

# **Monroe County Service Coordination Plan**

## **I. Overview**

The Ohio Legislation requires that child serving agencies work together to develop a county service coordination plan to provide services for children with multiple needs and children who are unruly as well as their families. The Monroe County Service Coordination Plan was developed by the Monroe County Family and Children First Council and relies significantly on procedures and policies developed collaboratively over many years. A sub-committee delegated by the Family and Children First Council made revisions and modifications to the plan. The Service Coordination Plan builds on the foundation of already existing structures and relationships in the county to assure continuity and consistency in coordinating services to children abused, neglected, dependent, unruly or delinquent or those families who voluntarily seek services.

The Monroe County Family and Children First Council is comprised of two levels, an administrative level and a direct service level, both of which have as their goal to provide Monroe County children and their families with well-integrated, quality services. The council is a mechanism by which parents, public/private child and family serving agencies, acting in concert as equal partners, can set directions, marshal resources around common goals, integrate service providers efforts and monitor success.

The Service Coordination Plan has certain characteristics which we believe are essential to a plan that has meaningful results for families and children.

The Service Coordination Plan is driven by the needs and problems of the children and families who live and work in a Monroe County. It is understood that the challenges in serving children with multiple needs are different throughout Ohio's Communities. The Service Coordination Plan is a solution that is locally developed and is reflective of the unique strengths and needs of our county.

The plan utilizes and respects the child's family as a part of the solution. Children are part of a family structure and treatment cannot be separated from family values and cultural norms. Whenever possible, intervention with the child and his/her family is the most successful means of treatment and reunification.

The council is committed to providing services by maximizing all sources of revenue through combination of fiscal strategies designed to make the best use of possible limited dollars, these strategies include better use of current dollars, pooled funding arrangements, and maximizing federal entitlement funds.

In developing this plan, the Council is committed to keeping children in a treatment environment, which is least restrictive, clinically appropriate to the needs of the child and family and cost effective. To

accomplish this treatment is based on multiple disciplinary assessments utilizing the clinical and administrative expertise of each relevant system.

In developing the plan, the Council will utilize the strengths, expertise and statutory responsibilities of each system to its mandated population.

Per ORC 121.37, council members involved in the development of the Service Coordination Plan include designated individuals from the following:

- Child Welfare/JFS
- Monroe County Juvenile Court
- Monroe County Health Department, including EI and HMG
- Monroe County Board of MR/DD
- Switzerland of Ohio Local Schools
- Mental Health and Recovery Board serving Belmont, Monroe, and Harrison Counties
- Public Officials
- Parent Representatives

## **II. Target Population**

Monroe County has identified the system's target population as a Monroe County child between the ages of 0-21 who has multiple systemic needs existing within their physical, emotional, developmental and intellectual functioning that act as a primary obstacle to their optimum growth. These multiple need children are not required to be involved/engaged in multiple systems to be eligible for service coordination.

A.S.H.B. 66 defines the target population to be served by the plan as children determine to be abused, neglected, dependent, unruly, and delinquent or whose family voluntarily seeks services. The Service Coordination Plan will also serve those children who are allegedly unruly or at risk of becoming unruly.

The Service Coordination Plan will serve as the guiding document for the coordination of services in Monroe County. For children who also receive services under the Help Me Grow Program, the service coordination mechanism shall be consistent with the rules adopted by the Department of Health under section 3701.61 of the Revised Code. All family service coordination plans will be developed in accordance with the county service coordination mechanism. Help Me Grow, Part C, families may also adhere to the procedural safeguards as stated by the Help Me Grow Program. Families can go directly to the Ohio Department of Health for a complaint process if needed.

