **VIII. Designation of Service Responsibilities**

Each Family Team shall establish the service responsibilities for the accomplishment of the service plan

- The family will designate a Team Leader before or during the first team meeting, and document that decision using the Commitment for Service Coordination, EHR, and Authorization for Information Sharing Form (Addendum B).
- The team will designate a recorder who will complete necessary forms for the team, and track progress towards the goals included in the family's plan
- The team will designate a member to schedule reviews of the family plan as necessary
- The team will designate a member to facilitate Family Team meetings. This role may rest with any member and could be an excellent role for parents to assume if they are comfortable with it.
- The Family Team will also specify who will be responsible for each strategy in the plan – parents and professionals.

### **IX. Service Planning for Individual Family SC Plans**

A. **Family Involvement:** It is essential that the family is involved in the discovery process that begins the work of each Family Team. The family voice is not replaceable, and without their input in planning, there is little likelihood that progress will be made, or family outcomes achieved. Every effort should be made to

fully involve parents in the assessment of strengths and needs of the family and the selection of services in order to assure that strategies are culturally appropriate and responsive to the dynamics and competencies of the family. The family will be asked to signal their acceptance of Service Coordination by signing the Commitment for Service Coordination, EHR, Authorization for Information Sharing Form (Addendum B) during the initial meeting with the team. Families may initiate a Family Team meeting not otherwise planned by contacting the FCFC Coordinator or their Family Team Leader to gather the team together.

**B. Diversion:** Early identification and intervention is a critical factor in preventing a child from becoming involved in the Juvenile Court system. The Community Control Department of the Allen County Juvenile Court has developed a process to divert youth between 7 years of age, and eighteen years of age from the official court system.

The Community Control Department of Allen County Juvenile Court is designed to address status offender and minor misdemeanor offenses. The department may also divert felony charges on children 11 years old and younger. Functions of the Diversion Program within the Community Control Department:

1. To meet with the youth and family on the charge(s) that is eligible to be diverted from being filed with the court, and assess for, then direct the child into services they or their parents together may need that will deter any further illegal misbehavior. Examples of services children are referred to include, but not limited to; private counseling, and counseling based case management, or placement in group counseling offered by the Community Control Department. Should the child comply with the Diversion, their charge is successfully terminated and never filed officially with the Court.
2. Another intervention offered by the Community Control Department is the C.A.S.T. (Court Assessment Service Team) process. The C.A.S.T. process was originally designed to meet the needs of the youth detained in the Juvenile Detention Center with a domestic violence charge. This meeting is called DV CAST (domestic violence Court Assessment Services Team). The goal of a DV CAST is to establish some cooperation and stability between the detained child and his/her parents, identify and refer to needed services, and if feasible, release the child from the Juvenile Detention Center as soon as possible. A Children Services caseworker, Family Resource Center caseworker, and Probation Officer will meet at the Juvenile Court with the parents and detained child to work through problems and establish a safety plan to prevent future arrests for domestic violence. This response team approach to helping families proved successful enough for DV CAST process to be offered to other children in crisis within the community and is simply called a CAST meeting. This Community Control Department follows the same process as DV CAST, by including Children Services, Family Resource Center, and

other roles necessary to function as a true collaboration. All members should have active roles in the process of serving the family.

- 12) If the services needed by the child / family are outside the purview of any of the team's member agencies, or the team is at a loss in terms of what can be done for the family, they should make arrangements with the FCFC Coordinator to bring the case to the Intersystems Committee for funding or problem-solving. All services should reflect the strengths, needs, family and ethnic culture and should be designed to be accomplished in the least restrictive environment that is appropriate for the child and family.
- 13) Once a decision or plan has been approved by the Intersystems Committee, it is the responsibility of the Family Team to work with the family to make sure the resources procured are utilized, and progress is being made. If strategies are not working, the team should look for other strategies, and revisit their case with Intersystems Committee using the Progress Report form (Addendum I). If an objective is met and the family agrees that they are satisfied with the outcome, the team may be dissolved after properly completing the EXIT- Case Closed form (Addendum K) and returning it to the FCFC Coordinator. If the family continues to set goals not yet achieved, or continues to have needs that are not yet resolved, the Family Team should continue to meet and make plans to achieve the next outcome.
- 14) While every effort is made to maintain a child with his (her) family, there are some situations that warrant placement if for only a limited period of time. In these non-emergency situations, when the team and family are considering placement, a team meeting followed by a presentation to the Intersystems Committee shall be held prior to the final decision to place the child in out-of-home care.

## **V. Confidentiality and Least Restrictive Environment**

Families who take part in service coordination will be treated with respect at all times and their privacy will be guarded by members of the Intersystems Committee and wraparound teams. All matters referred to the Intersystems Committee or to the Council Steering Committee shall be handled confidentially according to the standards set forth by member agency policies, state and federal laws and professional ethics. Non-governmental parties involved shall also maintain the confidentiality of all information, discussion and records presented. See Addendum G (Confidentiality/ Attendance Form). Each member of the Intersystems Committee will reaffirm their commitment to this promise by signing this form at

- 3) The team will assure that the family understands and completes the Commitment to Service Coordination, EHR, and Release of Information Form (Addendum B) to allow those involved in the Family Team to share information about the child(ren) with each other or the Intersystems Committee when that becomes necessary. The Team leader will explain information concerning their rights and responsibilities under the Service Coordination Mechanism including the procedure for dispute resolution using the Dispute Resolution Flow Chart (Addendum N).
- 4) At the beginning of the first team meeting the Team Leader or other designated team member shall discuss confidentiality and obtain the signatures of all present to agree to the Confidentiality/Attendance Form (Addendum C). This form should be signed by all present at each of the ensuing Team meetings for this family, and kept for documentation by the Team Leader, or other designated recorder. During the first team meeting the strengths and needs of the family should be discussed and the Child and Adolescent Needs and Strengths Assessment (CANS) will be used to identify the youth/family's level of need (Addendum D).
- 5) The Family Team will use all information collected through the CANS and through discussion with the family and all other members at the table to decide what strategies should be used to solve the situation the family and child have identified. Using this information, a Plan of Care will be developed using the FCFC Needs, Strategies, and Outcomes form (Addendum E.) The Case Summary Form (Addendum H) shall be introduced to the team to record the findings and recommendations of the team if the decision is made to take the case to Intersystems. This worksheet record should specify not only what strategies are to be used, but which team member is responsible for each strategy. The Family Team will set at least two outcomes: 1) Family Satisfaction – it is the primary goal to meet the needs of the family and child. And 2) Select one or more of the outcomes listed on the Case Summary Form:
  - Family Preservation
  - Mental Health
  - Sobriety
  - School Success
  - Reduced Court Involvement

