



## **Medina County Service Coordination Mechanism**

### **Purpose and Overview of Service Coordination Mechanism**

Medina County Family First Council (FFC) serves as the infrastructure at the local level to support the development, implementation, maintenance, and sustainability of the Service Coordination Mechanism (SCM). The responsibilities of FFC for service coordination are mandated in the Ohio Revised Code (ORC) 121.37, 121.38, 121.381 and 121.382.

The Service Coordination Mechanism is a process to help improve the lives of children and families with complex needs. It is a team based planning process used to develop a plan of care that is individualized based on the strengths and culture of the children and their family. The Service Coordination Mechanism will assist families with children birth through age 21.

### **Education and Training**

Education and training pertinent to the Service Coordination Mechanism will be provided on an annual basis to Family First Council members. The Service Coordination process, data, trends and funding will be discussed and reviewed as part of the monthly Youth Advisory Consortium meetings.

A brochure will be distributed to families, youth and agencies who serve families. The Medina County Family First Council's website will also contain information in regards to Service Coordination.

### **Development**

This Service Coordination Mechanism was developed through the work of a Family First Council ad hoc committee. Committee members included representatives from Medina County Juvenile Court, Job and Family Services including Children's Protective Services, Board of Developmental Disabilities, Educational Service Center, ADAMH Board, Solutions Behavioral Healthcare, Family First Council Coordinator and Service Coordinator, family representatives, and the Youth Advisory Consortium (aka ECCG) and the Health Department. Family First Council's Planning and Family Advisory Committee also reviewed a draft of the Service Coordination Mechanism and provided feedback. The full Council approved the final version of the plan. The Service Coordination Mechanism will be effective upon state approval.

### **Purpose Statement for Medina County Youth Service Coordination Mechanism**

The purpose of Medina County Youth Service Coordination is to coordinate services for multi-system youth that keep youth and families safe and in the least restrictive environment.

## **Service Coordination Population**

The populations to be served are families and their children from birth through age 21 with complex, multi-system needs that cannot be met effectively through the services and coordination of a single system. The child is identified as having, but not limited to, the following concerns: behavior, mental health impairment, academic/school related problems, family preservation, legal, health problems, substance abuse, violence, neglect and abuse, developmental disabilities.

Not all families referred to Service Coordination will be appropriate for Service Coordination. A family may be referred to a community resource and less intrusive options may be available. Alternatives will be pursued prior to implementing the Service Coordination Mechanism. Service Coordination is no guarantee of specific funding, programs, or services.

Early identification and interventions may prevent court involvement and out-of-home placement. Identified problem or needs (i.e. unruly child) should be referred to the Service Coordination Mechanism process as soon as possible to divert a child from the Department of Youth Services and/or Juvenile Court system. A Service Coordination Plan meeting will be conducted before a non-emergency placement. Emergency placement meetings will take place within 10 days of placement.

Children and families in receipt of Help Me Grow (HMG) are offered HMG service coordination under the laws and rules of HMG per federal regulations and Ohio Department of Health policies and procedures. The FFC Service Coordination Mechanism will support and provide resource assistance for the families receiving HMG services as needed.

## **Process**

A service coordination mechanism will be utilized to address the needs of the child and their family. Service coordination may offer wraparound services that utilize creative resource development, offers cross-system integration, and social support connections. The Service Coordination Family Team may be different for each family dependent on each family's unique circumstances.

The FFC Service Coordinator will facilitate the Service Coordination meetings and process with the approval of the family. The FFC Service Coordinator will also be responsible for tracking progress, scheduling reviews, and monitoring events between team meetings and act as liaison to family and their advocate/mentor, if one is requested. In the event the family requests an alternate facilitator FFC Service Coordinator or Council Coordinator will assist family in identifying a facilitator.

## **Referral Process**

Referrals can be initiated by family members, agencies, Juvenile Court, or other interested parties. Referrals can be made by completion of a Screening Form, phone call, email, or written communication. (See Appendix 1 for Screening Form.)

## Referral Steps:

1. FFC Service Coordinator completes screening Form, unless already submitted. Screening Form lists family contact information, household members, referent name, current systems involved, and a brief description of the presenting need.
2. Referral date entered on Screening Form.
3. Within 5 working days of referral contact is made with family. Contact method is noted on the Screening Form.
4. The FFC Service Coordinator will complete the Intake Form through conversation with the family and/or referent. (See Appendix 2 for Intake Form).
5. The FFC Service Coordinator will obtain signed Release of Information from family. The Family designates by checking appropriate boxes on the Release of Information Form the agencies they permit to exchange, release, share, or give information.
6. The FFC Service Coordinator will make a decision on referral outcome. The disposition of the referral at this point will be:
  - Family refused Service Coordination
  - Family referred to another agency
  - Family notified of decision and guidance on how to access other agency(ies)
  - Notice of ineligibility or denial for Service Coordination will be sent to the family within 7 business days.