The Monroe County Plan makes the presumption that the needs of youth and families who come in contact with the juvenile justice system, child welfare, mental health, drug/alcohol services and others, are being adequately met by those systems. It recognizes that each system has area or responsibility and mandates that the collaborative approach be not intended to access when the resources of one system are not adequate to address the needs of the youth and family, regardless of which system doorway they

entered first. Family participation in the development of the Individual Service Coordination Plan ensures that services to be provided are culturally appropriate and responsive to the strengths and needs of the family.

### **III. Plan Description**

#### **A. Assessment and Service Plan Development**

Local service providers, including schools, health departments, mental health agencies, drug and alcohol agencies, Help Me Grow, children services, head start and juvenile court, observe often problems. Any of these agencies may make referrals to Council, as may individual families themselves.

When referrals are indicated, the initial agency and family will work together to determine the appropriate referrals for the family. If the initial agency and family agree that a council referral is needed, they will contact the FCF Service Coordinator. Parents may contact the agency representative or FCF Coordinator to initiate the Service Coordination Process. Parent volunteer members of the council will assist self-referrals with this process.

Monroe County is a rural, Appalachian community with very limited cultural diversity. Upon the referral, each agency uses Addendum D of the FCF Service Coordination Plan to ensure a standardized process is used to access the needs, strengths, and cultural discovery of any child/family is accepted into the Service Coordination process. Addendum D of the Family Service Coordination Plan contains questions regarding the family's culture. All members of the Service Coordination Team, as well as family members, give input into the assessment process. The range of services needs assessed include: financial, employment, basic needs, transportation, health, rehabilitation, mental health, education, community education, protection/legal, housing, day care, respite, support, recreation, drug and alcohol and other areas encountered.

If it is determined that multiple agencies are involved, then a Service Coordination Team meeting may be convened. Parents and advocates will be notified of the said meetings through telephone contact, postal mail or e-mail. Agency representatives will also be notified of team meetings through telephone contact, postal mail or e-mail. These Service Coordination meetings are usually called by the system of family who has made the referral and involves all agencies, including the school district, currently providing services to the child/family as well as the child/family if they choose to attend. All members of the Family and Children First Council and Service Coordination Team will sign a statement of confidentiality protecting the rights of the family. Also, at all initial Service Coordination team meetings, each member will sign off on Addendum C of the Service Coordination Plan. By signing the Individual Family Service Coordination Plan, the family has input and approves the identification of a team leader. The Service Coordinator and Team Leader tracks the progress of goals listed on the family plan. The Service Coordinator will schedule and facilitate team meetings and reviews. At any time, the family has the right to initiate a team

meeting to develop or review their individual Family Service Plan by contacting the service coordinator with this request. The Service Coordinator will then contact all team members to schedule this meeting.

The purpose of these meetings is to creatively examine what might work for the child and family in developing strategies which cover the range of needed services including where the child lives and what direction all of the involved systems are headed. The Plan will identify what has, has not worked in the past, and will identify what is needed to help the child/family achieve the goals that are set. The goal of the meeting is to develop an array of treatment, education, recreation, and living arrangements written in a cooperative service plan, which will work for the child and his/her family. If determined a child is alleged to be unruly/delinquent, the Service Coordination team and the family will meet to determine what services are needed to assist in diverting the child from juvenile court.

Parents and families, including the child as appropriate are full and equal participants in the development of the strengths-based assessment and individualized cooperative service plan to ensure a Family Service Coordination meeting takes place before out of home placement. Unless a child's life is endangered, necessitating an emergency out-of-home placement is our county's standard procedure that a team meeting occurs to identify efforts that may prevent out-of-home placement from occurring. If an emergency out-of-home placement has occurred, a Family Service Coordination team meeting will take place within 10 days of said occurrence. At the time of out-of-home placement, whether emergency or non-emergency, the team begins to strategically plan for the child's successful return to family home and community.