The team will summarize their findings, prepare a timeline for reaching outcomes, and specify the services to be used in achieving the proposed plan using the Case Summary Form. Even if only part of the services will be paid through Intersystems, the Case Summary should include all strategies to be used. The team will then estimate the costs for which they are requesting

any other invested agencies in the team meeting(s) along with the child and parent. Referrals come from schools, social service agencies, and parents, who are struggling to have a positive effect on a child. The C.A.S.T. team will determine if the youth needs to be formally referred to the Service Coordination and a referral to Family and Children First Council (FCFC) will be made.

**C. Timelines:** Each Family Team will develop timelines for goal achievement and will record those timelines on the Case Summary Form (Addendum H). They will also be given timelines during their presentation and discussion with Intersystems for returning to the Committee to report progress. The frequency of reports to the Committee will be in part dependent on the severity of the family's need, but may also depend on the requirements of the funding source.

**D. Safety Plan:** Each Family Team shall develop a crisis / safety plan for their family during the initial planning process that will encompass a variety of options based on the safety issues being presented. If a safety plan has already been developed by one of the agencies on the team, and it is still appropriate and adequate for the situation, it will suffice instead of creating a new plan. The plan may need to be modified as circumstances change, or a more in-depth knowledge of the situation becomes known.

**E. Out-of-Home Placement:** The Intersystems Committee of FCFC receives regular updates on the status of children currently involved in service coordination and will be made aware of situations that may result in out-of-home placement of the child. Recommendations for placement of the child will come from the child's team to the Intersystems Committee for review, planning and assistance with funding when applicable. Allen County FCFC will approve out-of-home placement only after families are provided the available range of community-based therapeutic and supportive services and those services are determined to be inadequate to provide a reasonable level of safety and well-being for the child, family and the community, and in thoughtful conversation with the Cost-Sharing funders.

**Non-Emergency Placement:** While every effort is made to maintain a child with his family, there are some situations that warrant placement if only for a time-limited period. In these non-emergency situations, when the family and team are considering placement, a presentation to the Intersystems Committee shall be made prior to the final decision to place a child in out-of-home care. It is expected that parents will be actively involved in decision-making at these meetings. Additional community service providers and other individuals involved with the family may also participate at the request of the family. During the time that planning and decision-making is taking place regarding placement of the child, the family team needs to assure that there is a well-established safety plan in place which can be utilized if problems develop.

**NOTE: This process cannot override decisions of Allen County Juvenile Court regarding out-of-home placements.**

If a child receiving service coordination is placed in out-of-home care with DYS, the placement status will be reviewed at least quarterly by the Intersystems Committee and/ or the RELY (Re-Entry of Local Youth) Committee. This will include the possibility of making recommendations to the Court for early release if the record indicates it would be appropriate. Since the FCFC Coordinator sits on both the Intersystems and RELY Committees, communication between these two bodies should be assured.

Because the expectation is that the child will return to the family / community, planning for community supports shall be initiated 3-6 months prior to their return to the county, using a newly gathered family team, or recalling the team that served the youth before they were removed. Teams can continue to meet with the family during the placement to monitor progress, establish goals, and prepare strategies for housing, treatment, employment and education, in expectation of the youth's return.

***Emergency Placement:** In the event of imminent danger to the child and /or family, the Family Team determines that an immediate out-of-home placement component of a crisis plan must be implemented; the team shall meet within 10 calendar days of placement to review the child's status, including how he/she is adjusting to placement and to continue planning for future reunification with family and community.*

*Unless out-of-home placement is a child protection issue and Juvenile Court is making the removal decision, the parents shall participate actively in every aspect of decision-making regarding the child's placement.*

*As long as the child is in service coordination and in placement, representatives of the child's team and the Intersystems Committee shall formally review the child's status at least quarterly at regularly scheduled RELY or Intersystems Committee meetings.*

## **X. Funding / Fiscal Issues**

**Implementation of any plan or part thereof is subject to the availability of and the rules governing the use of funds.** Funds come from two main sources: 1) State Family Centered Services and Supports (FCSS) that are a part of the Ohio Department of Mental Health Budget for Systems of Care, and 2) Local Cost-Shared Funding available through an agreement between the Allen County Commissioners, on behalf of FCFC, and the three local funding parties.

- Each case will be considered by the committee based on the merits of the plan and the need of the family. Once a decision has been made to approve use of funds on a plan, the Intersystems Committee will discuss and select the fund or funds that will allow for the expenditure within its set of guidelines for spending.
- No case should be funded using Intersystems Cost-Shared Funds until all other avenues of payment have been exhausted or ruled out.
- A child whose case is funded for services by Intersystems must have multiple needs – in one system or many- whether they are currently being served for those needs or not.
- County Cost-Shared Funds can be used if two or more funding agencies agree – shares will be equally divided, unless the parties choose to use some other ratio. By practice, the child must be using mental health services, or in need of them in order for Mental Health funds to be used as part of the share. By the same token, B/DD funds can only be used when a child being served is eligible for services under that Board’s eligibility. Funds are contributed by Children Services, Mental Health and the Board of DD for use in serving children with multiple needs or being served through multiple systems. FCFC facilitates an annual Cost-Shared Agreement which is negotiated between these three parties and the Allen County Commissioners. These funds are managed and accounted for by the FCFC staff and are planned for and recorded as a part of FCFC’s County Budget.
- Although our philosophy is to refrain from using out-of-home placements unless no other strategy is appropriate, these local funds may be used for this purpose for the shortest time that can be meaningful for the support of the child and family. In order for Cost-Shared Funds to be used for out-of-home placement, special approval must be sought from each of the funding sources who will be sharing the costs. We are committed to keeping the family unit intact, and even short separations can be counterproductive to the family’s ability to stay together.
- The FCFC Coordinator will be responsible to finalize arrangements for service based on the Family Team’s negotiated recommendations and contact with service providers. They will subsequently be responsible to process invoices and track the expenditures until the plan is complete. No funds may be spent for a plan that has not been approved by the Intersystems Committee, and funds can only be spent for the duration of the Plan / Contract in place.
- The Intersystems Committee will assure that services are paid for from accounts that the children are eligible to use. All funds will be used in accordance with their stated guidelines.