## Phase 1: Engagement and Team Preparation

Following acceptance of the Service Coordination, this phase of the process is the development of a partnership with the family, to document the strengths and needs of the family, interview potential team members, explain the Service Coordination Mechanism process, engage potential team members, and plan for how and when the meetings will take place.

### Steps

1. The FFC Service Coordinator will perform the process to engage the family.
  - a. Explain the Service Coordination process to family. Family is given the opportunity to have the written information presented to them orally at any time. Family signs Consent for Participation in Service Coordination form. (See Appendix 3 for Consent form).

- b. Family is given the Welcome to Service Coordination letter. (See Appendix 4 for Welcome to Service Coordination letter).
- c. Family is given the option of an advocate.
- d. Release of Information Form signed. (See Appendix 5 for Release of Information Form). The family designates by checking appropriate boxes on the Release of Information Form the agencies they permit to exchange, release, share or give information.
- e. A strength inventory is prepared. Questions for development of the strength inventory will be discussed as part of an interview to avoid the appearance of an interrogation. The result will be a family story that was the result of a conversation with the family. (See Appendix 6 and 6a for Inventory list and questions).
- f. A narrative summary that identifies the strengths, needs, cultural discovery and historical information is prepared. (See Appendix 7 Narrative Summary).
- g. Family reviews narrative and approves.
- h. Identify, interview, and recruit potential Family team members. (See Appendix 8 for Family Support Form).
- i. Arrange for a Family team meeting. All efforts will be made to schedule the initial Family team meeting within 2 weeks of referral. All efforts will be made to accommodate family barriers.
- j. Send letter to participants with notification of date, time and place of the Family team meeting. (See Appendix 9 for Schedule Form).
- k. Appropriate forms sent to Family team members prior to first Family team meeting.
- l. The referral agency, the family and the Service Coordinator will name the Service Coordination Family Team Lead.

## **Phase 2: Initial Plan Development (First Team Meeting)**

In this phase a plan is developed that is continually updated based on family strengths, needs, cultural discovery, and abilities. Assistance and services shall be completed in the least restrictive environment when possible.

Out-of-home placement decisions are not part of Service Coordination and those decisions are made outside of the Service Coordination Plan.

The family's Service Coordination Plan is developed and written at this first Family team meeting and these steps include:

1. The Service Coordination Family Team Lead will be confirmed at this meeting.
2. All Family team members present sign a team confidentiality statement. (See Appendix 10 for Team Confidentiality Statement).
3. Ground rules are discussed.
4. Referring team member presents past and present history and reason for referral.
5. Present and review strengths and needs and allow for additional items (See Appendix 6 for Inventory List).
6. Develop clear and measurable goals utilizing the Family Development Matrix. (See Appendix 11 for Family Development Matrix).
  - a. Needs are not goals or services.
  - b. Family confirms the needs.
  - c. Prioritize the needs.
  - d. Check language to be sure that all team members have same understanding.
  - e. With the goal for youth to be maintained in the least restrictive environment.
7. Develop a crisis or safety plan. The safety/crisis plan will outline strategies and supports for the child and family to keep everyone safe and the family together. The safety or crisis plan is to be documented on the Service Coordination Plan. The safety plan identifies possible events, and documents plans to address those potential events.
8. Brainstorm solutions and supports-look for multiple options, solutions, and supports that best match family strengths. Assistance and services provided to the family will be responsive to the strengths and needs of the family, as well as the family's culture, race and ethnic group by allowing the family to offer information and suggestions and to participate in decisions.
9. Explore and approve resource needs and options utilizing Family Centered Services and Supports (FCSS) funding, community resources, individual agency resources, referral to Children's Community Behavioral Health (CCBH) funds, and any other potential funding sources.
10. Write and develop a Service Coordination Plan that outlines action steps, person(s) responsible, Service Coordination Team Lead clearly identified, and due date. (See Appendix 12 for Service Coordination Plan).
11. Schedule ongoing family team meetings.

12. Copy of plan to all team members.

### **Phase 3: Plan Implementation (ongoing team meetings)**

1. Regular formal family team meetings are held to review the progress of the family service coordination. The team will meet at regular intervals to review and document accomplishments.
2. Review and update Family Development Matrix and determine whether goals and outcomes are being met.
3. Adjust the plan accordingly.
4. Assign new tasks for the updated plan.
5. Update the written Service Coordination Plan to include adjustments and assignments.
6. Schedule a review meeting.
7. Copy of plan to all team members.