Every effort will be made to identify a range of services and support which are acceptable, accessible, and relevant to the family. Services to be provided will also be responsive to the strengths and needs of the family, as well as the family's culture, race and ethnic group, which allow the family to offer information and suggestions and participate in decisions. It is quite possible that current services will need to be modified and individualized to meet the needs of the child and family. It is also possible that through the wraparound process, services and support, which do not currently exist, will be added. System development will also promote early intervention, preventing unnecessary out-of-home placements and keep children and communities safe while supporting families whenever possible. Services and supports will meet the needs of children and their families in the least restrictive environment possible and as close to their own home environment as possible.

Before the meeting is over, responsibilities are assigned and accepted by all parties, including the child/family and the lead agency/service coordinator is identified. If it has been agreed that a needed service is not readily available, arrangements are made to approach the Executive Committee for assistance.

A copy of this plan will be given to the family and all agencies participating in treatment, which includes steps to follow in the event of a crisis. As part of the Service Coordination plan, the team and family

develops a plan for the family to follow in the event of crisis. Efforts will target strategies that provide support to the child and family during these times, keeping everyone safe, while still keeping the child and family together when possible.

The Service Coordination Team will develop an evaluation process to monitor the success of the above process. In addition, to setting measurable outcomes and assessing family satisfaction, the Service Coordination team will track gaps and duplication in services and report to the executive committee. The executive committee will then address these issues. Upon request data will be submitted to state.

For children and families already involved with several agencies, especially children who are dependent, unruly or delinquent, the lead agency will present these cases to the Service Coordination team, requesting a lead agency/service coordinator to help all involved work out an integrated service plan. When appropriate, the juvenile court will be asked to include the Service Coordination process as part of the terms of probation of the court.

### **B. Designating Service Responsibility**

The representative from the agency making the referral to the Service Coordination Team will become the team leader. By signing the Individual Family Service Coordination Plan, the family has input regarding the team leader and approves the identification of the team leader. The Service Coordinator and Team Leader tracks progress of all goals listed on the Individual Family Service Coordination Plan. The Service Coordinator will schedule and facilitate team meetings and reviews.

### **C. Dispute Resolution Process**

While our goal is to move from cooperation and coordination to collaboration and integration, Monroe County recognizes the need to provide an arena for resolving issues that arise concerning the delivery of services and sharing of expenses for a child and family. Our vision of changing service delivery is a process that will take time and commitment from all service agencies and each staff person. Even with the operational guidelines and commitments to this process, issues will arise. These issues may be concerns of the family and child or the providing agencies regarding the designated family service plan or provider responsibility for the service plan. When a dispute occurs, the grievance process will be completed within 60 days as stated in statute. Whether the dispute for service delivery is between family and provider or provider-to-provider, Monroe County's dispute resolution process will be driven by the following guidelines:

1. The process will be user friendly as possible. The right to be heard and notice given will be provided to all parties.
2. The availability of a dispute resolution process will be explained to family and child, when age appropriate. At the time of the initial Service Coordination meeting,

when they first enter the multi-agency service system, the lead agency/service coordinator will give the family information on the Dispute Resolution Process both verbally and in writing.

3. The child and family will continue to receive necessary services while a dispute is being resolved. Services will not be denied a child and family that would place a child at risk.

### **Informal Steps**

When a concern arises, the designated team leader/service coordinator will contact the Council Coordinator who will bring the matter before the Service Coordination Team. The Service Coordination Team will attempt to resolve the concern before it becomes a dispute, consulting with or using the Family and Children First Council, if necessary. The Council Coordinator will be responsible for notifying all parties of the time and place of any meetings. If the Service Coordination Team cannot resolve the concern, the formal dispute resolution process will be used. The Council Coordinator will request a meeting with the Family and Children First Council Executive Members.