## **XI. Public Awareness / Targeted Marketing**

- Agencies and direct care personnel will be educated about the county's Service Coordination Mechanism (SCM) plan. The FCFC/ Intersystems representatives will be available to discuss the material with individuals or groups if they are invited to do so. In addition, agencies can request to have the FCFC Coordinator and Intersystems representatives present the SCM to their staff at any time.
- FCFC will ask members of the Council to add the SCM packet of information to their New Hire orientation within their agencies to appropriate staff. This will assist new employees in learning the wraparound process with community partners and understanding the SCM.
- FCFC and Intersystem Committee members will make presentation(s) to school counselors and social workers representing all districts in the county. The Council Coordinator will make connections with school counselors and social workers to present this material
- The mandated members of Council will be asked to include the Service Coordination Mechanism as a resource on their established websites.
- Agency service providers, educators or other social service professionals with direct need to observe the Intersystems Committee in action may request and be invited to attend Intersystems meetings to enhance their understanding of the process of service coordination. This should only be done to better inform professionals of the services and processes involved in this element of the Service Coordination Mechanism. All such guests will sign the Confidentiality / Attendance Form.

## **XII. Quality Assurance of the County Service Coordination Mechanism/ Outcome and Tracking**

- A. Allen County FCFC assures that upon request, Service Coordination information will be submitted to the state for evaluation.
- B. Allen County FCFC currently collects entry and outcome information on all family cases served under this Service Coordination Mechanism. This is recorded through EHR Fidelity, Exel files specific to Intersystems Committee reports and all other tools as approved by the Ohio Family and Children First office.
- C. This Allen County Service Coordination Mechanism will be revisited on a bi-annual basis beginning with the revision completed in 2010.

**Addendum A**

Allen County Family and Children First Council  
**Service Coordination**

**REFERRAL FORM**  
PLEASE PRINT

**Date of Referral** \_\_\_\_\_

**PARENT / CARETAKER INFORMATION**

**Family Name** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Contact Number** \_\_\_\_\_ **Alternate Contact** \_\_\_\_\_

**YOUR INFORMATION:**

**Your Name** \_\_\_\_\_

**Name of Organization (if applicable)** \_\_\_\_\_

**Contact Number** \_\_\_\_\_ **Alternate Contact** \_\_\_\_\_

Is a **RELEASE OF INFORMATION FORM** included? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Please FAX this Referral Form to Allen County Family and Children First Council at 419-227-4009. Questions? Call 419-227-8590 x 2785**

**Office Use Only:**

**Date Referral Received** \_\_\_\_\_

**Date referred to:**    **Preliminary Family Team meeting** \_\_\_\_\_  
                                 **Outcome** \_\_\_\_\_

**Intersystems** \_\_\_\_\_  
                                 **Outcome** \_\_\_\_\_

**Addendum A**

Allen County Family and Children First Council  
**REFERRAL FORM**

**FAMILY INFORMATION:** (Please provide the data you have available)

Name of Referred Child or Children	Birth Date	Grade Level	Gender	Race
Name of Adults living in the home	Relationship to Children			
Names of Other Children living in the home	Age			

**Reason for Referral: (check all that apply)**

Child facing out of home placement	Child exhibiting behavior issues at school	Child exhibiting behavior issues at home	Family Crisis / Conflict	Legal charges pending / filed on the child.

Is the child/family situation \_\_\_\_\_ Chronic or \_\_\_\_\_ a Crisis? (Mark both if applicable)

Is the family aware that a referral has been made for Intersystems services? \_\_\_\_ Yes \_\_\_\_ No

**Current System Involvement: (check all that apply to the referred children)**

<b>Juvenile Court</b>	<b>Education- IEP/ Special Ed or Alternative School.</b> ( circle all that apply).	<b>Board of DD</b>
<b>Job &amp; Family Services</b> Medicaid – Food Stamps (circle)	<b>Social Security Benefits</b>	<b>Head Start</b>
<b>Children Services</b>	<b>Health / Medical</b>	<b>Help Me Grow</b>
<b>Mental Health Services</b>		<b>Special Referral</b>
<b>Other –</b> (Describe)		

**Addendum A**

<b>Known Presenting Risks or Needs: (check as many as apply)</b>					
<input type="checkbox"/>	Suicidal Ideations, Gestures, Attempts	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Youth uses Drugs or Alcohol
<input type="checkbox"/>	Self-Injurious Behavior	<input type="checkbox"/>	Hears Voices – Sees Things	<input type="checkbox"/>	Parent w/ Drug or Alcohol Problems
<input type="checkbox"/>	Aggressive Behaviors toward others, Animals, Property, etc.	<input type="checkbox"/>	Suspended, Expelled, Truancy, or Dropped Out of School – (please circle)	<input type="checkbox"/>	Parent with Mental Illness or Developmental Delay
<input type="checkbox"/>	Fire-setting	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	Youth with Developmental Delay
<input type="checkbox"/>	Victimization: Physical, Emotional, Sexual, Neglect – please circle which one(s)	<input type="checkbox"/>	Educational Disabilities	<input type="checkbox"/>	Parent w/ Chronic Illness
<input type="checkbox"/>	Availability of Weapons	<input type="checkbox"/>	Impulsive Behavior	<input type="checkbox"/>	Youth w/ Chronic Illness
<input type="checkbox"/>	Runaway	<input type="checkbox"/>	Poverty	<input type="checkbox"/>	Unrestricted Internet Access
<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	Currently Placed out of home	<input type="checkbox"/>	Lack of Caregiver Supervision
<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Unruly or Delinquent (circle one)	<input type="checkbox"/>	No Primary Care Physician
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>	Childcare for children with special needs

