



LAKE COUNTY FAMILY AND CHILDREN FIRST COUNCIL SERVICE COORDINATION MECHANISM

Approved by Children's Executive Committee April 20, 2016
Approved by Lake County Family and Children First Council April 26, 2016

INTRODUCTION:

The Mission of the Lake County Family and Children First Council (LCFCFC) and the purpose of service coordination are to ensure access to a seamless system of community services and resources for Lake County children, adolescents and families. The guiding principles of the LCFCFC as outlined by the bylaws include:

- The service delivery system shall empower parents and families to be responsible and informed decision makers for their children.
- Human and financial resources should be developed and appropriately organized to best meet the health, educational, and social service needs of families, allowing all children to develop to their full potential.
- Service delivery and development shall be comprehensive, multidisciplinary, integrated, community based and child/family focused.
- Services and interventions shall be focused on family preservation, family reunification, community commitment, and family/peer supports.
- The service delivery system of care should ensure quality through ongoing evaluation and accountability, and be accessible in a timely and responsive manner to ensure the effective and efficient delivery of services.

Lake County Service Coordination will support Ohio's Commitments to Child Wellbeing, including:

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

All required participants, as outlined in ORC 121.37, worked through a collaborative process to plan, develop and implement LCFCFC's Service Coordination Mechanism. Included were representatives of child welfare, education, health, the board of development disabilities, juvenile court, Help Me Grow/Early intervention (the Early Childhood Coordinating Committee), alcohol, drug addiction and mental health services, as well as family representatives.

ELIGIBILITY:

LCFCFC and the Lake County community make every possible effort to work collaboratively to identify, develop and provide resources to adequately meet the needs of children, adolescents and families. Current populations that may need additional services and/or resources in Lake County may include homeless families and children who have been dually diagnosed with profound developmental disabilities and mental health issues. LCFCFC strives to identify and address potential gaps in services in an effort to continuously improve our service delivery system.

The Service Coordination Mechanism shall serve as the guiding document for coordination of services in the county when a child is referred to LCFCFC for assistance. In order to assure consistency in the county service coordination approach, and to assure that the process meets the requirements established in the law, all persons or entities providing service coordination on behalf of the LCFCFC must follow the processes, policies, practices and procedures as they are outlined in the Service Coordination Mechanism.

In order to optimize a finite set of resources it is necessary to prioritize the population in terms of individuals who are not being served or whose needs are being inadequately met.

Admission Criteria:

- 0 – 21 years of age
- Residents of Lake County
- Family is requesting service coordination
- Multi-System need children whose service and support needs are not met while working with the family outside the Service Coordination Mechanism

With these requirements as a given, a priority rating will be given to individuals meeting one or more of the following criteria:

- Have not yet been able to access needed services
- Have exhausted all local resources and/or courses of action
- Have significant barriers to services

All children who receive services under the Help Me Grow program (HMG) and who are also being serviced under the Service Coordination Mechanism will be assured that services received are consistent with the laws and rules of HMG per federal regulations and the Ohio Department of Health's policies and procedures.

Criteria for Continued Service Coordination (may meet some or all criteria):

- The child/youth is under the age of 21
- The family is an active team participant
- The family continues to make progress towards the goals listed on their Individualized Family Service Plan (IFSP)

- The child/youth remains involved with two or more systems

Criteria for Transitioning out of Service Coordination and/or case closure (may meet some or all criteria):

- The child is over the age of 21
- The family is no longer requesting service coordination
- Goals have been met and the team agrees that the family has stabilized
- The child/youth is involved with only one system
- The family has not received service coordination or services from LCFCFC for a period of 3 months
- The team decides that service coordination is making no progress
- The child is no longer a resident of Lake County
- Custody of the child has been granted to LCDJFS or another county system
- The family has failed to participate in the development of and/or review of their Individualized Family Service Plan (IFSP)
- The family has failed to sign and return necessary paperwork required for continued service coordination through LCFCFC

REFERRAL PROCESS:

Any Lake County agency, including juvenile court and the school districts, or a family voluntarily seeking services may refer a child or adolescent for service coordination by contacting the LCFCFC Service Coordinator. A professional making the referral is designated as the Point Person for the family. The Service Coordinator guides the Point Person through the referral process and provides assistance as necessary. The Service Coordinator plays a major role in the navigation of the referral process for families who are not connected to a service professional or Point Person within the community.

Level One Services:

In an effort to streamline the referral process, two levels are utilized for families seeking services. Families seeking to maintain children and adolescents in their own home through the provision of non-clinical, family-centered services and supports will be assessed by the Service Coordinator to determine if they meet the criteria for service coordination. These families may be eligible for non-clinical services such as:

- Non-clinical in-home parent/child coaching;
- Non-clinical parent support groups;
- Parent education;
- Mentoring;
- Respite care (including summer camps);
- Transportation (i.e. taxi fare, gas vouchers);
- Social/recreational activities;

- Safety and adaptive equipment;
- Structured activities to improve family functioning; and,
- Parent advocacy.

