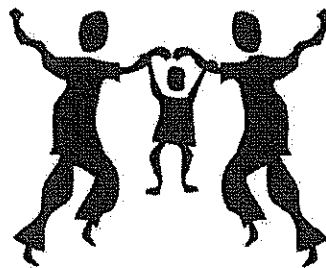


# **Auglaize County Family & Children First Council**

**Service Coordination Mechanism**



**Working together to provide a  
“comprehensive, effective, and  
easily accessible network of  
services” for families and children.**

### **Overview/Purpose of Service Coordination**

At the onset of Governor Taft's administration, he identified Ohio Family and Children First as the vehicle to coordinate state wide efforts to improve outcomes for Ohio's children and families. The state in conjunction with community stakeholders developed Ohio's Commitments to Child Well-being. Auglaize County supports these commitments and our local service coordination plan is developed based on these commitments:

- 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.

Since its inception in the early nineties, Family and Children First has been a catalyst for bringing communities together to coordinate and streamline services for those families and children needing or seeking assistance. Collaboration has proven to be in the best interest of families as well as local child-serving systems.

Provisions were added to the county FCFC service coordination requirements, introduced initially in 1995 and amended in 2002 and again in 2006/2007. In the biennial budget for State Fiscal Years 2006 and 2007, Amended Substitute House Bill 66 (Am. Sub. HB 66) was enacted by the Ohio Legislature and signed by Governor Taft on June 30, 2005. The legislation required that agencies, organizations, and families in Ohio's counties work together to design an improved procedure for responding to the strengths and concerns of multiple need children and their families.

The purpose of Service Coordination is as follows:

- Services are delivered using a family-centered approach.
- Services are responsive to the cultural, racial, and ethnic differences of the population being served.
- Service outcomes are evaluated.
- Available funding resources are full utilized and 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.
- Families are fully involved in decision-making for their children and are provided with family advocacy options.

***Please note that this type of system development should at all times promote early intervention, prevent out-of-home placements, and keep children and communities safe while supporting families whenever possible. The Auglaize County FAST Committee (FAamily Stability Team) supports the above stated issues and will be the implementing body for service coordination requirements in Auglaize County.***

Now again in 2010 we are being asked to review and update our Service Coordination Mechanism to ensure it is meeting the requirements for accessing Family Centered Support Services funding as well as ORC 121.37 and 121.38.

### **Target Population**

No family will be refused the opportunity to refer oneself for consideration for service coordination. However, the target population will be families with children **ages 0-21** and who are either abused, neglected, dependent, unruly or delinquent as mandated by House Bill 274. In addition, the FCFC will identify a process within this mechanism for dealing with the above stated youth. A method for diverting youth from becoming identified as the above stated population will also be contained within this mechanism, as mandated by House Bill 57. Other target populations include multi-need/multi-system youth whose services and supports are currently not adequately being met.

### **Service Coordination Mechanism and Purpose**

The Council shall establish a FAST Committee (Family Stability Team) and an Intersystems Committee (formerly Cluster) to address the needs of our target populations. The FCFC Coordinator will also act as the FAST facilitator/chairperson. The Chairperson of the Intersystems Committee will be the *President-Elect* of the Council.

The FAST Committee will provide the avenue of coordination for two or more participating agencies and work with involved agencies to develop a comprehensive service plan for the child/family in need. A holistic approach will be used, and keeping the child and family together in a safe and nurturing environment is the overall goal. This Committee will also assure that children with multiple needs may be appropriately served in a timely manner as services may be needed from more than one local or state agency and as the child may not clearly meet the definition for services from any one agency.

The Intersystems Committee will serve as the governing body to the FAST Committee. They will handle dispute resolution, gaps in services, and funding issues on an as needed basis.

### **FAST & Intersystems Committee membership, meetings, and case files**

Agencies involved with the development and implementation of this plan and that have representation on the FAST, Intersystems Committees and/or the FCFC:

- Department of Job and Family Services/Children's Services
  - Mental Health and Recovery Services Board
  - Family Resource Center ( our local Board funded mental health provider)
  - The county school system
  - Health Department/Help Me Grow Program
  - Juvenile Court
  - Family Representatives
  - Developmental Disabilities
1. Each Committee member/agency is required to sign a resolution of support before they will be recognized as an official voting member of the FAST or Intersystems Committee. Each member is required to attend as many meetings as possible or send a representative in their place.
  2. Each member should have the authority to commit to specific resources such as services and/or funding to contribute to the development of case planning.
  3. The FAST or Intersystems Committee may invite any other local public or private agency, group, or individual to be a temporary or permanent member of this committee on an as-needed basis (e.g. parents, outside service providers and agencies, etc.).