**Brief Summary of Presenting Problems:** (Please include current diagnoses and medications if known)

**Addendum B**

Allen County Family and Children First Council  
**INTERSYSTEMS SERVICES FOR FAMILIES COMMITTEE**  
**COMMITMENT TO SERVICE COORDINATION, EHR,**  
**AND**  
**AUTHORIZATION FOR INFORMATION SHARING**

- I. I hereby authorize \_\_\_\_\_ to be the Family Team leader who will share information about my child with the Intersystems Committee of the Allen County Family and Children First Council.
- II. I acknowledge and consent to the release of the Personal Health Information given to Allen County Family and children First Council to be added to EHR data system.
- III. I understand the Allen County FCFC Intersystems Committee exists in order to assist in the coordination of services and funding for services for multi-system youth and their families. Its primary goal is to treat and maintain children in the community and prevent out-of-home placements.
- IV. I understand that my family’s commitment to change depends on our active participation in the process of planning and carrying out our family plan. By signing this form I am committing my family to work as a part of our Family Team to make the necessary changes for our family. I will assist in choosing our Family Team members, in discovering my family’s strengths and our needs, and in choosing strategies to work on with my child (ren). I have also received a copy and explanation of the Allen County Dispute Resolution Process, and the Department of Mental Health’s pamphlet on Children’s Rights - to help me understand my role as a parent and my rights to participate in decision-making for my child.
- V. Members of the Allen County FCFC Intersystems Committee include experienced parents, and staff members from agencies located in Allen County including:
  - Children Services
  - Health Department
  - Board of Developmental Disabilities
  - Family and Children First Council
  - Juvenile Court
  - Lima City Schools
  - Family Resource Center
  - Family Representatives & Mentors
  - St. Rita’s Medical Center
  - Dept. of Job & Family Services
  - Allen County Schools
  - Health Partners of Western Ohio

Each Intersystems Committee member signs a confidentiality statement that reads:

“I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, findings and /or actions taken during Intersystems Committee meetings are confidential and not subject to disclosure or discussion outside this meeting – pursuant to Ohio Revised Code Chapters 2305,2317,4757,and 5122. I further acknowledge that any breach of this confidentiality is subject to disciplinary action and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited, and are binding on me after my separation from work with the Allen County Family and Children First Council Intersystems Committee.”

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_  
Child’s date of birth

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_  
Child’s date of birth

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Family Team Leader \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

This Authorization expires one year after the date signed by the Parent / Guardian.



**Life Domain Functioning (Please rate the highest level from the past 30 days.)** **Score : 0**

0= no evidence of need                      1= monitor, collect more info  
2= ACT to address need                    3= ACT immediately, intensely

	0	1	2*	3*	TS	Notes
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

**Developmental Needs Module (Please rate the highest level in the past 30 days)** **Score: 0**

0= no evidence of need                      1= monitor, collect more info  
2= ACT to address need                    3= ACT immediately, intensely

	0	1	2	3	TS	Notes
Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Self-Care Daily Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

Job Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

**OHIO CANS**  
(Child and Adolescent Needs and Strengths Assessment)

School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

**Child Strengths (Please rate the highest level from the past 30 days.)** **Score : 0**

0= no evidence of need                      1= monitor, collect more info  
 2= ACT to address need                    3= ACT immediately, intensely

	0	1	2*	3*	TS	Notes
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

Relationship Permanence (This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.)

Click or tap here to enter text.

Resiliency (This rating should be based on the individual's ability to identify and use internal strengths in managing their lives.)

Click or tap here to enter text.

Resourcefulness (This rating should be based on the individual's ability to identify and use external/environmental strengths in managing their lives.)

Click or tap here to enter text.

**Acculturation (Please rate the highest level from the past 30 days.)** **Score : 0**

0= no evidence of need                      1= monitor, collect more info

2= ACT to address need

3= ACT immediately, intensely

0    1    2\*    3\*    TS    Notes

Language (This item includes both spoken and sign language)

               Click or tap here to enter text.

Identity (Cultural Identity refers to the child’s view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.)

               Click or tap here to enter text.

Ritual (Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media.)

               Click or tap here to enter text.

Cultural Stress (Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual’s own cultural identity and the predominant culture in which he/she lives. This need reflects things such as racism, discrimination, or harassment because of sexual orientation or appearance or background.)

               Click or tap here to enter text.

**Planned Permanency Caregiver Needs and Strengths (Please rate the highest level from the past 30 days.)** **Score : 0**

0= no evidence of need                      1= monitor, collect more info  
2= ACT to address need                      3= ACT immediately, intensely

0    1    2\*    3\*    TS    Notes

Supervision                                      Click or tap here to enter text.

Involvement with Care                                      Click or tap here to enter text.

0    1    2\*    3\*    TS    Notes

Knowledge                                      Click or tap here to enter text.

Organization                                      Click or tap here to enter text.

Addendum D

**OHIO CANS**  
(Child and Adolescent Needs and Strengths Assessment)

Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

<b>Child Behavioral/Emotional Needs (Please rate the highest level from the past 30 days.)</b>	<b>Score: 0</b>
--	-----------------

0= no evidence of need	1= monitor, collect more info
2= ACT to address need	3= ACT immediately, intensely

	0	1	2*	3*	TS	Notes
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

<b>Trauma Module (Please rate within the lifetime.)</b>	<b>Score: 0</b>
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0= no evidence of need	1= monitor, collect more info
2= ACT to address need	3= ACT immediately, intensely

	0	1	2*	3*	TS	Notes
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OHIO CANS  
(Child and Adolescent Needs and Strengths Assessment)

Sexual Abuse     Click or tap here to enter text.