### **Phase 4: Transition and Termination**

Transition and termination planning should occur throughout the service coordination process. The Service Coordination process may terminate upon agreement by the team, if the family requests termination of Service Coordination, or fails to cooperate and participate in the process. The transition process is recorded in the Service Coordination Plan.

#### **Roles:**

##### **FFC Service Coordinator**

- Receives referral.
- Interviews family.
- Obtain release of info.
- Interviews potential team members.
- Prepares strengths inventory list.
- Prepares family narrative.
- Invites family and team members to meeting.
- Completes reports regarding outcomes and fiscal.
- Maintains database.

##### **Team Meeting Facilitator (If different from FFC Service Coordinator)**

- Runs meeting.
- Summarizes discussion.
- Keeps discussion flowing.

- Facilitates the writing of the SCP.
- Facilitates discussion about tasks identified on SCP.
- Communicates with team members in between team meetings to review progress in meeting tasks.
- Communicates with family to keep them updated.
- Completes reports regarding outcomes and fiscal.
- Maintains database.

### **Service Coordination Family Team**

- Agrees to participate.
- Assists in development of team mission statement, rules and SCP.
- Informs and updates team on family strengths and need.
- Complete family matrix.
- Brainstorm strategies.
- Accepts assignments identified on SCP.
- Communicates with FFC Service Coordinator or Team Meeting Facilitator in between meetings.
- Attends team meetings.
- Assigns Service Coordination Family Team Lead.
- The Service Coordination Family Team makes decisions regarding FCSS funds.

### **Service Coordination Family Team Lead**

- Accepts assignment when identified as the Service Coordination Family Team Lead.
- Maintains contact with family.
- Attends monthly Service Coordination Clinical Team meetings.
- Works with FFC Service Coordinator regarding funding and billing issues.
- Prepares required/requested case synopsis for court, etc.

### **Family**

- Agree to participate in process.
- Sign release of information.
- Share family strengths and needs.
- Identify potential team members from natural (individuals or organizations in the family's own community, kinship or social networks) and/or formal supports (services and supports provided by professionals).
- Participate in development of a SCP and action steps.
- Attend team meetings.
- Ask questions.
- Review SCP.
- Complete tasks and if not able to complete ask for support and help.

### **Quality Assurance/Monitoring**

The Service Coordinator will collect and report data outcomes, gaps in services and other information to the Youth Advisory Consortium (YAC). YAC will then share this

information with Council. The results of monitoring and tracking systems that includes data, outcomes, gaps in services, and any relevant information will be reported to FFC on at least a quarterly basis. This information will be used by FFC to keep council informed in order to make decisions, evaluate and prioritize services, fill gaps, make improvements, and possibly invent new approaches to achieve better results for families and children. The Service Coordination Mechanism process will be monitored by FFC through the standing Planning Committee. The Service Coordination Mechanism will be reviewed and revised, if necessary through the FFC Strategic Plan events or more often as determined necessary. Upon request, Service Coordination data from Medina County will be submitted to the State for evaluation purposes.

### **Fiscal Strategies**

- The ADAMH Board determines the CCBH funds.
- The Service Coordination Team approves the FCSS funding.
- The FFC Coordinator reviews, approves invoices, and submits them for payment to Administrative Agent.
- The Service Coordination Plan documents the funding decisions.

## **Dispute Resolution Policy**

### **Section 1: Disputes between the Child's Parents or Custodians and the County FCF Council**

#### **Purpose:**

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

Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. This dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code.

#### **Process:**

1. The Council Coordinator is designated as the liaison for the receipt of complaints or disputes regarding service coordination. It is anticipated the Council Coordinator would offer informal mediation with the parties involved if appropriate.
2. Parents or custodians shall be informed of their right to use the dispute resolution process.
  - a. Parents or custodians who are denied access to the service coordination process at the point of referral will be informed by the Council Coordinator of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
  - b. At the point of intake, parents or custodians will be informed of the dispute resolution process by the individual conducting the intake process and will be provided a written copy of the council's dispute resolution process.
  - c. Any member of the service coordination team or any member of Council who receives a complaint from a parent or custodian regarding service coordination will inform the complainant of their right to use the council's dispute resolution process and provide the complainant with the contact information for filing a complaint.
  - d. The Council Coordinator will provide a copy of the dispute resolution process to the parents or custodians filing a complaint.
3. The Council Coordinator will provide written notification of the complaint to the Council Chair and administrative agent within seven calendar days of receipt of the complaint.
4. Each agency represented on a county Council that is providing services or funding for services that are the subject of the dispute resolution process initiated by a parent or custodian must continue to provide those services and the funding for those services during the dispute resolution process.
5. The Council Coordinator will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
6. The investigation of the complaint to be conducted by the assigned individual(s) will include at least the following:
  - a. Conducting an on-site investigation as determined necessary;
  - b. Interviewing the parent or custodian and giving the parent or custodian the opportunity to submit additional information, either orally or in writing, about the allegation;
  - c. Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing, about the allegation; and