4. Regular meetings of the FAST and Intersystems Committee shall be held. Generally these meetings are monthly for FAST and bi-monthly for Intersystems.
5. The FAST Facilitator will be responsible for facilitating all FAST Committee meetings. In the facilitator's absence, the chairperson of the FAST Committee will facilitate the meeting. The FCF President-elect will chair the Intersystems Committee meetings. In the facilitator's absence the President will chair the meeting.
6. The FAST facilitator/FCF coordinator is also responsible for meeting notifications, schedule changes, and agendas for both FAST and Intersystems meetings.
7. Emergency meetings will be scheduled as needed. The FCF coordinator/ FAST facilitator in coordination with the FCF President and President-elect will determine when and if an emergency meeting is needed. The facilitator and/or the chairperson will be responsible for this scheduling.
8. The FAST Committee will maintain a case file on all active cases. The case file shall include, at a minimum the following: a parental release form, initial referral form, and case notes. The FAST facilitator is responsible for maintaining the case file, including keeping parental releases and case notes current.
9. Minutes will be maintained at all meetings. FAST members will rotate the duty of keeping meeting minutes. The FAST Facilitator will develop a schedule for this rotation. The FCFC secretary will keep minutes at all Intersystems meetings.

Families and agency personnel will be made aware of and trained in the county's service coordination through various avenues. This training/awareness will include:

- A brochure that briefly explains the Auglaize County Service Coordination Plan, the FAST Program, and how to make a referral to the Program. This brochure will be user friendly to both agency staff and families.
- FAST members are also well versed in the service coordination mechanism and will be able to provide training as needed to agency personnel and families.
- The FCF Coordinator/FAST facilitator is also able to provide awareness and training to any agency personnel or family.

**Procedure for accessing service coordination, levels of intervention and criteria (C)(1)**

Levels/types of intervention and criteria include:

- Individual agency involvement and service guidance (Level 1)
- Multi-system involvement and service guidance for families with limited issues/needs and or prevention measures (Level 2)
- Financial assistance for individual and multi-system at-risk families (Level 2)
- Multi-system/agency service coordination and financial assistance for the highly at risk families and children. (Level 3)

*Please note the FAST Committee provides assistance at all levels of intervention. Level 3 represents those in need of accessing all or most of the service coordination mechanism process.*

**Procedure for referring a child and family to the Service Coordination Process (C)(1)**

Anyone in the county can access the Service Coordination Process, including but not limited to service agencies, juvenile court, and families voluntarily seeking services. The referral process is as follows:

The following are allowable referrals to the FAST Committee:

- If services are not readily available to child and family or there is a problem with the coordination of services. It is important to note that ***BEFORE*** a case is brought to the FAST Committee, the lead agency in collaboration with the family has attempted to work within its agency and if necessary, outside the agency to provide the necessary services to the multi-need youth/family. If these attempts have not yielded the needed collaborative results, then a referral should be made.
- If there is a lack of funding available for a developed service coordination plan.
- The child is at risk of being removed from the home, including the target populations listed in the Service Coordination Plan. (See procedure for addressing these children below.)
- The child is multi-need and has been emergency removed from the home.

**Referral Steps:**

1. If the referral meets one or more of the above listed criteria, the lead agency and/or family may call in a referral to the FAST Facilitator at (419) 738-3355.

***Please note:*** FAST reserves the right to deny acceptance of a case based on: lack of agency involvement or need; parents refusal to sign a release and the referral has not been court ordered; lead agency and or parents will not adhere to committee recommendations; or a suitable service plan and funding sources have already been established.

2. A **Parental Release Form** must be signed immediately. This form can be obtained from the facilitator. It is the responsibility of the lead agency and/or family to get this form signed. (No action can or will be taken on the case until this form is signed unless the Juvenile Court Judge has court ordered the referral.)
3. A **referral form (addendum A)** will then be filled out by the referring source/lead agency and/or family and submitted to the facilitator for processing. This form includes the following:
  - The date or receipt of the referral.
  - Contact information for the child/family being referred.
  - Contact information of the referral source.
  - A brief description of the issues being experienced.
  - Response to the referral or the outcome of the referral.
4. If facilitator determines that referral is appropriate for accessing the service Coordination mechanism, she will establish an initial family meeting time for all agencies involved with the referral, including a representative from the appropriate school district. When a meeting time has been established, facilitator will notify all involved agencies of time and place. In addition, lead agency or FAST facilitator will provide written notification to parent(s)/guardian of meeting scheduled within five

business days after receipt of referral. Family needs and limitations will be considered when establishing meeting time and location. In addition family has the right to invite support person(s) to this meeting as well (e.g. parent advocate, another family member, etc.). The meeting itself will take place within ten business days after the referral is received, unless other arrangements have been made. The meeting may take place sooner if needed.

Please note: Not all families who are referred to service coordination will be appropriate for service coordination. If facilitator determines that referral is not appropriate for accessing service coordination mechanism, she will take appropriate action (e.g., referring to other programs or services). Facilitator will also notify referral source of this.