**Trauma Due to Sexual Abuse Module** **Score: 0**

0= no evidence of need                      1= monitor, collect more info  
2= ACT to address need                      3= ACT immediately, intensely

0    1    2    3    TS    Notes

Emotional Closeness to Perpetrator

Click or tap here to enter text.

Frequency of Abuse     Click or tap here to enter text.

Duration     Click or tap here to enter text.

Force     Click or tap here to enter text.

Reaction to Disclosure     Click or tap here to enter text.

Physical Abuse     Click or tap here to enter text.

Emotional Abuse     Click or tap here to enter text.

Medical Trauma     Click or tap here to enter text.

Natural Disaster     Click or tap here to enter text.

Witness to Family Violence     Click or tap here to enter text.

Witness to Community Violence  
    Click or tap here to enter text.

Witness/Victim to Criminal Activity  
    Click or tap here to enter text.

**Trauma Adjustment Module (Please rate highest level from the past 30 days.)** **Score: 0**

0= no evidence of need                      1= monitor, collect more info  
2= ACT to address need                      3= ACT immediately, intensely

0    1    2\*    3\*    TS    Notes

Affect Regulation     Click or tap here to enter text.

Addendum D

**OHIO CANS**  
(Child and Adolescent Needs and Strengths Assessment)

Intrusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

**Substance Use Module (Please rate highest level from the past 30 days.)** **Score: 0**

0= no evidence of need	1= monitor, collect more info
2= ACT to address need	3= ACT immediately, intensely

		0	1	2*	3*	TS	Notes
Severity of Use	<input type="checkbox"/>		Click or tap here to enter text.				
Duration of Use	<input type="checkbox"/>		Click or tap here to enter text.				
Stages of Recovery	<input type="checkbox"/>		Click or tap here to enter text.				
Peer Influences	<input type="checkbox"/>		Click or tap here to enter text.				
Parental Influences	<input type="checkbox"/>		Click or tap here to enter text.				
Environmental Influences	<input type="checkbox"/>		Click or tap here to enter text.				

**Child Risk Behaviors (Please rate the highest level from the past 30 days.)** **Score 0**

0= no evidence of need	1= monitor, collect more info
2= ACT to address need	3= ACT immediately, intensely

		0	1	2*	3*	TS	Notes
Suicide Risk	<input type="checkbox"/>		Click or tap here to enter text.				
Self-Mutilation	<input type="checkbox"/>		Click or tap here to enter text.				

**OHIO CANS**  
(Child and Adolescent Needs and Strengths Assessment)

Other Self-Harm     Click or tap here to enter text.

Danger to Others     Click or tap here to enter text.

**Violence Module – Historical Risk Factors** **Score: 0**

0= no evidence of need                      1= monitor, collect more info  
2= ACT to address need                    3= ACT immediately, intensely

		0	1	2*	3*	TS	Notes
History of Physical Abuse	<input type="checkbox"/>		Click or tap here to enter text.				
History of Violence	<input type="checkbox"/>		Click or tap here to enter text.				
Witness to Domestic Violence	<input type="checkbox"/>		Click or tap here to enter text.				
Witness to Environmental Violence	<input type="checkbox"/>		Click or tap here to enter text.				

**Violence Module – Emotional/Behavioral Risks** **Score: 0**

0= no evidence of need                      1= monitor, collect more info  
2= ACT to address need                    3= ACT immediately, intensely

		0	1	2*	3*	TS	Notes
Bullying	<input type="checkbox"/>		Click or tap here to enter text.				
Frustration Management	<input type="checkbox"/>		Click or tap here to enter text.				
Hostility	<input type="checkbox"/>		Click or tap here to enter text.				
Paranoid Thinking	<input type="checkbox"/>		Click or tap here to enter text.				
Secondary Gains from Anger	<input type="checkbox"/>		Click or tap here to enter text.				
Violent Thinking	<input type="checkbox"/>		Click or tap here to enter text.				

**Violence Module – Resiliency Factors** **Score: 0**

OHIO CANS  
(Child and Adolescent Needs and Strengths Assessment)

0= no evidence of need  
2= ACT to address need

1= monitor, collect more info  
3= ACT immediately, intensely

	0	1	2*	3*	TS	Notes
<b>Awareness of Violence Potential</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Response to Consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Commitment to Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
Treatment Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

Sexual Aggression     Click or tap here to enter text.

**Sexually Aggressive Behaviors Module** **Score: 0**

0= no evidence of need  
2= ACT to address need

1= monitor, collect more info  
3= ACT immediately, intensely

	0	1	2*	3*	TS	Notes
<b>Relationship (Please rate the most recent episode of sexual behavior.)</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
<b>Physical Force/Threat (Please rate the highest level from the most recent episode of sexual behavior.)</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
<b>Planning (Please rate the highest level from the most recent episode of sexual behavior.)</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
<b>Age Differential (Please rate the highest level from the most recent episode of sexual behavior.)</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.
<b>Type of Sex Act (Please rate the highest level from the most recent episode of sexual behavior.)</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

**OHIO CANS**  
(Child and Adolescent Needs and Strengths Assessment)

Response to Accusation (Please rate the highest level from the past 30 days.)

           Click or tap here to enter text.

Temporal Consistency

           Click or tap here to enter text.

History of Sexually Aggressive Behavior (Toward others.)

           Click or tap here to enter text.

Severity of Sexual Abuse

           Click or tap here to enter text.

Prior Treatment

           Click or tap here to enter text.

Runaway

           Click or tap here to enter text.

Runaway Module

**Score: 0**

0= no evidence of need

1= monitor, collect more info

2= ACT to address need

3= ACT immediately, intensely

0   1   2\*   3\*   TS   Notes

Frequency of Running               Click or tap here to enter text.

Consistency of Destination               Click or tap here to enter text.

Safety of Destination               Click or tap here to enter text.