- d. Reviewing all relevant information and making a recommendation.
7. The Council Chair will report findings regarding the dispute and issue a written determination of the findings to the parent or custodian. The written determination will address each allegation and include findings of facts and conclusions and the reasons for the recommendation. The written determination must be issued not later than sixty (60) calendar days after the parent or custodian initiates the dispute resolution process.

**Emergency Situations:** The Council Coordinator will determine if a dispute is an emergency. In cases determined to be an emergency, the process outlined in -6- will be followed. Upon completion of the investigation, the Council Chair will make findings regarding the dispute and issue a written determination of the findings to the parent or custodian. The written decision will address each allegation and include findings of facts and conclusions and the reasons for the Council's decision. The written decision will be issued not later than thirty (30) calendar days after the parent or custodian initiates the dispute resolution process.

## **Section 2: Dispute Resolution Related to Part C Early Intervention Services**

### **Purpose:**

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

### **Process**

1. An individual or an organization may file a complaint with the county council regarding the provision of early intervention services within the county. The Council Coordinator is designated as the Council's liaison for the receipt of complaints.
2. The Council Coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or U.S. mail or fax) within seven calendar days of receipt of the complaint.
3. The Council Coordinator will provide a copy of the procedural safeguards and the copy of the council's dispute resolution process as outlined in the Service Coordination Mechanism to the individual registering the complaint.
4. The Council Coordinator will explain the options available for dispute resolution, which include:
  - a. Request an investigation by filing a complaint with the county Family and Children First (FCFC) council;

- b. Request an investigation by filing a complaint with the Ohio Department of Health;
  - c. Requesting mediation through the Ohio Department of Health; **(see footnote \*\* page 15)**
  - d. Requesting an administrative hearing through the Ohio Department of Health; **(see footnote \*\* page 15)**
  - e. Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints. **(See footnote \* page 15)**
5. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
  6. The Council Coordinator will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
  7. The investigation of the complaint will include at least the following:
    - a. Conducting an on-site investigation as determined necessary;
    - b. Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing about the allegation;
    - c. Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing about the allegation; and
    - d. Reviewing all relevant information and making a recommendation.
  8. The Council Chair will issue a written report to the complainant within thirty (30) calendar days from receipt of the complaint. The written determination must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the determination will also be provided to ODH. **(See footnote \*\* page 15)**
  9. The Council's administrative agent will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation. The corrective action plan may include the following:
    - a. Require the participation of the provider in specific technical assistance activities;
    - b. Award of monetary reimbursement appropriate to the needs of the child and family; and/or,

- c. Develop and provide trainings at the county level to achieve compliance in the appropriate future provision of services for all infants and toddlers with disabilities and their families.

### **Section 3: Agency Disputes with County Council Decisions**

#### **Purpose:**

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

#### **Process:**

1. An agency which disagrees with a decision made by the Council concerning the services or funding for services a child is to receive from an agency represented on Council will provide written notification to the Council Chair regarding the decision in dispute. The Council Chair will notify the Executive Committee within seven (7) calendar days.
2. The Council Chair will convene a meeting of the Executive Committee to review the decision in dispute within fourteen (14) calendar days of the written notification provided to the chair. The agency disputing Council's decision will have the opportunity to review the issue with the Executive Committee to determine if resolution is possible.
3. If resolution is not obtained within seven (7) calendar days of the date of the meeting with the Executive Committee, the Executive Committee, in consultation with the agency initiating the dispute and other agencies that are subjects of the dispute, will select a mediator to address the dispute. The mediator will have no direct interest in the matter.
4. If the parties are unable to reach agreement through mediation within 30 calendar days of the request for mediation, the Executive Committee, in consultation with the agency filing the dispute and other agencies that are subjects of the dispute, will select a decision maker as specified in ORC 121.38. The decision maker will have no direct interest in the matter.
5. On completion of the process, the decision maker designated in the mechanism shall issue a written determination that directs one or more agencies represented on the council to provide services or funding for services to the child.
6. The determination shall include a plan of care governing the manner in which the services or funding are to be provided. The decision maker shall base the plan of care on the family service coordination plan developed as part of the county's service coordination mechanism and on evidence presented during the local dispute resolution process. The decision maker may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency.