5. A meeting will then be held to become familiar with the case and to begin developing the Plan of Action or **Service Coordination Plan** for the child/family. At this meeting the following will occur:

- **The needs and strengths of the family will be assessed. These needs and strengths will be gathered and established from the entire team including the family. In addition, this needs and strengths assessment will be done for every child involved with service coordination, including children whose parent or custodian is voluntarily seeking services and/or any alleged unruly child. These needs and strengths will then be written into the service coordination plan and shall be inclusive of all appropriate services and supports. In addition when developing and writing the plans it is imperative to remember to place an emphasis on personal responsibilities of the child and the parent/guardian as well. *(Please note, the assessment tool and service coordination plan will be the same form (addendum D/E). In addition, the tool/plan allows for cultural discovery and is culturally sensitive to all populations.)* (C)(7)& (D)(1) & (E)(1)(A)**
- **Actual goals and services will be set up for the child/family. These goals and services will be formulated with the help of all involved agencies, child and the parent/guardian. These services will be responsive to the needs and strengths of the family, as well as the family's culture, race, and ethnic group. This will again be done by encouraging parents/family to participate, offer information, and suggestions throughout all aspects of plan development. Parents and agencies providing services may be asked to sign a contract listing their responsibilities. Parental and service accountability is essential to the success of the plan and all plans should meet the needs of the children/families in the least restrictive environment possible. Service Coordination plans may include the following services but are not limited to: (C)(8)&(D)(3)**
  1. Mental Health Services/Supports (Assessments, Home Based Therapy, Partial Hospitalization, Counseling, Case Management, Med. Somatic services, etc.)
  2. Respite
  3. Educational Opportunities
  4. Mentoring
  5. Community Support Services
  6. Case Management
  7. Evening and Weekend Activities, Programs, and Services
  8. Other supports and activities as deemed necessary (e.g. transportation services, financial assistance)

- A safety and/or short-term crisis plan (addendum F) will also be established. This will be done with leadership from our mental health provider, as they are well versed and trained in the development of such plans. Efforts in the development of this plan will include providing support to the child/family, keeping everyone safe, and maintaining the child and family together whenever possible and safety can be assured. (D)(6)
- If necessary, a funding plan will also be established. Funding of plans is determined by the FAST Committee. If the FAST Committee can not determine and/or agree on a funding plan, it will then be forwarded to the Intersystems Committee for determination. Funding sources may include but are not limited to: FAST pooled funding\*, Help Me Grow Funds, TANF/PRC funds, individual agency/program funds, parent contributions, insurance, donations, Family Centered Support Services (FCSS) funds\*\*, CCBH monies and other grant funding as available. By accessing all of the above listed funds based upon the service provided, the population being served and the rules and regulations of the different funding streams, it is felt these resources will be maximized. The FAST Committee in collaboration with the FAST facilitator and the FCF administrative agent will determine which source is appropriate for funding the identified services in the plan.

*\*FAST Pooled Fund is done on a State Fiscal Year basis. Council asks the FAST membership agencies to commit dollars to be placed in one fund to serve the "at-risk" population and service coordination mechanism in our county. The FAST Committee then votes on every dollar that is spent. Membership agencies generally have dollars available to support this fund because they have reallocated dollars once used for out-of-home placements and services and are now using them to provide community based, preventative, and family-centered services.*

**\*\*All funds are distributed based on need, resources, and availability. However due to state guidelines FCSS funds are available only at level three of service coordination. State guidelines require that FCSS funds be used only for cases with IFSCP's in place and family teams identified.**

6. After the completion of all **Comprehensive Service Coordination Plans**, it is assured that they will include:
  - Designation of service responsibilities among those that provide services to children and their families including children who are abused, neglected, dependent, unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. **The plan will clearly identify the service being provided and who is responsible for it and the overall family service plan goal with timeline for completion of that goal.** If for any reason, needed supports or services are not readily available; the plan shall also include how priorities are chosen to address these gaps. (D)(1)&(D)(5)
  - Plans will be implemented by various team members and parent(s)/guardian. There will be a coordinated assignment of responsibilities for designating authority and funding among all responsible agencies and organizations for coordinated assessment, service plan development and implementation, as well as transitional services, activity tracking and plan satisfaction. (D)(1)

7. In order to coordinate plan management across systems, a designated individual (**approved by the family**) and in most cases, the lead agency, shall track the progress of the family service plan. This individual will also schedule further meeting dates and ensure that all mandated parties including but not limited to the family, the family advocate or other support people, all involved agencies, including the appropriate school district are notified and invited. Said person also initiates reviews and facilitates those meetings as well. All of the above said activities should be done in collaboration with the FAST Committee and facilitator. (C)(2)&(D)(2)
8. **Any plans, grievances, or financial issues that are unable to be resolved through the program will be referred to the Intersystems Committee for review and action. (See Dispute Resolution Process).**