Involvement in Illegal Activities               Click or tap here to enter text.

Likelihood of Return on Own               Click or tap here to enter text.

Involvement with Others               Click or tap here to enter text.

Realistic Expectations               Click or tap here to enter text.

Planning               Click or tap here to enter text.

Delinquent Behavior

           Click or tap here to enter text.

Juvenile Justice Module

**Score: 0**

0= no evidence of need

1= monitor, collect more info

2= ACT to address need

3= ACT immediately, intensely

OHIO CANS  
(Child and Adolescent Needs and Strengths Assessment)

0 1 2\* 3\* TS Notes

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Seriousness (Please rate the highest level from the past 30 days.)

Click or tap here to enter text.

History (Please rate using time frames provided in the anchors.)

Click or tap here to enter text.

Planning (Please rate the highest level from the past 30 days.)

Click or tap here to enter text.

Community Safety (Please rate the highest level from the past 30 days.)

Click or tap here to enter text.

Peer Influences (Please rate the highest level from the past 30 days.)

Click or tap here to enter text.

Parental Criminal Behavior (Please rate the highest level from the past 30 days.)

Click or tap here to enter text.

	0	1	2*	3*	TS	Notes
Environmental Influences (Please rate the environment around the youth's living situation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Click or tap here to enter text.

Judgement     Click or tap here to enter text.

Fire-Setting     Click or tap here to enter text.

Fire Setting Module **Score: 0**

0= no evidence of need

1= monitor, collect more info

2= ACT to address need

3= ACT immediately, intensely

	0	1	2*	3*	TS	Notes
--	---	---	----	----	----	-------

Seriousness (Please rate most recent incident.)

Click or tap here to enter text.

Planning (Please rate most recent incident.)

Click or tap here to enter text.

Use of Accelerants (Please rate most recent incident.)

Click or tap here to enter text.

Intention to Harm (Please rate most recent incident.)

Click or tap here to enter text.

Community Safety (Please rate highest level in the past 30 days.)

Click or tap here to enter text.

Response to Accusation (Please rate highest level in the past 30 days.)

Click or tap here to enter text.

Remorse (Please rate highest level in the past 30 days.)

Click or tap here to enter text.

Likelihood of Future Fire Setting (Please rate highest level in the past 30 days.)

Click or tap here to enter text.

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Social Behavior     Click or tap here to enter text.

FCFC Needs, Strategies, Outcomes
<b>Youth Name:</b> <b>ID:</b> <b>Current Date:</b> <b>Team Start Date:</b>
<b>NEEDS IDENTIFICATION</b>
<b>Describe the Need(s):</b>
<b>STRATEGY(IES) IDENTIFICATION</b>
<b>Strategy Description for the identified Needs:</b>  1. 2. 3.  <b>Estimated Timeline to Implement Strategy(ies):</b>  1. 2. 3.
<b>TASKS ASSOCIATED WITH STRATEGY(IES)</b>
<b>Strategy #1</b> <b>Team Member Responsible for Strategy:</b> <b>Task Description:</b> <b>Task Due Date:</b> <b>Estimated Time:</b>  <b>Strategy #2</b> <b>Team Member Responsible for Strategy:</b> <b>Task Description:</b> <b>Task Due Date:</b> <b>Estimated Time:</b>  <b>Strategy #3</b> <b>Team Member Responsible for Strategy:</b> <b>Task Description:</b>

FCFC Needs, Strategies, Outcomes
<b>Youth Name:</b> <b>ID:</b> <b>Current Date:</b> <b>Team Start Date:</b>
<b>Task Due Date:</b> <b>Estimated Time:</b>
<b>TEAM GOALS</b>
<b>Identify Team Goals:</b> •
<b>IDENTIFY PROGRESS</b>
<b>Identify How Progress Will Be Identified and Tracked:</b> •



FCFC Crisis Plan
<b>Youth Name:</b> <b>ID:</b> <b>Current Date:</b> <b>Team Start Date:</b>
<b>CONTACTS</b>
<b>Emergency Contact:</b>  <b>Physician/Counselor/Therapist:</b>
<b>YOUTH DIAGNOSIS</b>
<b>Identify Relevant Diagnosis:</b>
<b>CURRENT MEDICATIONS</b>
<b>Identify Relevant Current Medications:</b>



FCFC Crisis Plan
<b>Youth Name:</b> <b>ID:</b> <b>Current Date:</b> <b>Team Start Date:</b>
<b>POTENTIAL CRISES AND ACTION STEPS</b>
<b>Identify Potential Crisis:</b>  <b>Action Steps:</b> 1. 2. 3. 4. 5. 6.
<b>Identify Potential Crisis:</b>  <b>Action Steps:</b> 1. 2. 3. 4. 5. 6.
<b>Identify Potential Crisis:</b>  <b>Action Steps:</b> 1. 2. 3. 4.

FCFC Crisis Plan
<b>Youth Name:</b> <b>ID:</b> <b>Current Date:</b> <b>Team Start Date:</b>
5. 6.
<b>Identify Potential Crisis:</b>  <b>Action Steps:</b> 1. 2. 3. 4. 5. 6.

Allen County Family and Children First Council

Intersystems Committee

CONFIDENTIALITY STATEMENT

Staff: Amber Martin

DATE \_\_\_\_\_

**STATEMENT:** I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, findings and / or actions taken during Intersystems Committee meeting today are confidential pursuant to Ohio Revised Code Chapters 2305, 2317,4757 and 5122. I further understand that any breach of this confidentiality is subject to disciplinary action, and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited, and are binding on me after my separation from work with the Allen County Family and Children First Council Intersystems Committee.