7. An agency subject to a determination pursuant to a local dispute resolution process shall immediately comply with the determination, unless the agency objects to the determination by doing one of the following not later than seven days after the date the written determination is issued:
  - a. If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, filing in the juvenile court of the county having jurisdiction over the child's case a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child.
  - b. If the child is not a child described above, filing in the juvenile court of the county served by the county council a complaint objecting to the determination.
8. The court shall hold a hearing as soon as possible, but not later than ninety days after the motion or complaint is filed. At least five days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose of the court hearing. In the case of a motion filed under division (B)(1) of this section (7a noted above) the court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child, if appropriate, and shall provide notice as required for those hearings.
9. Except in cases in which the hearing is conducted as part of the adjudicatory or dispositional hearing, a hearing held pursuant to this division shall be limited to a determination of which agencies are to provide services or funding for services to the child. At the conclusion of the hearing, the court shall issue an order directing one or more agencies represented on the county council to provide services or funding for services to the child. The order shall include a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the family service coordination plan developed as part of the county's service coordination plan and on evidence presented during the hearing. An agency required by the order to provide services or funding shall be a party to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.
10. While the local dispute resolution process or court proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the county council before dispute resolution was initiated. If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

**Footnotes:**

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

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

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

Appendix 1 - Screening Form - pages 16, 17, 18

Appendix 2 - Intake Form – pages 19, 20, 21, 22

Appendix 3 - Consent Form - page 23

Appendix 4 - Welcome to Service Coordination Letter - pages 24, 25

Appendix 5 - Release of Information Form - pages 26, 27

Appendix 6 - Inventory List - page 28

Appendix 6A – Questions for strengths inventory assessment – pages 29, 30, 31

Appendix 7 - Narrative Summary - page 32

Appendix 8 - Family Support Form - page 33

Appendix 9 - Schedule Form - page 34

Appendix 10 - Team Confidentiality Statement - page 35

Appendix 11 - Family Development Matrix - page 36

Appendix 12 - Service Coordination Plan - pages 37, 38

**Medina County Family First Council  
Service Coordination  
Screening Form**

<b>Child's Name:</b>	<b>Mother:</b>	<b>DOB:</b>
<b>DOB:</b>	<b>Father:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>	
	<b>Cell:</b>	
	<b>Best way to contact family:</b>	
<b>Referring Person:</b>	<b>Contact Info:</b>	
<b>For agency use only:</b>	<b>Agency use only:</b>	
<b>Date of referral:</b>	<b>Date of contact:</b>	
	By: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email	
	<input type="checkbox"/> Other _____	

Please check after you have completed:

- \_\_\_\_\_ The family has been told about Service Coordination
- \_\_\_\_\_ The family is aware of referral to Service Coordination has been made and that the Service Coordinator will be calling them.
- \_\_\_\_\_ If there are Safety Concerns (for child/family, providers, no contact orders) explain: \_\_\_\_\_
- \_\_\_\_\_

**Systems Involvement**

Please check if family or child(ren) have or have had any involvement with the following systems or agencies.

- |                          |                                |
|--------------------------|--------------------------------|
| _____ MCBDD              | _____ Adult Probation          |
| _____ MH                 | _____ Juvenile Probation       |
| _____ Drug/Alcohol       | _____ Family Court             |
| _____ Drug Court         | _____ Domestic Violence Agency |
| _____ Juvenile Probation | _____ JFS                      |
| _____ Help Me Grow       | _____ Other                    |

### School Involvement

Please explain progress and behaviors in school, including truancy, IEP, suspensions, expulsions etc. \_\_\_\_\_

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

### Household Members

Please list everyone residing in the home

Last: _____	First: _____	Middle: _____
DOB: _____		
Sex: _____	Race: _____	School ( if applicable ) _____

Last: _____	First: _____	Middle: _____
DOB: _____		
Sex: _____	Race: _____	School ( if applicable ) _____

Last: _____	First: _____	Middle: _____
DOB: _____		
Sex: _____	Race: _____	School ( if applicable ) _____

Last: _____	First: _____	Middle: _____
DOB: _____		
Sex: _____	Race: _____	School ( if applicable ) _____

Last: _____	First: _____	Middle: _____
DOB: _____		
Sex: _____	Race: _____	School ( if applicable ) _____



### MEDINA COUNTY FAMILY FIRST COUNCIL Service Coordination Plan Intake Form

**FAMILY DATA:**

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
SS# \_\_\_\_\_ Medicaid # \_\_\_\_\_ County of residence \_\_\_\_\_