**Process for dealing with child(ren) who is alleged to be an unruly child.**

*Early identification and intervention is recognized as a critical factor in preventing a child from becoming involved with the juvenile court system. The following process will be used to identify and intervene with these types of children.*

Any child serving agency including but not limited to: the schools, children's services and mental health providers that suspect a child may be identified as alleged/unruly but not yet involved with the Juvenile Court Systems should take the following actions:

1. Prepare a complaint under Ohio Revised Code Section 2151.27 that will notify the child/parent that the complaint has been prepared to encourage child and parents to comply with other methods to divert the child from the juvenile court system.
2. Conduct a meeting with child, parents and other interested parties to determine appropriate methods for diversion. Services that may be included are:
  - Parenting Education
  - Mentoring
  - Short-term respite
  - Alternative education programs
3. The agency filing the complaint will be responsible for the above process. If, after this process has been executed and exhausted, the child is still not responding, the child should then be referred on to the above-cited service coordination referral process. Any child is at-risk for becoming involved with the juvenile justice system is also at risk of being removed from the home as juvenile detention facilities pose a constant risk for removal. (D)(4) & (E)(2)

**Family Right to initiate a meeting and invite support person(s).**

After referral has been accepted and a service coordination plan has been developed for the child/family, the family has the right to initiate additional meeting(s) to continue the development or review of said service coordination plan. The family also retains the right to invite a family advocate, mentor, or other support person of the family's choice to participate in any such meeting.



If the family determines that this meeting is necessary they must either contact the FCF Coordinator/FAST facilitator or the lead agency contact person with their request for said meeting. At that point the coordinator/facilitator and/or lead agency contact person will coordinate and schedule a meeting within ten business days of the original request. It will be the facilitator and/or contact person's responsibility to schedule the meeting and contact interested parties. It will be the parent's responsibility to notify anyone they want to participate in the meeting (e.g. family advocate, mentor, etc.). (C)(3)

**Procedure for ensuring that a family service coordination plan meeting occurs before a non-emergency out-of home placement for multi-need children is made or within ten days after an emergency placement is made. (C)(4)**

A service coordination plan meeting will be held following the above stated referral process. The exceptions to this process are as follows:

- If the service coordination meeting is occurring to assist in the prevention of an out-of-home placement, the meeting will take place as soon as reasonably possible.
- If the service coordination meeting is occurring as a result of an emergency placement, the meeting will take place within ten days of the placement.
- Please note the purpose of service coordination meetings in these instances is to assure that all alternatives to out of home placements have been explored and exhausted, as well as to provide the opportunity to plan for community supports for the family and for the child's return to the home/community.
- In this instance it is also required that the service coordination plan determines how agencies will jointly pay for services and assure that services are provided in the least restrictive environment.

*Please note: This requirement applies to children who are involved in service coordination under this mechanism. The law provides that a family may refer itself to the service coordination mechanism at any point and time, which includes any time prior to or immediately after an out-of-home placement. Nothing in this division shall be interpreted as overriding or affecting the decisions of a juvenile court regarding an out-of-home placement.*

**Monitoring Progress and tracking outcomes. (C)(5)**

The following activities will be carried out for each comprehensive service plan that is developed and will be made available to state agencies at their request:

- Monitoring and tracking children in out-of-home placements to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment, and education. This information is to be tracked and collected by the agency that placed the child and reported to the FAST Committee for review a minimum of every thirty days. (C)(5)
- A FAST report on overall program success is to be reported at all Council meetings.
- Child placing agencies will continue to track all placement numbers.
- In addition:
  1. All level one\*(see "levels/types of intervention" for level definition) cases are reviewed by involved agency. If additional tracking is needed case must be moved to level 2.

2. All level two cases are reviewed at FAST meetings as needed but a minimum of three times in six months during initial referral. The lead agency assigned to the case is responsible for tracking and monitoring case.
  3. All level 3 cases are reviewed initially at every FAST meeting, then as needed, a minimum of every thirty days. Again, lead agency is responsible for tracking and monitoring case. (D)(5)
- In all three levels of intervention, the lead agency is responsible for collecting this information, tracking the outcomes of the child/family and service coordination plan and then reporting this information to the FAST Committee as needed and/or required. (C)(5)
  - The FAST Committee then reports overall data collection to the Council so that Council in direct collaboration with the FAST Committee can evaluate and prioritize services, fill service gaps and invent new approaches to achieve better results for families and children. (C)(5)

#### **Protecting the Confidentiality of Families (C)(6)**

It is a family's right to be assured that protecting their confidentiality is of the highest priority and the law. All information disclosed during the service coordination meetings or contained in the comprehensive service coordination plan is to be considered confidential. All families must sign a release of information (**Addendum B**) so that members and involved agencies can exchange information. All families involved are also guided by all HIPAA and state and federal laws regarding client confidentiality.