### **Formal Steps**

Monroe County will employ a three-step formal dispute process for those occasions when a family and all members of the Service Coordination Team cannot reach a consensus on the service delivery. The entire process from the date of the formal dispute to a decision by the Juvenile Judge should not take more than thirty days. The three-step process will include:

1. A meeting with the Family and Children First Executive Board will be utilized for the first phase of the dispute resolution process. The Executive Board will meet with all Service Coordination Team members and the child/family to resolve the dispute. The Juvenile Court shall not participate in this step.
2. The second step will be a binding hearing before the Juvenile Court Judge. If the Juvenile Court or Probation is a party of the dispute, the Monroe County Juvenile Court Judge shall recuse himself and another Judge will be requested.
3. Appeal of the Juvenile Court decision to the Court of Appeals of the Seventh Appellate District.

The team leader/service coordinator will provide all related documentation of the dispute and its resolution to the Executive Board, the Council Coordinator (if necessary) and the Juvenile Court Judge. This documentation will include the interagency assessment and/or treatment information regarding the child/family.

**Non-Emergency Dispute:** When a non-emergency dispute arises, the lead agency/service coordinator will request the Council Coordinator to schedule a meeting with the Executive Board and be responsible for notifying all parties of the time and place of the scheduled meeting. All interested parties will be allowed to submit relevant material to the Executive Board and/or Juvenile Court Judge. In non-emergency disputes, the goal will be to have the Executive Board session within fourteen days of the dispute. If the Board fails, the case will be presented to the Juvenile Court within seven days of the failed meeting.

**Emergency Dispute:** An emergency dispute situation is defined as one involving significant risks to the child or other persons who are to be addressed by the proposed comprehensive family service plan. In emergency dispute cases, the process will remain the same except the goal will be to have a meeting scheduled within seven days of the dispute. If the Executive Board fails, the case will be presented to the Juvenile Court within seven days of the failed meeting.

#### **D. Financial Implications**

Monroe County has a history of shared funding agreements between the Mental Health and Recovery Board, Department of Job and Family Services, and Juvenile Court to provide innovative services to multi-need children and their families. The Family and Children First Council will work toward establishing pooled funds with contributions from all mandated members.

The following criteria is used when making funding decisions for services identified in the Family Service Coordination Plan:

1. Availability of Funds
2. Payer of last resort
3. Guidelines for implementation of FCSS funds FY 2011.

The Monroe County Family and Children First Council is exploring the reduction and elimination of intersystem barriers, which prevent systems from serving the multiple needs of children. The council promotes permissive administrative and statutory language that reduces red tape and facilitates the creation of local "flexible pooled funds" which can be used to leverage all types of funds and meet the specialized needs of children.

**Monroe County Family & Children First**

**REFERRAL for SERVICE COORDINATION**

**Submit form to:** Monroe County Family and Children First P.O. Box 42, Woodsfield, OH 43793

From: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Affiliation: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Your Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Child being referred: \_\_\_\_\_ DOB \_\_\_\_\_

Child/Youth has a mental health diagnosis: ☐Yes ☐No ☐Pending ☐Suspected ☐Unknown

Reason for referral for Service Coordination (include diagnosis if known) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Name:	Father's Name:
Marital Status:	Marital Status:
Address:	Address:
City: State:	City: State:
Zip: Home Phone:	Zip: Home Phone:
Work Phone: Cell Phone:	Work Phone: Cell Phone:
Employer:	Employer:

Child lives with: ☐Mother ☐Father ☐Other \_\_\_\_\_

Address of child if different from above: \_\_\_\_\_

Other household members excluding child identified above:	DOB	Relationship to Child	Gender

By my signature I agree to this referral to Monroe County Family & Children First for Service Coordination and to be contacted by the Service Coordinator. \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

**Addendum A**





## MONROE COUNTY FAMILY & CHILDREN FIRST COUNCIL

Ms. Helen K. Ring, FCF Chairperson  
Monroe County Board of MR/DD  
47011 SR 26 P.O. Box 623  
Woodfield, OH 43793  
(740) 472-0966

Audrey Lydick, FCF Coordinator  
P.O. Box 42  
Woodfield, OH 43793  
(740) 472-0966