A referral for these services may be received from either a professional working with the family (the Point Person) or through direct contact with the family seeking services by contacting the LCFCFC Service Coordinator at 440-350-4222 to obtain a referral packet. The referral packet contains the following documentation:

- LCFCFC Referral form
- Authorization of Release of Confidential Records form
- LCFCFC Dispute Resolution Process

The referral form will cover the following information which includes an outline of the family's strengths and needs:

- Family demographics;
- Child and family medical, social, and developmental history;
- Child and family strengths;
- Past assessment results for the child/family;
- Service, support and intervention history of the child and/or family;
- Current community services and supports being accessed by the child and/or family;
- Current needs of the child and family in each significant life domain (which are sensitive to cultural differences), housing, educational/vocational issues, social, medical, psychological and emotional issues, safety and legal issues.

All families referred will be contacted by the Service Coordinator within five (5) business days from the receipt of the initial contact or receipt of the completed referral form and signed release form.

Should a family be eligible to receive non-clinical services such as those listed previously, the Service Coordinator will make arrangements to secure those services for the family. The Service Coordinator will invite the family to participate in the development of an Individual Family Service Coordination Plan (IFSCP). The IFSCP meeting will include appropriate supportive services staff, school staff, and any support person identified by the family. The Service Coordinator, unless another individual is chosen by the family, will facilitate the meeting and track the progress of the service coordination plan. An Individualized Family Service Coordination Plan will be developed for each family and will include an individualized crisis plan.

Level Two Services:

Service providers or families who are seeking clinical services or a higher level of service coordination would access services through the same referral process as level one services but the Service Coordinator will schedule a presentation before the LCFCFC Children's Committee

(Wraparound). Wraparound membership consists of designees representing the primary child/family serving systems within Lake County. These systems include Wraparound's fiscal agent, the Lake County Board of Developmental Disabilities, the Lake County Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS), the Lake County Educational Services Center (ESC), the Lake County Department of Job and Family Services and the Lake County Juvenile Court.

The mission of Wraparound is to ensure that high quality, family focused services are provided to Lake County children, adolescents and their families. As a result of many years of collaboration between family serving agencies, our local network of services has become well developed and highly synthesized. This process has resulted in fewer out of county residential placements and a decrease in the number of children who are referred for service coordination at the Wraparound level. More services have become available and more accessible to families, which decreases the need to progress to this level of service.

A referral for these services may be received from either a professional working with the family (the Point Person) or through direct contact with the family seeking services by contacting the LCFCFC Service Coordinator at 440-350-4222 to obtain a referral packet. The referral packet contains the following documentation:

- LCFCFC Referral form
- Authorization of Release of Confidential Records form
- LCFCFC Dispute Resolution Process
- Financial form
- Family Statement

The referral form covers the same information as outlined previously.

For referrals to Wraparound, additional professional assessments may be offered by the Point Person as indicated. Additional screenings/assessments offered to the family may include those that address developmental delays/disabilities, COEDI/adaptive behaviors, educational multi-factored evaluations, medical exams, psychological/psychiatric evaluations, neuropsychiatric evaluations, specialized mental health assessments, substance abuse assessments, sexual offender assessments, violence risk assessments and/or fiscal information as needed. Information gathered through any of these resources should be included in the referral packet.

All families referred will be contacted by the Service Coordinator within five (5) business days from the receipt of the initial contact or receipt of the completed referral form, financial form and signed release form.

Once a referral is received the Service Coordinator will contact the Point Person to place the family on the Wraparound meeting agenda to present the necessary information to the committee. Scheduling of the Wraparound meetings and notification to parties is the responsibility of the Service Coordinator. Parties to be notified shall include, but are not limited to, family members, mentors, advocates or support persons identified by the family, appropriate school district representatives, and appropriate staff from service provider agencies. Family

needs and requests are taken into consideration when scheduling the time and location of the Wraparound meeting. Meetings are scheduled, at a minimum, once per month. Meetings may be canceled if there are no new Wraparound presentations on the agenda for a given month.

At the Wraparound meeting, the Point Person summarizes the child and family's history, strengths, and rationale for requesting services. All meeting participants are given the opportunity to provide information about the child and family's history, strengths, challenges, needs, etc. Open discussion is encouraged to explore viable service and support options. A culturally sensitive approach is utilized in all meetings when assessing strengths and needs. This approach must also demonstrate sensitivity to racial or gender specific issues. Family members are assured that it is the intention of the Wraparound committee to provide solutions that are family centered, community and strengths based.

All personal family, healthcare, treatment and educational information disclosed and discussed during the meeting is confidential and is shared with others for professional purposes only. All parties sign a Service Coordination Confidentiality Statement at each presentation. The meeting is documented for the purpose of keeping minutes for each Wraparound meeting.