In addition, cases are presented and accepted by a voting procedure of FAST committee members. Once a case has been accepted, a case number is assigned using the following format: current year-lead agency initials-case number beginning with 200. Example: 05-JCT-400. All case discussions are identified via their case numbers, and are addressed this way in all public correspondence as well, thus omitting family names.

As a final measure to assure the protection of family's confidentiality, all team members will sign a document (**Addendum C**) that explains confidentiality expectations of information disclosed during team meetings and throughout the entire planning process as well as information included on the IFSCP.(C)(6)

#### **Dispute Resolution (C)(9)**

This local dispute resolution process shall be used to resolve disputes between agencies, the child, the children's parents or custodians and/or agencies and the Council regarding service coordination and or plans. The Council will in collaboration with the FAST Committee inform the parents or custodians of their right to use and access the dispute resolution process and to be included in all aspects of the process, if they choose. In the event that a disagreement occurs in the initial referral or in the formulation or implementation of the family service coordination planning process, the following dispute resolution process shall be implemented.

***\*Please note this process includes the assurance that the family and child will receive necessary services while going through the Dispute Resolution Process. Necessary services include any and all services identified in the family's IFSCP. For the purposes of distinguishing between emergency and non-emergency situations and time lines for addressing Dispute Resolution when it is determined to be an emergency or non-emergency the following guidelines should be implemented. An emergency is identified as if there is a danger to ones self or others until there is a resolution. If there is danger present it is an emergency if there is not, it is a non-emergency. This can also be determined by a vote of those involved with the process, with majority ruling.***

1. If there is a significant and unresolved conflict regarding any aspect of the child/family referral, plan development, or plan implementation, by any participant (**including youth or parents**), every attempt shall be made to resolve the conflict within the parameters of the FAST Committee. The lead-referring agency shall initiate negotiations in collaboration with the FAST facilitator, and involved service agencies/providers to resolve disagreement. The goal is to maintain the mediation and resolution of the conflict as close to the direct case providers as possible.
2. In the event the conflict *cannot* be resolved at the FAST level, a formal statement of conflict shall be filed with the chairperson and or FCF Coordinator. The statement shall be filed by the individual or agency that feels the issue has not been resolved. This statement shall be issued within **five working days** of the last FAST meeting that was completed to resolve the disputed issue.
3. The chairperson of the Intersystems Committee or the FCF Coordinator shall copy and make available the formal statement of conflict to all members of the Intersystems Committee. The Intersystems chair and/or the FCF Coordinator shall set a date and time **within 10 working days** of receipt of the formal statement, for the Intersystems Committee to meet and review the statement. This may also take place at the next scheduled Intersystems meeting if all involved parties feel the dispute can wait until that time.
4. After the meeting and **within seven working days** of the meeting, the Intersystems Committee will issue a formal response to all affected parties.
5. The decision of the Intersystems Committee may be appealed one time in writing within ten days of receiving the written response from the Intersystems Committee. The Intersystems Committee will then go through the dispute resolution process again to attempt to resolve the dispute. **The entire above process should not exceed 30 working days unless all involved parties agree to continue the dispute resolution process beyond the 30 days, with the intent of a resolution that does not involve the Juvenile Court System. In no case shall the process exceed 60 business days.**
6. If the dispute regarding the provision of services is still not resolved it may be referred to the State Service Coordination Committee. If this is done all parties must agree to this and the process should be facilitated through the FCF Coordinator/FAST facilitator. The State Service Coordination Committee will review the dispute and make recommendations to the OFCF Cabinet Council for its review and approval. After approval OFCF will respond in writing to the local Council. This response will occur within 30 days of the original SSCC request.
7. If the dispute regarding the provision of services is still not resolved, it may then be referred to the local Juvenile Judge for processing and action. The request will be made by the FCF Council President **within seven business days of the final attempt to resolve the dispute. In addition, with the direction of the FCF Council President and Coordinator all involved parties are required to gather and prepare all necessary information regarding assessment and treatment information concerning the case for the court.**
8. The Juvenile Judge must decide if the dispute has jurisdiction and if so, the scope of jurisdiction is all pursuant to statute, Sec. 2151.23 of the Ohio Revised Code.

9. While the dispute resolution case is pending in court, the parties involved will proceed with the determination from the Intersystems Committee until the judge takes action. Any agency expending funds while a case is in the judicial process will be reimbursed if it is later determined that the agency/individual is not responsible to do so. This reimbursement will take place by whatever agency is deemed responsible.
10. The final arbitrator of the dispute and case resolution is the presiding Juvenile Court Judge. His/her decision is final and binding.
11. The dispute resolution process shall otherwise take place in accordance with Sec. 121.38 of the Ohio Revised Code. In addition, this procedure does not replace other rights or procedures that parents/custodians may have under other sections of the Revised Code.  
*\*Please note: Parents/custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. Also, if this process is being accessed for a Help Me Grow child/family both Dispute Resolution Processes are aligned-see HMG Policy and Procedures.*

#### **Quality Assurance**

The service coordination mechanism and process will be monitored and reviewed through the following:

- Council will provide annual reviews of the mechanism and process.
- The FAST Committee will report on the mechanism and process at all FCFC meetings.
- The FAST Committee in collaboration with the Intersystems Committee will provide ongoing monitoring and system review.