### Monroe County Family and Children First Council Permission for Interagency Exchange of Information

I hereby give permission for the following local agencies, collectively working together to provide service coordination, through their designated representatives, to exchange information regarding \_\_\_\_\_  
Whose date of birth is \_\_\_\_\_ for whom I have legal authority to act:

- \_\_\_\_\_ Monroe County Department of Job and Family Services
- \_\_\_\_\_ Monroe County Health Department
- \_\_\_\_\_ Monroe County Board of MR/DD
- \_\_\_\_\_ Monroe County Juvenile Court
- \_\_\_\_\_ Switzerland of Ohio Local Schools
- \_\_\_\_\_ Mental Health and Recovery Board
- \_\_\_\_\_ Tri-County Help Center
- \_\_\_\_\_ Community Parent Representatives
- \_\_\_\_\_ Monroe County Family and Children First Council
- \_\_\_\_\_ Crossroads Counseling Center
- \_\_\_\_\_ Community Mental Health
- \_\_\_\_\_ Northpoint Consulting
- \_\_\_\_\_ Monroe County Help Me Grow
- \_\_\_\_\_ Other

This information does/does not pertain to substance abuse.

It is my understanding that the sole purpose of this exchange of information is to develop a coordinated family case plan for \_\_\_\_\_ and that I will be involved in the process.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_  
Witness: \_\_\_\_\_

*This consent to disclose may be revoked by me in writing at any time except for information that has already been released in accordance with this authorization. The consent (unless expressly revoked earlier) expires 180 days from the date of my signature*

MCFCF



Addendum B

## Monroe County Family and Children First

### EXPECTATIONS FOR SERVICE COORDINATION PLAN TEAM MEMBERS

Thank you for agreeing to be a member of a Service Coordination Plan Team. As a member of the Team, you are committing to the following:

1. Attend all Team Meetings and actively participate in meetings.
2. Encourage participation by all members including parents.
3. Willingly accept and perform assigned tasks in a timely manner.
4. Contribute to the development of the Service Coordination Plan document.
5. Be willing to perform as a "team" member for the benefit of the child/youth and family.
6. Share pertinent agency/organization/school information as necessary.
7. Respect all viewpoints and ideas and assure TEAM decision-making.
8. Maintain CONFIDENTIALITY of all information shared at Plan Team meetings and pertaining to case.

*By my signature, I agree to the above commitments and pledge my willingness to be a participant in the Service Coordination Plan Team.*

\_\_\_\_\_  
Signature/Agency

\_\_\_\_\_  
Date

**Addendum C**

**Monroe County Family and Children First Council  
Family Strengths and Needs**

Name of Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
D.O.B. : \_\_\_\_\_

**FAMILY STRENGTHS:**

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

**FAMILY NEEDS:**

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

Issue # \_\_\_\_\_  
Goal # \_\_\_\_\_

Does your family enjoy participating in any faith-based, cultural, or social activities? \_\_\_\_\_

Do you have any special family traditions that you enjoy?  
\_\_\_\_\_

**GOAL**

**AGENCY**

**WHEN**

***Addendum D***

**Monroe COUNTY FAMILY & CHILDREN FIRST**  
**COMPREHENSIVE FAMILY SERVICE COORDINATION PLAN**

CHILD/YOUTH'S NAME: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ FCF CASE NUMBER \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

Phone Numbers \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell)

CHILD'S ADDRESS (if different from above): \_\_\_\_\_

Team Leader: Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

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

Initial Referral Date \_\_\_\_\_ Date initial plan developed \_\_\_\_\_

90-Day Review Date \_\_\_\_\_ 90-Day Review Date \_\_\_\_\_ 90-Day Review Date \_\_\_\_\_ 90-Day Review Date \_\_\_\_\_

~Note: Review Outcome Indicator Data at each Review~

HISTORY/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIFE DOMAIN AREAS**

**Residence** ~Own home / OUT OF HOME: ~Relative; Residential facility; Group home; Detention; DYS; Foster Home (Family/Therapeutic); Other