It is the philosophy of the LCFCFC that all children and families in our community should have access to a complete continuum of high quality care, which creates an environment for family driven services and progression toward less or more intensive services as indicated by need. Wraparound members will make recommendations to address service gaps or barriers as outlined in the presentation. If all possible community support and treatment options have been exhausted, residential placement may be considered by the Wraparound committee. Wraparound's role is to determine the appropriateness of potential placement options and to assist in securing financial assistance to support the cost of care, when applicable.

On occasion the health and/or safety of a child may be at risk, or that of a family member or member of the community. If all other supportive service systems are restricted by regulations and/or lack of funding from acting on behalf of a child to ensure his/her safety, this would qualify as an emergency. If an emergency occurs indicating an immediate need for placement, consultation with the Wraparound committee members is initiated by the Service Coordinator by phone or through electronic communication and a Wraparound meeting is scheduled within ten (10) days of placement. Emergency placements are rare and are typically initiated through a filing at Lake County Juvenile Court or through police intervention and not as a result of service coordination through the LCFCFC or Wraparound.

Should a family be recommended to receive services through Wraparound, the Service Coordinator and the Point Person will make arrangements to secure those services for the family. The Service Coordinator will invite the family to participate in the development of an Individual Family Service Coordination Plan (IFSCP). The IFSCP meeting will include appropriate supportive services staff, school staff, and any support person identified by the family. The Service Coordinator, unless another individual is chosen by the family, will facilitate the meeting and track the progress of the service coordination plan. A written IFSCP will be developed for each family. The IFSCP will outline how the LCFCFC will provide services in the least restrictive environment, how services will be funded, and will include an individualized crisis

plan. IFSCPs will be reviewed every ninety (90) days for the duration of time a family is receiving service coordination.

ROLE OF THE SERVICE COORDINATOR/LEAD CASE MANAGER:

In partnership with families the Service Coordinator will serve as the Lead Case Manager for children and adolescents who are referred to LCFCFC for service coordination. The responsibilities of the Service Coordinator are to:

- Receive and process referrals for services from agencies and families;
- Assure that families are informed of their rights and responsibilities;
- Conduct home visits as necessary, and otherwise assess, enroll and process requests for services for children and adolescents receiving LCFCFC services;
- Assure that necessary forms are completed and signed, including the Authorization of Release of Confidential Records form, LCFCFC Referral form, LCFCFC Family Statement, Individual Family Service Coordination Plan, and financial forms;
- Arrange for necessary services and advocate for quality services on behalf of children and adolescents receiving LCFCFC services;
- Maintain confidential records pertaining to children, adolescents and families receiving LCFCFC services;
- Keep families advised of the status of children receiving funded services, including the identification of any gaps in services or barriers to services; and,
- Maintain accurate charting and documentation as required by current program and state standards.

The Service Coordinator will maintain records of each referral for service coordination, including self-referring families. These records shall include documentation of the referral, releases of information and confidentiality agreements, Individualized Family Service Coordination Plans, contracts for funded services, correspondence pertaining to the family, copies of educational, medical and social/psychological information provided to support the need for services, and any additional documentation gathered through the provision of service coordination. Records will be secured in a locked area and will only be accessed by the Service Coordinator or his/her direct supervisor to maintain confidentiality. All information shared with Wraparound committee members or LCFCFC members will be done with respect to the family and in a confidential manner. Releases of information will be requested from and signed by parents and maintained in the case record. As stated previously, all parties sign a Service Coordination Confidentiality Statement at each Wraparound presentation.

The Service Coordinator also provides education to families and service providers regarding service coordination by providing onsite education and training, upon request, to the staff of community agencies, including Lake County Juvenile Court, Lake County Department of Job & Family Services, Lake County Board of Developmental Disabilities, Lake County ADAMHS Board's network of provider agencies, and local school districts. Literature is made available to families in accessible locations throughout the community.

OUTCOME MEASUREMENT AND TRACKING:

Once it is determined that a family will receive service coordination and an Individual Family Service Coordination Plan is created, the plan will be reviewed formally every ninety (90) days until services have been successfully completed or the case has been officially closed by the LCFCFC Service Coordinator.

A family member may request the review of the Individual Family Service Coordination Plan at any time. Progress toward the designated outcomes/goals listed within the context of the Individual Family Service Coordination Plan is closely monitored by the Service Coordinator. This includes close tracking of children in out-of-home placements to assure continued progress, appropriateness of the placement, and continuity of care after discharge from placement with appropriate arrangements for housing, continued support and treatment, and appropriate educational services. The Service Coordinator will review the progress of children and adolescents who are receiving service coordination with the Wraparound committee on a monthly basis.

The Service Coordinator will monitor/track results and outcomes such as the number of referrals, referral sources, the average length of stay for a child or adolescent in residential care, and number of cases closed. The Service Coordinator will report this information through monthly progress reports to the LCFCFC Children's Executive Committee. Summaries of this information are then reported to the full Council on a quarterly basis. Child, adolescent and family outcome information and other informative data collected through the monitoring process of Wraparound shall be utilized to inform the decision making process of the LCFCFC as it fulfills the responsibility to annually evaluate and prioritize services, fill service and resource gaps, and design new approaches to achieve better results for Lake County children, adolescents and families, as required by ORC 121.37 (B) (2) (b). All service coordination data will be submitted, upon request, to the Ohio Family and Children First Council.