These monitoring and review mechanisms will assure that the plan and its process are kept up to date, effective and will yield better outcomes for families and children. In addition, service coordination data will be made available to the state for evaluation upon written request to the FAST Facilitator.

**Families and Children First of Auglaize County  
General Assembly Meeting  
June 9, 2010**

Attendance: Michael Schoenhofer, MHR SB; Jennifer Free, FCF Coordinator; Melissa Meyer, FRC; Charlotte Parsons, ACHD; Cheryl Feathers, Head Start; Amy Ruppert; ACJFS; Al Willis, DD; Lois Clark, OSUE, AC; Dottie Morgan, Girl Scouts of Western Ohio; Heidi Pence, Area Council on Aging 3; Gretchen Leppla, ESC; Vickie Martin, Council of Rural Services/Head Start; Donna Dickman, Partnerships for Violence Free Families; Chris Roby, ACCA; Sally Imondi, Juvenile Probation; and Dan Evans, ABC Center

**Call To Order:**

Michael Schoenhofer called the meeting to order at 8:36 a.m. The sign in and introductions were completed.

**Minutes of Previous Meeting:**

Amy Ruppert moved and Al Willis seconded a motion to approve the minutes of the March 10, 2010 General Assembly meeting. The motion passed.

**Finance Report:**

Jennifer Free reviewed the financial report including 2010 receipts and expenditures for each fund. Monies from the Children's Trust Fund Grant must be spent by June 30, 2010. As most of you know, the FCF Administrative Grant was cut resulting in decreases including Jennifer's hours. Sally Imondi moved and Cheryl Feathers seconded a motion to accept the Finance Report. The motion passed.

**Coordinator's Report/Committee Reports:**

The Combined Executive/Intersystems Committee met and discussed financial issues, committee updates, Early Head Start, and a waiver for Help Me Grow eligibility.

The FAST Committee continues to be busy. There has been an increase in financial requests for coordination and wrap around services. Referrals have seen an increase in younger boys with aggression issues. Family Centered Supports and Services funding continues to be challenging to access.

The Help Me Grow Grant is being prepared for submission. There are new criteria for entry into the program for at risk populations. Current at risk families will be able to remain in the program until they transition out. The curriculum has changed and is more extensive. Staff members have been trained in use of this curriculum. An Autism Pilot Program is being started. Childnet's Fall Screening will be October 4, 2010 from 3:30 to 6 p.m. at the ABC Center.

The SFY 2011 Children's Trust Fund application for BB/BS and the Crisis Center has been submitted. End of the year reports are in the process of being prepared.

The Training Committee Survey identified children's mental health as the topic for the October 15, 2010 training.

\* FCF continues to work with the ESC to engage local school districts in the participation and development of the Family and Civic Engagement initiative. This issue will be addressed at the next meeting.

First Lady Frances Strickland has been attending regional FCF meetings. She is interested in the issues FCF addresses.

### **Council Action/Approval**

- SFY2010 OCBF Grant. The grant includes funds for the operation of the FCF of Auglaize County. Al Willis moved and Charlotte Parsons seconded a motion to submit the grant as presented. The motion passed.
- HB289 Update/Report. The information from the Teen Screen is used to generate this report. This year's data will be compared with data from past years. Melissa Meyer shared information concerning this year's Teen Screen. Family Resource Center follows youth who have a positive screen. Methods to increase the number of parental permission to complete the screen were discussed. Dan Evans moved and Chris Roby seconded a motion to accept the report and submit to the state. The motion passed.
- Updated/Revised Service Coordination Mechanism. The following changes are included in this report: 1) The target audience is birth to 21 years. 2) Individuals involved in team meetings must sign a confidentiality form. 3) Family Centered Support Services Funding was added to the list of funding sources. 4) All forms must be included in the report. 5) Quality assurance information was added. Melissa Meyer moved and Amy Ruppert seconded a motion to accept the Updated/ Revised Service Coordination Mechanism and submit to the state. The motion passed.

### **Other:**

- Donna Dickman from the Partnership for Violence Free Families shared information on the activities of the coalition – Parents Raising Safe Kids, the Olweus Bullying prevention Program, Safe Dates, and Talking about Touching. A Suicide Prevention Task Force is being formed. A sign up sheet was circulated. Information on suicide was shared.
- Chris Roby updated members on the new Council on Aging Satellite which opened in Wapakoneta. The satellite is open on Monday and Friday and has an average attendance of about 30 people. Chris also shared information about the Elderly Justice Coalition and their upcoming workshop featuring Neil Winget. The Council on Aging will have a levy renewal on the November ballot.
- Amy Ruppert shared information on the TANIF Summer Youth Employment Program for youth 16 to 21 years old. Agencies/businesses interested in this program should contact the One Stop for additional information.