**Name / Organization**

**Signature**

**Staci Nichols** \_\_\_\_\_  
Allen County Children Services - Co-Chair

\_\_\_\_\_

**Jenn Slechter** \_\_\_\_\_  
Parent Mentor

**Kristy Schweingruber** \_\_\_\_\_  
Allen County Board of DD – Co-Chair

**Brian Wischmeyer** \_\_\_\_\_  
Lima City Schools

**Dan Norberg** \_\_\_\_\_  
Juvenile Court – Intervention Services

**Susan Bryan / Lee Maroney** \_\_\_\_\_  
Allen County DJFS

**Paula Hillard** \_\_\_\_\_  
Allen County Health Dept.

**Judy Lester** \_\_\_\_\_  
SAFY Behavioral Health

**Lisa Shafer** \_\_\_\_\_  
St. Rita's Medical Center

**Audray Allen** \_\_\_\_\_  
Family Resource Center

**Kelly Monroe** \_\_\_\_\_  
Mental Health Board

\_\_\_\_\_

**Melodie Conley** \_\_\_\_\_  
Alternate – Board of DD

**Karen Martin** \_\_\_\_\_  
Alternate – Children Services

\_\_\_\_\_

Allen Co. ESC

**Additional Members / GUESTS**

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Print Name	Signature	Representing
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Print Name	Signature	Representing
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Print Name	Signature	Representing
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Print Name	Signature	Representing
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**Addendum H**

ALLEN COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
**CASE SUMMARY FOR INTERSYSTEMS COMMITTEE**

123 W. Spring St. Lima, OH 45801; 419/227-8590 x2785; FAX 419/227-4009; Amber.Maritn@jfs.ohio.gov

Youth's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Parent/guardian name: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP \_\_\_\_\_  
Lead Case Manager: \_\_\_\_\_ Agency: \_\_\_\_\_ Parent Phone: (    ) \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Family Advocate: Offered \_\_\_\_\_ Accepted \_\_\_\_\_ Refused \_\_\_\_\_ Assigned: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Date \_\_\_\_\_ Name \_\_\_\_\_

**Release of Information signed on:** \_\_\_\_\_ **Attends School at:** \_\_\_\_\_

**\*\*\*Signatures of all team members must be on the back of this sheet\*\*\***

<b>List family/team strengths:</b>	<b>List family needs:</b>

**Outcome Expectations:** (Please specify the goals/ outcomes the Family Team has chosen)

Outcome categories: (Please select "Family Satisfaction" and at least one other category that applies to your goals  
\_\_\_\_ Family Satisfaction \_\_\_\_ Family Preservation \_\_\_\_ Mental Health \_\_\_\_ Sobriety \_\_\_\_ School Success \_\_\_\_ Reduced Court involvement

**Timeline for Outcome Achievement:**

<b>3 months</b>	<b>6 months</b>	<b>9 months</b>	<b>12 months</b>

<b>All Services included in the proposed plan:</b>	Service Requested	Cost
Total Requested:		

**Plan requested to begin:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Plan ends** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Date

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **Next Report to Intersystems on** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Addendum I**

Allen County Family and Children First Council  
**Intersystems Committee**  
**Progress Report Form**

**YOUTH** \_\_\_\_\_

**Date of Plan** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Team involved with this family** \_\_\_\_\_

\_\_\_\_\_

**Please attach a photocopy of the signature page from the Case Summary with information concerning the team meetings that have been held since this plan was authorized.**

**Stated Outcomes:** Please check the goals you listed on your Case Summary. If goals have changed, please explain in notes below.

**Family Satisfaction** (universal goal)  
 **Family Preservation**  **Mental Health**  **Sobriety**  **School Success**  **Reduced Court Involvement**

**Progress narrative:**

Have outcomes been achieved in this period?  Yes  No

Is there a need to continue using this plan's strategy?  Yes  No

Is there a need for continued services utilizing other strategies?  Yes  No

If the last answer is "Yes", please prepare a revised Case Summary with attention to the family needs, expected outcome, service plan and specific costs for services being requested.

**Addendum K**

INTERSYSTEMS COMMITTEE

Allen County Family and Children First Council

**EXIT/CLOSED CASE FORM**

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Lead Case Manager and Agency \_\_\_\_\_

The above named family is no longer in need of services from Allen County FCFC Intersystems Committee.

Reason:

\_\_\_\_\_ Emergency need requested was met.

\_\_\_\_\_ Service Plan outcomes and goals have been met.

**Outcomes achieved:** circle all that apply

\_\_\_ **Family Satisfaction** (universal goal)

\_\_\_ **Family Preservation** \_\_\_ **Mental Health** \_\_\_ **Sobriety** \_\_\_ **School Success** \_\_\_ **Reduced Court Involvement**

\_\_\_\_\_ Family/Child has moved from Allen County.

\_\_\_\_\_ Child is incarcerated.

\_\_\_\_\_ Family/child chooses to exit from multiple services.