DIVERSION:

Early identification and intervention is a key element in preventing a child from becoming involved in the Juvenile Court system. Although many adolescents are already involved with this system prior to a referral for service coordination, procedures are in place to address issues related to unruly juveniles. If a family's Individualized Family Service Plan identifies that a child is displaying unruly behavior and the youth is not already involved with the Lake County Juvenile Court a referral will be made by the Service Coordinator to Juvenile Court. Referrals are made to the Intake Department. Most youth assessed by the Intake Department are those legally deemed unruly. Many referrals consist of adolescents and families who have communication problems that can be addressed without the aid of official court programs. Intervention is designed to meet the child and family's needs through the least restrictive and intrusive method possible. One method is to assign an Intensive Caseworker which is a master level counselor employed by Juvenile Court to provide short term, goal oriented family counseling. A ten-week contract is completed to identify problem areas and work toward

specific goals. If after ten weeks further counseling is requested the family is referred to a community agency.

The Lake County Juvenile Court also has a school truancy program which was developed to establish early identification of children or adolescents who are displaying dysfunctional behavior regarding school attendance. First a warning letter is sent to the parents by the school. If problems continue, the school will make a referral to the Intake Department. A conference is held with the child, parent and school official to determine if the case should be referred for official court action or held in abeyance. If held in abeyance, an intake officer will check on the child's school attendance and performance and will assist with community referrals as needed. The Juvenile Court also has the A-Ten-D program which targets students identified by school administrators as being at risk for truancy issues. Students and parents must attend a hearing held by the Juvenile Judge at the school. An attendance contract is signed by all parties and the intake officer works with the family as stated previously. If the student fails to comply with the contract truancy charges are filed by the school.

Through appropriate assessment by the Intake Department many adolescents are diverted from official court programming. If a child or adolescent is determined to need the accountability of the court system a complaint will be filed.

DISPUTE RESOLUTION PROCESS:

Systems and agencies in Lake County work together diligently on a daily basis so that children, adolescents and families have access to the quality services they need. However, it is inevitable that on occasion there may be differences regarding the provision of services or the assignment of responsibilities toward implementing services. The following process has been established, and access will be made available to all families receiving LCFCFC services to ensure swift and equitable resolutions. Parents will be informed in writing of the dispute resolution process at the time of referral. Parents, and the child or adolescent if applicable and appropriate, will be included in all aspects of this process. Parents or guardians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures parents or guardians may have under other sections of the Ohio Revised Code.

Disputes can occur between agencies, between families and agencies, or between families and LCFCFC. If the dispute involves a HMG service, reference will be made to the HMG policies that are aligned with this Service Coordination Mechanism. The parent/guardian may choose to file a grievance with the local HMG Project Director or with the Ohio Department of Health Bureau of Early Intervention Services, attn. HMG Program, 246 North High Street, Columbus, Ohio 43215, telephone 614-644-8359, email beis@odh.ohio.gov.

Family/Individual Issues:

A parent or guardian who disagrees with a decision rendered by the LCFCFC regarding services for a child may initiate the dispute resolution process. Whenever possible, families should be encouraged to work closely with the Service Coordinator to get differences resolved without a

formal complaint. However, when the Service Coordinator has made a concerted effort for no more than ten (10) business days, exploring all avenues within his/her authority, and the issue remains unresolved, the parent or guardian will be advised to put their complaint in writing to the Service Coordinator for review by the Wraparound committee members. The written complaint should include: name, address, telephone number of parent/guardian, name of the child receiving service coordination, full name of the parties involved in the dispute, names of the agencies involved in the dispute, dates of all incidents and any desired remedy being sought by the parent/guardian.

From the date the Service Coordinator receives the written complaint Wraparound has six (6) business days to convene with the family and an advocate, if desired. At this meeting areas of dispute are presented by the family. Open discussion is encouraged by everyone present to negotiate a resolution. Meeting minutes will be utilized to document areas discussed and the outcome of the Wraparound meeting.

If the issue remains unresolved after review by Wraparound and the parent or guardian wants to continue the dispute resolution process, the parent/guardian will notify the Service Coordinator who will forward a summary of the pertinent information to the LCFCFC Chairperson. The LCFCFC Chairperson will assign one or more individuals from LCFCFC who do not have a direct interest in the matter to review the complaint. The assigned members have seven (7) business days from notification by the Chairperson to review all documentation related to the complaint and to hear the petition of the parent/guardian with an advocate present, if desired. The Juvenile Court Judge shall exclude him/herself from LCFCFC meetings pertaining to dispute resolution matters. No later than sixty (60) days after the parent or guardian initiates the dispute resolution process, the LCFCFC shall make a determination regarding the dispute and issue a written determination of the findings to be provided to the family and other involved parties.