### **Future Meeting Date:**

There being no further business or member concerns, the meeting adjourned at 9:53 a.m.

The next General Assembly meeting is scheduled for September 8, 2010 at 8:30 a.m. in Suite 2, Educational Service Center, Wapakoneta.

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Mike Schoenhofer, President

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Lois Clark, Secretary

**FAST**  
**Auglaize County Family Stability Team**  
**Initial Referral Form**

Date of Referral: \_\_\_\_\_ Child's Social Security number \_\_\_\_\_

Name of Referring Agency: \_\_\_\_\_

Contact Person at Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Name: \_\_\_\_\_

Father 's Name : \_\_\_\_\_

Custodial Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's School District: \_\_\_\_\_

Is this referral being made by the child's school: \_\_\_\_\_

If yes, has the referral been approved by the IAT/IEP team: \_\_\_\_\_

Current school placement: \_\_\_\_\_ \*SEO Signature: \_\_\_\_\_

**Agencies/Organizations involved:**

1.) _____	_____
Agency Name/Contact Person	Telephone
2.) _____	_____
3.) _____	_____
4.) _____	_____

\*If the school is making a referral, the SEO signature must be signed, prior to submitting the referral to the FAST Committee.

**\*\*Please continue on other side.**

**(Addendum A/page 1)**

Is the child on Medicaid: \_\_\_\_\_ If not, is child covered under private insurance:

Family Physician's name and number: \_\_\_\_\_

What services is the family/child **currently** receiving:

___ respite services	___ mentoring services	___ counseling services
___ residential	___ case management	___ juvenile court services
___ JFS benefits (food stamps, cash, etc.)	___ CSB services	
___ E.I. services	___ Preschool	___ school
___ MR/DD services	___ Home Base therapy	___ med. somatic
___ tutoring	___ Help Me Grow	___ JFS Day Care
___ transportation	___ Other: _____	___ Other: _____

Reason for referral and/or any other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you seeking from the FAST Committee for this family/child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----For Fast facilitator only-----

Date referral was received: \_\_\_\_\_

Meeting Coordination notes:

Revised: 11/04

(Page 2/Addendum A)



**Auglaize County FAST Committee/FCFC  
Client Authorization for Information Sharing**

I hereby authorize those agencies/providers named below to exchange, give, receive, or share information in their records, from whatever source derived, related to my participation and that of my minor children.

Name of Child	Date of Birth	Name of Child	Date of Birth
Name of Child	Date of Birth	Name of Child	Date of Birth

I understand the following:

1. The purpose of this information sharing is to improve the communication about services to my family and me.
2. Each of the agencies/providers has agreed:
  - a.) to share this information only with other agencies/providers which I have designated;
  - b.) not to share information with other agencies/providers without my written consent unless otherwise required or authorized by law.
3. Any and all rights to confidentiality which I may have under state or federal law will continue, except for information covered by this form.
4. I may revoke this authorization at any time, except information that has been previously exchanged.
5. This authorization shall automatically expire 180 days from the date of my signature on the reverse side of this authorization, unless I revoke it sooner. The date of this expiration is \_\_\_\_\_.
6. This authorization shall not restrict information sharing otherwise authorized by law.

I authorize sharing of the information: (initial if yes)

Yes \_\_\_\_\_ Case information: identifying information, medical and social history, treatment/service history, psychological evaluations, IEP's, IFSP's, transition plans, vocational assessments, grades and attendance, financial information, and other personal information held by any of the agencies/providers regarding my minor children or me.

Yes \_\_\_\_\_ HIV and AIDS related diagnosis and treatment

Yes \_\_\_\_\_ Substance abuse diagnosis and treatment

This Authorization for Information Sharing has been explained to me. I have read the disclosures on the opposite page. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

**Agencies/Providers  
(Please initial each for authorization)**

<p>_____ Auglaize Co. Educational Service Center</p> <p>_____ Wapak City Schools</p> <p>_____ School: _____</p> <p>_____ Auglaize County FAST, Intersystems, and PCF Committees</p> <p>_____ Head Start/Early Head Start</p> <p>_____ Auglaize County DJFS/Children Services</p> <p>_____ Ohio Department of Youth Services</p> <p>_____ Other: _____</p> <p>_____ Other: _____</p>	<p>_____ Auglaize County Health Department/Help Me Grow</p> <p>_____ St. Marys City Schools</p> <p>_____ Auglaize County DD Board</p> <p>_____ St. Rita's Medical Center</p> <p>_____ Lutheran Social Services</p> <p>_____ Auglaize County Juvenile Court</p> <p>_____ Family Resource Centers</p> <p>_____ Other: _____</p> <p>_____ Other: _____</p>
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(Continue on other side)  
(07/10)

Definition of "Case Information":