Mother's Name \_\_\_\_\_ SS# \_\_\_\_\_ Custody: Yes  No   
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Marital Status \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Employment \_\_\_\_\_

Father's Name \_\_\_\_\_ SS# \_\_\_\_\_ Custody: Yes  No   
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Marital Status \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Employment \_\_\_\_\_

Adopted: Yes  No  Legal Custodian (if different than parent) \_\_\_\_\_  
Foster Placement: Yes  No  Relative Placement: Yes  No   
Placement name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Children in home:**

Name _____	Birth Date _____	Sex _____	Relationship _____
Name _____	Birth Date _____	Sex _____	Relationship _____
Name _____	Birth Date _____	Sex _____	Relationship _____
Name _____	Birth Date _____	Sex _____	Relationship _____
Name _____	Birth Date _____	Sex _____	Relationship _____

**Others in home:**

Name _____	Birth Date _____	Sex _____	Relationship _____
Name _____	Birth Date _____	Sex _____	Relationship _____

Family Involvement: Good  Average  Poor

Explain: \_\_\_\_\_

Behavior at home: Good  Average  Poor  Explain: \_\_\_\_\_

Relationship with parent(s): Good  Average  Poor  Explain: \_\_\_\_\_

Discuss child's social interactions with peers:

**Sources of financial support:**

<input type="checkbox"/> Employment	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Adoption Subsidy	<input type="checkbox"/> Worker's Comp	Medical Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> SSD	<input type="checkbox"/> Alimony	Medical Insurance Co. _____
<input type="checkbox"/> SSI	<input type="checkbox"/> Pension	Name of Insured _____
<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support	Policy Number _____
<input type="checkbox"/> IVE	<input type="checkbox"/> BCMH	Effective Dates _____

**JUVENILE COURT:**

Involvement  Yes  No (If yes, list dates and offenses) \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone # \_\_\_\_\_

At Risk  Adjudicated

**HEALTH STATUS:**

Does child have a primary care physician?  Yes  No If yes, whom \_\_\_\_\_

Date of last physical assessment: \_\_\_\_\_

Name \_\_\_\_\_ Referred by \_\_\_\_\_ Date \_\_\_\_\_

Any significant medical conditions?  Yes  No If yes, list \_\_\_\_\_

Has the child been involved in any serious accidents or illness?  Yes  No If yes, list \_\_\_\_\_

Current medication(s)  Yes  No If yes, list and M.D. \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Services provided: \_\_\_\_\_

**MENTAL HEALTH STATUS/SUBSTANCE ABUSE:**

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Psychiatric Assessment Yes  No  Date \_\_\_\_\_ By Whom \_\_\_\_\_

Psychological Testing Yes  No  Date \_\_\_\_\_ By Whom \_\_\_\_\_

Psychosocial Assessment Yes  No  Date \_\_\_\_\_ By Whom \_\_\_\_\_

Substance Assessment Yes  No  Date \_\_\_\_\_ By Whom \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Youth history of substance use ( Yes / No / Unknown

( Yes / No / Unknown )

Youth recent (past 6 months) substance use

Youth history of alcohol problem ( Yes / No / Unknown )

Youth recent (past 6 months) alcohol problem

( Yes / No / Unknown )

**DEVELOPMENTAL DISABILITIES:**

Service Coordinator \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

Has the COEDI been administered? Yes  No  Has the OEDI been administered? Yes  No

Eligibility for DD Services Pending  Eligible  Not eligible

Receiving DD services? Yes  No

Services Provided: \_\_\_\_\_

Comments: \_\_\_\_\_

**EDUCATIONAL:**

LEA contact person \_\_\_\_\_ Phone \_\_\_\_\_

Home School District \_\_\_\_\_ School District Attending \_\_\_\_\_

IEP Date \_\_\_\_\_ MFE Date \_\_\_\_\_ 504 Date \_\_\_\_\_ GED: Yes  No

Educational Disability:

- SBH (SED)       OH       DEAF       TBI       MH       OHI
- DB       SLD (LD)       VI       SL       MR       HI
- AU       Special ED preschool

Days of attendance for current school year \_\_\_\_\_ GPA \_\_\_\_\_ Current grade level \_\_\_\_\_

Extracurricular activities \_\_\_\_\_

**JOB AND FAMILY SERVICES:**

Agency contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Referrals received:  Yes  No (If yes, list dates and referral disposition)

Agency status: \_\_\_\_\_

Has anyone in the family received services from Job & Family Services \_\_\_\_\_

Services provided: \_\_\_\_\_





## Consent for Participation in Service Coordination And Receipt of Dispute Resolution Process

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Initial/Date

\_\_\_\_\_ I have received a copy of "Welcome to Service Coordination"

\_\_\_\_\_ I have received a copy of the Dispute Resolution process.