If the issue cannot be resolved through LCFCFC a "Provision of Services Resolution" shall be filed with the Juvenile Court within seven (7) days of the LCFCFC's written determination. This matter shall be heard by the Lake County Juvenile Court Judge and a resolution will be rendered within seven (7) business days of the filing date. The Service Coordinator will provide all pertinent case documentation at least three (3) business days prior to the hearing.

All Individual Family Service Coordination Plans in effect for the child and family at the time of the complaint will remain in effect until the dispute is resolved. The Service Coordinator will track all timeframes involved and will keep full documentation throughout the process in order to ensure compliance with the timeframes established.

Systems Issues:

Each agency has its own unique set of Federal and State laws, rules, regulations, and policies by which it is obligated to operate. An agency represented on LCFCFC that disagrees with LCFCFC's decision (through the recommendation of Wraparound) concerning services or funding for services a child or adolescent is to receive from agencies represented on the LCFCFC, may initiate the local dispute resolution process.

The agency should present the complaint in writing within ten (10) days of the recommendation to LCFCFC's Chairperson with a copy to the Service Coordinator. The LCFCFC Chairperson will call a meeting of designated LCFCFC members in an attempt to bring about a resolution which reflects the best interest of the family, following guidance provided in ORC 121.38. A written determination will be submitted by the LCFCFC Chairperson to the complainant and the Service Coordinator within sixty (60) days of the initial referral of the matter to the LCFCFC Chairperson. An agency subject to the determination, shall immediately comply with the determination, unless the agency objects by filing action with the Lake County Juvenile Court as specified in ORC 121.38(B)(2). This must be done no later than seven (7) days after the date the written determination was issued. The Lake County Juvenile Court will proceed with the resolution of the dispute according to ORC 121.38.

While the dispute resolution process or any Juvenile Court proceedings are pending, each agency shall provide services and funding as recommended by LCFCFC or Wraparound prior to the dispute resolution procedure being initiated. If the agency providing services or funding is found to not be responsible for providing the service as a result of the dispute resolution process, the agency shall be reimbursed for the cost of providing the services by the agency or agencies determined to be responsible for service provision. If the reason for the agency's disagreement with the recommendation is due to a Federal or State rule or an interagency agreement or memorandum of understanding prohibiting the provision of this service, LCFCFC can choose to submit an application to OFCFC for an exemption.

FISCAL STRATEGIES FOR SUPPORTING SERVICE COORDINATION:

For children who are receiving service coordination the following fiscal resources are used:

Third party sources are always thoroughly researched by the Point Person or Service Coordinator and utilized in the funding process whenever possible. The Service Coordinator will request that families exhaust all local resources and/or courses of action before decisions will be made regarding Family Centered Services and Support (FCSS) funds. It is the intention of the LCFCFC to avail themselves of grants and other funding sources to enhance local services to children, adolescents and families. All such prospective funding sources will be reviewed by the LCFCFC. All funds will be used in accordance with their stated guidelines.

Funding packages are often developed with a variety of funders, since often times no one funder has the resources to meet the entire cost of a service or intervention. When more than one funder is responsible for the cost of a service or intervention, the list of responsible funders is included on the family's Service Coordination Plan and agreed upon by various funders prior to the implementation of the plan.

Family Centered Services and Support (FCSS) funds are utilized for the non-clinical needs of children, adolescents and families. Decisions regarding the use of FCSS funds are made by the Service Coordinator with oversight from his/her supervisor and the LCFCFC Children's Executive Committee to ensure eligibility has been met, requests are appropriate and funds are dispersed in a fair and appropriate manner.

Additional funding is available through three primary community funders: the Lake County Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS), the Lake County Department of Job and Family Services (LCDJFS), and the Lake County Board of Developmental Disabilities. The decision to share funds was made jointly by the involved funders. The funds are divided proportionately between the ADAMHS Board and LCDJFS unless the child is eligible to receive services through the Board of Developmental Disabilities. If the child is eligible for and receiving these services the funds are divided proportionately between the three agencies. Other LCFCFC member agencies provide a portion of funding such as the Lake County Juvenile Court when funding is available.

Use of parental resources should also be pursued such as the availability of insurance coverage including Medicaid. Parents are also requested to make a contribution toward the funded services and are notified in writing regarding the required amount.

QUALITY ASSURANCE:

In order to ensure the highest level of quality assurance to families, members of the LCFCFC Children's Executive Committee will monitor and review the Service Coordination Mechanism on an annual basis. This review will be conducted in order to ensure that our local mechanism is kept up to date, is effective and reflects the most current process practiced in Lake County.

The LCFCFC Service Coordinator collects data and updates the Children's Executive Committee monthly regarding progress being made in individual cases. The data collected helps the Children's Executive Committee determine gaps in services that may exist and is used to prioritize the use of funding. This information is provided to the LCFCFC on a quarterly basis.

LCFCFC assures that upon request, service coordination information will be submitted to the state for evaluation.