If this release authorizes the disclosure of case information, consent to such disclosure may include the following types of information, if it is in files of the agency disclosing this information:

- a. Identifying information: names, birth dates, sex, race, address, telephone number, social security number, type of services being received and name of agency providing services to parent or children. Medical records, including but not limited to the results of physical and mental examinations, diagnosis of physical and mental disorders, medication history, physical and mental health status and history, summary of treatment services received, summary of treatment plans and needs.
- b. Psychological and medical testing, including but not limited to any IQ tests or other tests of cognitive, emotional, or mental status and any reports of physical tests such as X-rays, CT scans, diagnostic blood testing, and other test results.
- c. All records as kept by the Auglaize County Department of JFS/Children Services except child abuse investigation referral sources.
- d. Juvenile Court Records.
- e. School records: This information is subject to the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g, and the Ohio Student Records Privacy Act, RC 3319-321.

If the records released pursuant to this consent include records of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

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

If the records released include information of a HIV-related diagnosis or test results, the following statement applies:

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

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date Signed

**Auglaize County FAST Committee  
Service Coordination  
Team Signature/Confidentiality Page**

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

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

Printed Name	Role	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Addendum C

**Auglaize County Family and Children First Council  
FAST Committee Service Coordination Form (IFSCP)**

**Youth's name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender:** \_\_\_\_ **Race:** \_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Lead Case Manager:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family/Parent**

**Advocate:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Offered:** \_\_\_\_\_

**List youth's team members(contact/agency):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief Family History:**

**List any family cultural information that may be needed when child/family is accessing  
SCM and developing IFSCP:**

**Child/Family Strengths:**

**Child/Family Needs:**

**Action Plan:**

Service Provided	Who is responsible	Funding Source	Start/End Date

**Family Goal(s) as a result of action plan and completion dates:** \_\_\_\_\_

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**Other/info./etc:**

**Team signatures designate agreement and involvement in the development and implementation of IFSCP.**

\_\_\_\_\_  
**Parent**

\_\_\_\_\_  
**Child**

\_\_\_\_\_  
**Lead Agency**

\_\_\_\_\_  
**FCFC Coordinator**

\_\_\_\_\_  
**Other Team Member**

\_\_\_\_\_  
**Other Team Member**

## Family Safety Plan

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_

All parties agree to follow the above listed safety steps when family is involved with a crisis situation.(family fight, suicide threat, etc)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

## YOUTH SAFETY PLAN

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

The name of my psychiatric illness is \_\_\_\_\_.

The reason I see the Dr. is \_\_\_\_\_.

### SYMPTOM FLARE-UP MANAGEMENT SHEET

A. The situation that often causes me stress or problems and leads to anger or agitation include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Examples: *holidays, losing a job, failing a class, substance use, fight with siblings, being called a name, getting yelled at*).

B. The first signs that I notice that indicate that I am under stress and at risk for a blow up/outburst are:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(Examples: *feeling tense, not being able to sleep, feeling suspicious of others, face gets red, pacing, clench fists*)

C. The first signs that others notice that indicate that I am under stress and at risk for an outburst are:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(Examples: *wearing particular clothing, a specific facial expression, being up all night*)

D. When I am under stress and I, or others, notice that I am losing control, my family and I agree to do the following to reduce the likelihood of a blow up/outburst.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(Example: *trying to reduce stress by going for a walk, call a friend to talk, calling my case manager about a medication adjustment, family will try to "give me my space"*)

\_\_\_\_\_  
Client/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider/Credentials

\_\_\_\_\_  
Date

Cc: Client Chart

FRC 115 Effective: 1/5/04 Revised:

**Family Resource Centers  
Crisis Prevention Plan**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The name of my psychiatric illness is \_\_\_\_\_

The reason I see the Doctor is \_\_\_\_\_

**SYMPTOM FLARE-UP MANAGEMENT SHEET**

A. The situation that often causes me stress or problems and leads to anger or agitation include:

\_\_\_\_\_  
\_\_\_\_\_

(Examples: holidays, losing a job, failing a class, substance use, fight with siblings, being called a name, getting yelled at)

B. The first signs that I notice that indicate that I am under stress and at risk for a blow up/outburst are:

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

(Examples: feeling tense, not being able to sleep, feeling suspicious of others, face gets red, pacing, clenched fists)

C. The first signs that others notice that indicate that I am under stress and at risk for an outburst are:

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

(Examples: wearing particular clothing, a specific facial expression, being up all night)

D. When I am under stress and I or others notice that I am losing control, my family and I agree to do the following to reduce the likelihood of a blow up/outburst:

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

(Examples: trying to reduce stress by going for a walk, call a friend to talk, calling my Case Manager about a medication adjustment, family will try to "give me my space")

\_\_\_\_\_  
Client/Guardian Signature                      Date

\_\_\_\_\_  
Service Provider Signature/Credentials                      Date