\_\_\_\_\_ I give permission for my child and family to participate in the Service Coordination process.

\_\_\_\_\_ I understand that I am an equal partner on the team and I will be treated respectfully and will treat others respectfully.

\_\_\_\_\_ I understand that my child's release of information is valid until revoked in writing.

\_\_\_\_\_ I have been offered a family advocate.

\_\_\_\_\_ I understand that the Family First Council Service Coordinator or Council Coordinator will serve as team facilitator unless I request another facilitator.

By signing below, I certify that I have the authority to  accept or  decline Service Coordination participation.

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

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## **Welcome to Service Coordination**

Service Coordination is a team based meeting that helps people involved in your family's life work together toward a common goal. This common goal is generally the family's vision of how things will look in the future.

### **What you will need to Know:**

- ❖ You will be asked to help develop a team and make decisions with that team.
- ❖ You will be asked to identify your family's strength's and needs.
- ❖ You and your team will consider different actions that will help to meet those needs.
- ❖ Your Service Coordination Plan will change regularly.
- ❖ You and your team will get an opportunity to evaluate whether your plan is getting to the results or outcomes that you want.

### **What you can expect:**

- ❖ You can expect the Service Coordinator to contact you to get to know you and your family.
- ❖ You can expect regular team meetings.
- ❖ You can expect to get a copy of your Service Coordination Plan
- ❖ You can expect the Service Coordinator to ask you to sign papers so that she can talk to other people in preparing for your first team meeting.

- ❖ Throughout the process you can expect to be respected and your voice to be heard.

### **What can I do to get started?**

- ❖ Make an initial strengths list of what each member of your family does well, what they like and what their best features are.
- ❖ Make a list of who has been helpful to you or your family as well as who cares about what happens to you.
- ❖ Think about your goals and what you would like your family life to be like in the future.

## **Phases of Service Coordination**

### **Phase One: Engagement and Team Preparation**

Meet with Service Coordinator to gather information and prepare for the first team meeting.

### **Phase Two: Initial Plan Development**

This will include the first team meeting and the team will look at the family's needs and put together a mission/vision statement.

### **Phase Three: Plan Implementation**

This will include the regular meetings in which the team will discuss accomplishments, make adjustments as necessary and assign new tasks.

### **Phase Four: Transition**

There will come a point when we will no longer need to meet regularly as a team. Upon completion of this phase, the family will get a summary of what worked well for the family. Included in the summary will be a list of contact people in case the team will need to re-convene.

**MEDINA COUNTY FAMILY FIRST COUNCIL  
CLIENT AUTHORIZATION FOR INFORMATION SHARING**

I hereby authorize the Member agencies of the Medina County Family First Council, named on the reverse side of this Authorization, to exchange, give, receive, share, or re-disclose information in their records, from whatever source derived, related to my participation and that of my minor child:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

in the services provided by one or more of these agencies.

I understand the following:

1. The purpose of this information sharing is to improve the communication about services to me and my family.
2. Each of the member agencies has agreed:
  - a) to share this information only with other member agencies:
  - b) not to share information with non-member agencies without my written consent unless otherwise required or authorized by law; and
  - c) Information exchanged due to this authorization will not be used against me or my children for purposes of criminal investigation, prosecution, or sentencing, unless otherwise required by law or judicial order.
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 for information that has been previously exchanged.
5. This Authorization shall automatically expire 180 days from the date below unless I revoke it sooner.
6. This Authorization shall not restrict information sharing otherwise authorized by law.

I authorize sharing of the following information: (Circle and initial, if yes, and sign below)

- Yes \_\_\_\_\_ Case Information: Identifying information, plus 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 member agencies regarding me or my minor children.
- Yes \_\_\_\_\_ Substance abuse diagnosis and treatment
- Yes \_\_\_\_\_ Social Security Number

If yes: This Authorization for information sharing has been explained to me. I have read the disclosures below. 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.