SMC 4/20/16



LCFCFC Case #

Date Referral Received by LCFCFC:

Date of initial response by LCFCFC:

**Lake County Family and Children First Council
Referral Form**

Child's Name: _____

Referred By: _____ Telephone: _____

Agency Affiliation: _____ Email: _____

SECTION I: IDENTIFYING INFORMATION

Child's Date of Birth: _____ Child's age: _____ Child's gender: male female

Social Security Number: _____

Ethnicity: African American; Asian/Pacific Islander; Biracial; Caucasian; Hispanic;
 Native American; Other

Who has custody of this child? _____ Relationship to child _____

Primary Caretaker(s) & Residents of Child's Home: (Complete ALL that Apply)

Mother - Name: _____ DOB: _____

Biological; Adoptive; Step; Residential Parent

Address/City/Zip: _____

Phone Number: _____ Cell phone number: _____

Father - Name: _____ DOB: _____

Biological; Adoptive; Step; Residential Parent

Address/City/Zip: _____

Phone Number: _____ Cell phone number: _____

Marital Status of Primary Caretaker(s): (check one)

Never married; Married; Separated; Divorced; Widowed

Other Relatives and/or Siblings in the Household with the Child:

Name: _____ DOB: _____ Relationship to child: _____

Child's Residence at Referral if different from primary caretaker(s): With Whom: _____

Address/City: _____

SYSTEMS INVOLVED AT REFERRAL (Check ALL that apply):

- Department of Job and Family Services Health Mental Health ODYS
- Special Education Juvenile Court Board of Developmental Disabilities
- OTHER: _____

Is the child currently on probation? Yes No If no, is the child displaying unruly behaviors? Yes No

Juvenile Court Contact Name: _____ Telephone # _____

LCDJFS Contact Name: _____ Telephone # _____

Guardian Ad Litem Name: _____ Telephone # _____

FUNDING SOURCES FOR CHILD/FAMILY (Check ALL that apply):

- Public Assistance Caretaker Wages Medicaid (Insurance #) _____
- BCMH Private Insurance Company Name _____ Insurance # _____
- SSI SSDI
- Other (specify): _____

CHILD'S EDUCATION:

A. School District of Residential Parent (check one):

- Fairport Mentor Perry
- Kirtland Painesville City Wickliffe
- Madison Painesville Township Willoughby-Eastlake

B. Child's Current Grade Level (check ONE):

- Preschool K 1 2 3 4 5 6 7 8 9 10 11 12

C. Educational/Vocational Programming at Referral (check ALL that apply):

- Regular Classroom (REG) Home schooling (HS)
- Alternative School (AS) Learning Disability (LD)
- Multi-handicapped (MH) Day Treatment (DT)
- Orthopedically Handicapped (OH) Home Instruction (HI)
- Detention Center School – JC (DCS/JC) Pre-school – Special Ed (PSE)
- Developmentally Handicapped (DH) Severe Behavior Handicapped (SBH)
- Early Intervention Classes (EIC) Visually Handicapped (VH)
- Expelled Vocational Rehabilitation
- Hearing Handicapped (HH) Vocational Training (VT)
- Withdrawn

D. IEP Developed: No Yes

If yes and over age 16, Transition Plan Developed No Yes

E. 504 Developed: No Yes

F. What School is the child currently attending _____

SECTION II: REASON FOR REFERRAL

A. Precipitating Factors, Past & Current, Leading to Referral for Service Coordination

B. What services/programs are recommended for this child?

C. What services/programs are recommended for this child's family members?

D. Facilities/Programs Contacted for Child/Family (Include their response and reason for any denials for service):

E. Action or Assistance Requested:

SECTION III: CONDITIONS AT REFERRAL

Does the child have a primary care physician? yes no

If yes, name of Physician: _____

If no, please explain: _____

CONDITIONS AT REFERRAL (Check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse, Emotional | <input type="checkbox"/> Adjudicated Abuse | <input type="checkbox"/> Intellectual Disability, Mild |
| <input type="checkbox"/> Adjudicated Delinquent | <input type="checkbox"/> Intellectual Disability, Moderate | <input type="checkbox"/> Abuse, Physical |
| <input type="checkbox"/> Adjudicated Dependent | <input type="checkbox"/> Intellectual Disability, Severe | <input type="checkbox"/> Adjudicated Neglected |
| <input type="checkbox"/> Intellectual Disability, Profound | <input type="checkbox"/> Abuse, Sexual | <input type="checkbox"/> Adjudicated Unruly |
| <input type="checkbox"/> Developmental disability (specify) _____ | | |
| <input type="checkbox"/> Other (specify): _____ | | |
| <input type="checkbox"/> None/Not Applicable | | |