*What's Happening Now? Current Residence/Services:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Goal for next 3 months?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR REVIEW DATE: Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Educational/Vocational:** school name/district-type of school/ed. disability/class type/Credit earned/IEP/MFE/Grade/proficiencies-Other

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Parent/Child Goal for next 3 months?* \_\_\_\_\_

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**FOR REVIEW DATE:** Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**Mental Health/ Substance Abuse** — diagnosis/agency/case manager/ therapist/services & frequency

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE:** Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**NOTES:** \_\_\_\_\_

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

**Psychiatric:** psychiatrist / meds / names / dosages / frequency / hospitalizations

What's Happening Now? Current Services: \_\_\_\_\_

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Goal for next 3 months: \_\_\_\_\_

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FOR REVIEW DATE: Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) \_\_\_\_\_

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**Medical/Health:** physician's name/specialists/meds names, dosages & frequency/hospitalizations/adaptive equipment

What's Happening Now? Current Services: \_\_\_\_\_

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Goal for next 3 months: \_\_\_\_\_

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FOR REVIEW DATE: Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) \_\_\_\_\_

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NOTES: \_\_\_\_\_

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

**Safety/Crisis:** written plan; participants; recent events

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE:** Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**Family Natural Support (as identified by family):** relatives; friends; neighbors; organizations/church

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE:** Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**NOTES:** \_\_\_\_\_

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

**Legal:** G.A.L.: delinquency/unruly; probation officer; custody status; court status; abuse/neglect/ custodian's name

*What's Happening Now? Current Services:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Goal for next 3 months:* \_\_\_\_\_

\_\_\_\_\_

**FOR REVIEW DATE:** Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social/Recreational:** camps; community activity; afterschool programs; YMCA; rec. programs; Boys/Girls Club; Ely Chapman

*What's Happening Now? Current Services:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Goal for next 3 months:* \_\_\_\_\_

\_\_\_\_\_

**FOR REVIEW DATE:** Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

**Other Community Supports:** Names

*What's Happening Now? Current Services:* \_\_\_\_\_

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

*Goal for next 3 months:* \_\_\_\_\_

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

**FOR REVIEW DATE:** Goal Met? ☐ Yes ☐ No ☐ Progress Made ☐ Write new goal ☐ Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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

**TEAM MEMBER SIGNATURES**

By signature, we agree to implement this plan and support the goals. We agree to carry out and monitor the plan in a manner that supports the family.

TEAM MEMBER SIGNATURE	AFFILIATION
	Parent / Guardian
	Team Leader /
	Service Coordinator /

By my signature, I agree to allow this Service Coordination Plan to be shared with members of the Service Coordination Plan Team and the Family & Children First Service Plan Review Team.

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

\_\_\_\_\_  
Date

**Addendum:** A new signature page shall be added at each review of this plan.

When the crisis does occur, how intense is it?

1	2	3	4	5
Not very				Very

How long does the crisis last? (minutes, hours, days)

Describe what happens after (as a result of) the crisis:

What does the person do?

How do they feel?

Actions taken, including punishments?

Rewards, what did the person get out of the crisis (unmet need)

Emotions or responses by others?

What have you tried in the past to avoid this crisis? How well did it work?

Why do you think the crisis continues to happen? What is this individual getting from the crisis:

When triggers start what can you take to prevent the crisis from happening?

What can the youth do instead of the crisis behavior?

If the crisis occurs what do I do: (Detailed, sequential action steps to be followed by the team).  
Include who (natural & formal supports) will do what, when and how often:

Caregiver/Parent Signature: \_\_\_\_\_

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

Caregiver/Parent Signature: \_\_\_\_\_

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

Youth/Child Signature: \_\_\_\_\_

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

Service Coordinator Signature: \_\_\_\_\_

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

Addendum F