Signature of Client	Date Signed
Signature of parent/guardian (if applicable)	Staff Person Facilitating this Authorization
Relationship of Person Signing to Client	If applicable, date of revocation. (Revocation must be submitted in writing)

I am also authorizing the exchange of information with the following specific persons/agencies:


Signature of Client (or parent/guardian if applicable)	Date Signed
--	-------------

FAMILY & CHILDREN FIRST COUNCIL                      Address                      Phone

MEMBER AGENCIES: (PLEASE CHECK EACH FOR AUTHORIZATION)

- \_\_\_\_\_ County Board of Education
- \_\_\_\_\_ City Schools
- Medina County ADAMH Board
- \_\_\_\_\_ County Board of DD
- \_\_\_\_\_ County Family/Juvenile Court
- Solutions Behavioral Health Care
- Ohio Department of Youth Services
- Berea Children's Home
- Medina County Early Intervention Collaborative (aka Youth Advisory Consortium)//Help Me Grow
- \_\_\_\_\_ County Health Department
- \_\_\_\_\_ Counties Community Action Commission, Inc.
- \_\_\_\_\_ Job & Family Services
- Medina County Family First Council Coordinator/Council
- \_\_\_\_\_ Family Center Services and Supports Providers
- Others:

**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 me or my minor children. Medical records, including but not limited to results of physical and mental examinations, diagnoses of physical and mental disorders, medication history, physical and mental health status and history, summary of treatment services received, summary of treatment plans and treatment needs.
- b. Psychological and medical testing, including but not limited to any IQ tests or other tests of cognitive or 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 of services provided by the County Department of Human Services except child abuse investigation reports.
- d. Juvenile court and detention 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.

**To all Agencies receiving information disclosed pursuant to this consent:**

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 pertained 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.

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

This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by 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.

## Family Inventory List

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

Family Strengths:

### **Individual household member strengths:**

Name \_\_\_\_\_  
Strengths:

# Family First Council

## Parent/Family Strength Assessment

Today's Date \_\_\_\_\_

Date of Referral \_\_\_ / \_\_\_ / \_\_\_

### IDENTIFYING DATA

Family Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_

Mother's education \_\_\_\_\_ Father's education \_\_\_\_\_

Number of moves in last 5 years \_\_\_\_\_ Birth order of child \_\_\_\_\_

### ..... PARTICIPANTS TO ASSESSMENT

Name of respondent \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_ Relationship \_\_\_\_\_

Name of other participants \_\_\_\_\_  
.....

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

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

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

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

5. I am happiest when:  
\_\_\_\_\_

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

---

7. Name some special rules that your family has:

---

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

---

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

---

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

---

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

---

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

---

Notes/additions:



## FAMILY SUPPORT REQUEST FORM



Date: \_\_\_\_\_

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

Please list names and contact numbers of people in your family's life that are either a natural support or informal support that you would like to have at your family's team meeting.

**Natural Supports:** Individuals or organizations in the family's own community, kinship, social, or spiritual networks, such as friends, extended family members, ministers, neighbors, etc.

**Formal Supports:** Service and supports provided by professionals (or other individuals who are "paid to care" ) under a structure of requirements for which there is oversight by state or federal agencies, national professional associations, or the general public arena.

Name:	Relationship to family/child:	Contact #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Parent or Caregiver:

A Service Coordination Team meeting has been scheduled for:

\_\_\_\_\_

Day, Date & Time

and will be held at \_\_\_\_\_

Location

You have requested that the following individuals or representatives from agencies be invited to attend this meeting. A copy of this letter will be sent to them.

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

At this team meeting we will be discussing family strengths, needs, and develop a plan to meet identified goals. This plan will establish timelines and assign individuals/agencies to assist in meeting those goals.

If you cannot keep this appointment please notify us at 330-722-9200 ext. 235. If a team member cannot attend this meeting and has information to be shared with team please call the number above or send written comments to Amy Perrine, 232 Northland Drive, Medina, Ohio 44256.

Sincerely,

FFC Service Coordinator



# The Medina County Family Development Matrix

SCP Identified needs	Date of baseline	Baseline	January	February	March	April	May	June	July	August	September	October	November	December
5 Thriving														
4 Safe/self sufficient														
3 Stable														
2 At Risk														
1 In Crisis														

Client/Family Name \_\_\_\_\_

Date of Entry \_\_\_\_\_

Date of termination \_\_\_\_\_

Successful

Unsuccessful

## Medina County Service Coordination Plan

Family Name:	Children's Names:	Date of plan:
Agreed upon facilitator:	Agreed upon Service Coordination Team Lead:	Date of next team meeting:
<b>Review Family's Goal for the Children:</b>		

Team Discussion:

### ACTION PLAN

Recommendation ( including use of FCSS funds )	Agency/person responsible	Due Date

**SAFETY PLAN**

<u>Anticipated Event</u>	<u>Proactive Event</u>	<u>Reactive Plan</u>
1.		
2.		

Signature below confirms family/guardian participated in and is in agreement with the Medina County Service Coordination Plan:

---

Family /Guardian Date

Persons in Attendance:		