PRESENTING CONDITIONS AT REFERRAL (Check ALL that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Aggression/Assault | <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Self-Mutilation |
| <input type="checkbox"/> Anxiety/Phobias | <input type="checkbox"/> Gang Interest/Involvement | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Attention Deficit/Hyperactivity | <input type="checkbox"/> Hallucinating/Delusional | <input type="checkbox"/> Sexual Offending |
| <input type="checkbox"/> Bizarre Behavior/Language | <input type="checkbox"/> Homicidal Gesture | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Breaking/Entering | <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Compulsions/Obsessions | <input type="checkbox"/> Lying | <input type="checkbox"/> Suicidal Gesture |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Problems-Authority Relations | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Problems in Peer Relations | <input type="checkbox"/> Tantrums/Severe Anger |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Robbery | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Encopresis | <input type="checkbox"/> Running away | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Enuresis | <input type="checkbox"/> School Problems, Academic | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> School Problems, Behavioral | |
| <input type="checkbox"/> Other (specify): _____ | | |
| <input type="checkbox"/> None/Not Applicable | | |

DESCRIBE ANY SOCIAL OR RECREATIONAL ACTIVITIES THAT THIS CHILD IS INTERESTED IN OR PARTICIPATES IN:

SECTION IV: CHILD/FAMILY HISTORY

ENVIRONMENTAL STRESSORS (Check ALL that apply):

- School problems
- Abusive and/or inconsistent relationship toward the child
- Strained relationship between child and caretakers
- Complex or inconsistent parental custody and/or visitation arrangements
- Lack of caretakers using personal care skills
- Chronic physical illness in family member(s)
- Substance abuse in family member(s)
- Loss of nuclear family member(s)
- Continuing legal problems, i.e. divorce, imprisonment of a family member, etc.
- Continuing socio-economic family problems
- Lack of use of community resources by family
- Other (specify): _____
- None/Not Applicable**

CHILD'S SOCIAL SUPPORTS (Rate each item as to how you feel it applies to this child):

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
A. Child's family provides caretaking support	<input type="checkbox"/>				
B. Child's family provides emotional support	<input type="checkbox"/>				
C. Child's family is willing to help in decision making	<input type="checkbox"/>				
D. Child has friends he/she can count on when things go wrong	<input type="checkbox"/>				
E. Child has accessed community resources	<input type="checkbox"/>				

CHILD'S MENTAL HEALTH:

Psychiatric Diagnoses, Present:

- 1.
- 2.
- 3.
- 4.

Psychiatric Diagnoses, Past:

- 1.
- 2.
- 3.
- 4.

Psychotropic Medications and dosage, Present:

- 1.
- 2.
- 3.

Psychotropic Medications, Past:

- 1.
- 2.
- 3.

CURRENT MENTAL HEALTH PROVIDER:

Agency: _____

Names of Service Providers: _____

Services Currently Receiving: _____

Agency: _____

Names of Service Providers: _____

Services Currently Receiving: _____

Dates of Service: _____

PAST MENTAL HEALTH PROVIDERS:

Agency: _____

Names of Service Providers: _____

Services Received: _____

Dates of Service: _____

Agency: _____

Names of Service Providers: _____

Services Received: _____

Dates of Service: _____

Agency: _____

Names of Service Providers: _____

Services Received: _____

Dates of Service: _____

Agency: _____

Names of Service Providers: _____

Services Received: _____

Dates of Service: _____

SECTION V: ADDITIONAL INFORMATION

Assessment of Child and Family Strengths & Potential Areas of Need (please attach additional information or pages as needed):

Please list child and family strengths:

- 1.
- 2.
- 3.

Please list child and family areas of need:

- 1.
- 2.
- 3.

Assessment of Family Cultural Influences (please attach additional information or pages as needed):

SECTION VI: ADDITIONAL FAMILY INFORMATION:

Family History could include community involvements, interests and leisure activities, any involvement with the legal system, role of religion, ethnic & cultural influences, strengths and potential areas of need. **Developmental Summary** could include drug use during pregnancy, developmental milestone, premature delivery, etc. **Medical Summary** could include serious injuries, periods of unconsciousness, etc. **Mental Health Summary** could include any assessments or specific test results. **Education Summary** could include specific test results and present level of performance. **Juvenile Justice** and/or **Job and Family Services** involvement would usually be summarized chronologically with dates, allegations and outcomes. **Additional Family Cultural Information** could include family heritage, religious beliefs/practices, family values, family structure, or any other input collected from the family.

Please return completed form to Lake County Family and Children First Council at 177 Main St. Painesville, OH 44077 or fax to 440-350-4401.

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I hereby authorize the Lake County Family and Children First Council to release and/or exchange all information identified below regarding _____ (DOB: ____/____/____) with the party/parties
 (Name of Client)

identified below. I understand that the purpose of this release and exchange of information is to provide information to the Lake County Family and Children First Council to aid in service coordination for the above named client. I understand that by signing this authorization, I knowingly waive my right to have said information kept confidential. This consent expires 180 days after signing of this release of information form, unless specified for a shorter period of time. This release expires on _____.