\_\_\_\_\_ Transition to adult services: \_\_\_\_\_  
Agency date

\_\_\_\_\_ Other \_\_\_\_\_

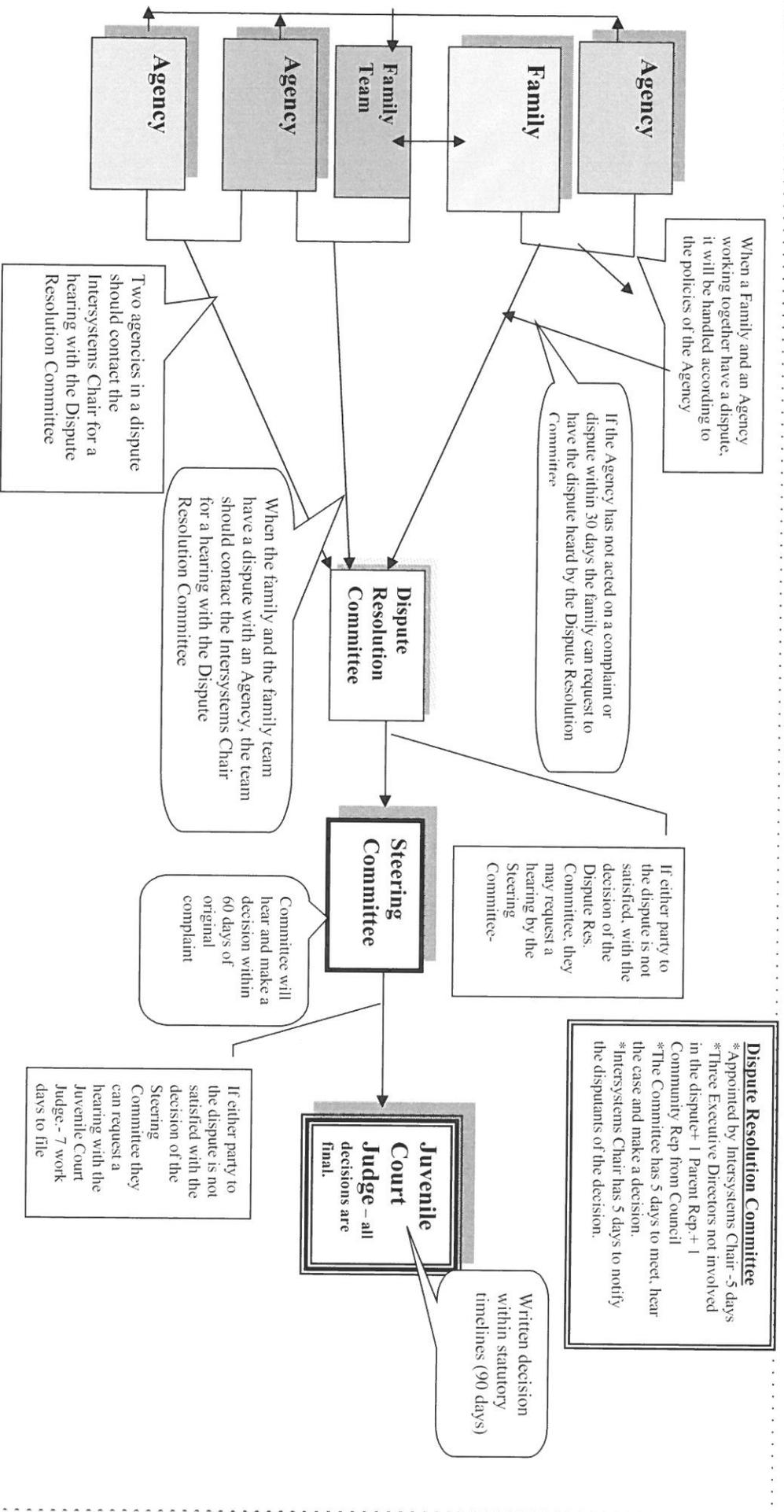
Comments:

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date of exit \_\_\_\_\_ Today's date \_\_\_\_\_

*Please return this form to FCFC Coordinator, PO Box 1243, Lima, Ohio 45802*

Allen County Family and Children First Council  
**Service Coordination Dispute Resolution Process**



## Attachment C

### Checklist for FCFC Service Coordination Mechanism Updates

The County FCFC Service Coordination Mechanism should include all of the following:

- 1) An overview or description of the purpose of service coordination in your county that includes what entities/agencies/ persons were involved in the review and revisions of the mechanism, the structural components (or levels/intensity of coordination) of service coordination in your county, a description of the criteria established, including age range, for children accepted for service coordination, and a description of how families and agency personnel and community members will become aware of and trained in the service coordination mechanism process in your county.
- 2) A description of the statutory components required under ORC 121.37 (C), including:
  - (C)(1): A procedure for referring a child and family.
  - (C)(2): A notification procedure for all individual family service coordination plan meetings.
  - (C)(3): A procedure for a family to initiate a meeting and invite support persons
  - (C)(4): A procedure ensuring an individual family service coordination plan meeting occurs before an out-of home placement is made, or within ten days after placement in the case of an emergency.
  - (C)(5): A procedure for monitoring progress and tracking outcomes.
  - (C)(6): A procedure for protecting family confidentiality.
  - (C)(7): A procedure for assessing the strengths, needs and cultural discovery of the family.
  - (C)(8): A procedure for developing a family service coordination plan.
  - (C)(9): A dispute resolution process, including the judicial review process.
- 3) A description of the statutory components required under ORC 121.37 (D), including:
  - An overall description of the process and individual components of the family service coordination plan.
  - (D)(1): Description of the method for designating service/support responsibilities.
  - (D)(2): Description of the method for selecting the family team member who will track progress, schedule meetings and facilitate meetings.

- (D)(3): Description of how plans will ensure services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment.
- (D)(4): Description on how alleged and adjudicated unruly and delinquent youth will be dealt with using service coordination, including a method for diverting them from deeper involvement in the juvenile court system.
- (D)(5): Description of how time lines will be established for completing family team goals.
- (D)(6): Description of how crisis and safety plans will be included in the family service coordination plan.

4) A description of the fiscal strategies for supporting FCFC service coordination including:

- How funding decisions are made for services identified in the family service coordination plan.
- How flexible resources are maximize.
- How funds are blended, braided or coordinated to support service coordination.
- How resources are reallocated from institutional services to community-based, preventive, and family-centered services.
- How decisions will be made regarding the use of the Family Centered Services and Supports funds for children and their families in service coordination.

5) Quality Assurance of Service Coordination Mechanism

- Describe how the service coordination mechanism process will be monitored and reviewed. Please include who will monitor and review the mechanism and how often this will happen.

Attachment B

Family and Children First Council Signature Page

The undersigned submit the Allen County Family and First Council Service Coordination Mechanism and assure that the Service Coordination Mechanism has been reviewed and revised by the FCFC during State Fiscal Year 2016/17 to meet compliance with Ohio Revised Code 121.37 and 121.38 and the Systems of Care: Family Centered Services and Support Guidance, and that the mechanism has been approved by the FCFC by April 13, 2018.



FCFC Chair (Signature)

3/12/2018

Date

Theresa Schnipke

FCFC Chair (Print/Type Name)



FCFC Administrative Agent (Signature)

3/12/18

Date

Cory Noonan

FCFC Administrative Agent (Print/Type Name)



FCFC Family Representative (Signature)

3/13/18

Date

Megan Croy

FCFC Family Representative (Print/Type Name)