Information Covered (please initial):

- _____ Diagnostic assessments
- _____ Psychological/Psychiatric Test Results/Evaluations
- _____ Drug and Alcohol Assessment/Diagnosis
- _____ Attendance, behavior and parental involvement
- _____ Medication Records
- _____ General Medical History (except for HIV, AIDS or drug and alcohol treatment records)
- _____ Admission/Discharge/Treatment Summary
- _____ Court and Legal Records
- _____ Coordination of Services
- _____ Case Management Information
- _____ HIV and AIDS related diagnosis and treatment
- _____ Identifying information (name; DOB; sex; race; address; telephone number; SSN)
- _____ Financial information necessary to establish eligibility for benefits or other forms of assistance
- _____ Other (specify): _____

Parties Covered (please initial):

- _____ Lake County Wraparound Committee
- _____ Lake County Educational Services Center
- _____ Lake County Board of DD
- _____ Lake County Dept. of Job & Family Services
- _____ Lake County Juvenile Justice Center
- _____ Lake County ADAMHS Board
- _____ Agencies to promote social and recreational activities
- _____ Crossroads
- _____ Signature Health
- _____ School District _____
- _____ New Directions
- _____ Help Me Grow
- _____ Windsor-Laurelwood Hospital
- _____ Other: _____
- _____ Other: _____

I understand the confidential and privileged information that will be released or exchanged is intended to be used for the sole purpose of assisting in the continuity of care. I understand that there is a potential for re-disclosure of information to assist in the continuity of care by an authorized recipient after release by the Lake County Family and Children First Council. I understand that I have the right to revoke this authorization for release of information in writing; however, without such authorization services provided under this program may be discontinued.

 Signature of Client (if applicable) Date

 Signature of Parent/Guardian Date

 Signature of Witness Date

Revocation of Authorization

I understand that I can withdraw this authorization any time by signing below, and that if I do, my request will be honored except to the extent that Lake County Family and Children First Council has already acted upon a disclosure. Once my withdrawal of authorization has been received by Lake County Family and Children First Council, all releases and/or requests for information will cease immediately.

Signature

Date

Witness

Date

NOTICE TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED PURSUANT TO THIS AUTHORIZATION:

1. Any information disclosed to you has been disclosed from confidential records protected from disclosure by state law. If this information has been released to you in other than a summary, statistical, or aggregate form, you shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for the release of information pursuant to this section.

2. **If the records released include information of any diagnosis or treatment or drug or alcohol abuse, the following Prohibition on Re-disclosure of Information Concerning Client in Alcohol or Drug Treatment statement applies:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains 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 any alcohol or drug abuse patient.

3. **If the records released include information of HIV-related diagnosis or test results, the following statement applies:** This information has been disclosed from confidential records protected from disclosure by state law. No further disclosure of this information is permitted without the specific, written and informed release 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.

(Rev. 05/2016)



SERVICE COORDINATION CONFIDENTIALITY AGREEMENT

By signing below, I am providing written verification that all information discussed or provided during the Lake County Family and Children First Council's Service Coordination Process will be shared with others for professional purposes only and kept confidential.

Family Team Meeting Members:

Name: _____
Organization or Relationship to the Family: _____

Date: _____

Name: _____
Organization or Relationship to the Family: _____

Date: _____

Name: _____
Organization or Relationship to the Family: _____

Date: _____

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Organization or Relationship to the Family: _____

Date: _____

(Over)

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Organization or Relationship to the Family: _____

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Name: _____
Organization or Relationship to the Family: _____

Date: _____

**Lake County Family and Children First Council
Individualized Family Service Coordination Plan (O.R.C. 121.37 (D))**

Family/child strengths and needs identified through the assessment process shall be incorporated into all services and supports included in this plan. All services designated in this plan shall be provided within the context of the least restrictive environment for the child.

Service Coordination Plan for the Family of:

Child's Name:	_____	Parent/Legal Guardian	_____
Child's DOB	_____	Phone Number	_____
Date of Case Presentation	_____	Initial SC Plan Date	_____
Point Person	_____	Phone Number:	_____
Lead Case Manager	<u>Suzanne Casar</u>	Phone Number	<u>440-350-4222</u>

*The Lead Case Manager was approved by the family: Yes No

Child/Family Strengths:

- 1.
- 2.
- 3.

Child/Family Needs:

- 1.
- 2.
- 3.

Child Family Goals:

- 1.
- 2.
- 3.

Action Step#:
Responsible Party/Organization:
Service Timeline:
Review Date:

Action Step#:
Responsible Party/Organization:
Service Timeline:
Review Date:

Action Step#:
Responsible Party/Organization:
Service Timeline:
Review Date:

Action Step#:
Responsible Party/Organization:
Service Timeline:
Review Date:

Juvenile Court System:

Child currently on probation: Yes No

If no, is the child currently displaying unruly behaviors? Yes No

If yes, child will be referred to the Juvenile Court for an intake conference to evaluate the problems and design appropriate solutions. Date child referred:

Safety and Short Term Crisis Planning:

If my family experiences a safety concern or sudden crisis, I can contact the following individuals or resources for assistance:

Name:		Phone:	
Name:		Phone	
Name		Phone	

Identified Short Term Family Crisis/ Safety Plan:

I understand and agree to the action steps documented on this plan:

Name (please sign):	Relationship:	Date: