

VAN WERT COUNTY FAMILY AND CHILDREN FIRST
Service Coordination Mechanism
September 2010

The children of Van Wert County are our most precious resource, and, as such, must have the full attention of parents, schools, agencies, etc. within our community. The State of Ohio through the Governors office has identified Ohio Family and Children First as the vehicle to coordinate efforts statewide and as well, as most importantly, on the local level to improve outcomes for our children and families. Van Wert County supports this commitment. The Van Wert County Family and Children First Council's Service Coordination Mechanism was developed to support this and the guiding principles and beliefs of these commitments:

- A. Ohio's commitment to Child Well-being: Expectant parents and newborns thrive; Infants and toddlers thrive; Children are ready for school; Children and youth succeed in school; Youth choose healthy behaviors; Youth successfully transition into adulthood.
- B. Supports and promotes at all times, early intervention with families, preventing out-of-home placements, keeping children and the community safe while supporting families when ever possible.
- C. Increase family involvement throughout the levels of planning and services.
- D. Encourage shared responsibility among systems serving children and families.
- E. Coordinate locally driven, appropriate, effective, and cost efficient services for multi-need children and families.

Through the enactment of House Bill 66, the service coordination mechanism shall serve as the guiding document for coordination of services in the county, while meeting requirements for ORC 121.37 and ORC 121.38.

ORIGIN

- A. Section 121.37 (C) of the Ohio Revised Code requires each county to develop a joint plan (service coordination mechanism). In support of the aforementioned requirements, the various agencies/departments shall serve as the local Interagency Service Committee to work cooperatively with the FCF Service Coordinator to assure the services to multi-need children/adolescents are delivered in a timely and coordinated manner.
- B. The various county agencies hereby agree to form and actively participate in the Van Wert County Interagency Service Committee, a committee of the Van Wert County Family and Children First Council, to coordinate services for children and adolescents with multiple needs rendered and planned for by Interagency Treatment Teams.

MISSION AND PURPOSE

A. MISSION

The mission of the Van Wert County Interagency Service Committee shall be the coordination, planning, development, and implementation of community based programs, services, and resources to meet the needs of multi-need children and their families within the county. Through this coordinating and cooperative effort, we seek to foster family self-sufficiency, empowerment, and optimal emotional functioning by focusing on family strengths and emphasizing the importance of nurturing children.

B. PURPOSE

The VWCFCFC Service Coordination Mechanism serves as guiding document for the coordination of services, emphasizing an interagency system of care with three specific components:

1. Providing clarity and intentionality to the Interagency Service Committee in the decision making process with regards to setting priorities and providing services to families.
2. Providing process guidance and resources for Interagency Treatment Teams to best meet the needs of children and families.
3. To collect, review, and provide to the Family and Children First Council information/data regarding children in out-of-home placements, specialized and local programs.

ORGANIZATIONAL STRUCTURES

- A. The Administrative Level consists of executives of all of the systems who participate in the Council and Parent Representatives. The Family and Children First Advisory Committee serves as the policy level branch of the Plan. They provide integration and planning to improve community-based, family centered services. The Council provides guidance for program management by determining and clarifying policies, procedures, expectations, and the lines of authority and communication. In addition, the Advisory Committee will have a role in any policy disputes that cannot be resolved by the Interagency Service Committee.
- B. The second level of the Council is the Interagency Service Committee. The Interagency Service Committee is a macro level membership, which consists of the administration or designated members of Van Wert County Job and Family Services, Westwood Behavioral Health, Van Wert County Juvenile Court, Van

Wert County Board of Developmental Disabilities, Van Wert City Schools, and Tri-County Alcohol Drug Addiction and Mental Health Services Board. The Interagency Service Committee participates in cross-system exchange of information and cross-system review the plan of treatment for individual cases referred by Treatment Teams. They serve as the Council's forum for service integrated planning, identify service gaps, and make recommendations regarding strategies and financing of service gaps.

- C. The third level of the council is the Interagency Treatment Team (Family Team), which serves as a micro level system of the Council with the responsibility of planning, coordinating, and implement a family focused service plan. The Treatment Team is a multi-system team, which provides strengths based assessment and treatment planning for children and their families. Case managers in any system may request the formation of a team to develop a comprehensive interagency plan for a child and family. Families may also self refer to the direct service level. The service coordinator may pursue less intensive options, other than establishing a Treatment Team, such as a referral to a single agency, as appropriate for families, while still adequately addressing a family's needs. The Council shall appoint a service coordinator to provide leadership and support to the Treatment Teams.

TRAINING AND PUBLIC RELATIONS PROCEDURES

Families and agency personnel become aware of and trained in the Service Coordination Mechanism process in a variety of ways. The identified executive at each Agency will work with the FCF Service Coordinator to provide training pertaining to the Service Coordination Mechanism to respective staff. The Interagency Service Coordination packet will be utilized as a resource in training. The FCF Service Coordinator is responsible for educating families referred for service coordination about the process and accompanying paperwork. The FCF Coordinator is responsible for ongoing training regarding this process and plan. The FCF Coordinator also serves as the liaison to the community for FCF services.

TARGET POPULATION

No family will be refused the opportunity to refer oneself for consideration of service. However, the target population includes children who are abused, neglected, dependent, unruly, alleged unruly, at risk of becoming unruly, or delinquent children under the jurisdiction of the Juvenile Court. Included in this population are those children whose families are voluntarily seeking services. Priorities: multi-need children from the ages of 0 through 21; Van Wert County resident; inability to access needed services; multiple Agency involvement. A method for diverting youth from becoming identified as the above stated population will also be contained in this mechanism, as mandated by House Bill 57.

The Van Wert County Service Coordination Mechanism makes the presumption that the needs of many youth and families who come into 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 areas of responsibility, and that the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. This plan should ensure that the need for other interventions can be identified prior to court involvement, and that services are put in place to meet those needs, building on family strengths. The critical aspect of the Mechanism lies in the fact that it is a reinforcement and creative option for all the involved systems to access when the resources of one system are not adequate to address the needs of the youth and family, regardless of which system they first entered.

This plan emphasizes the importance of family choice in the selection and/or provision of services. Except in those cases where child or public safety is predominant concern, families should be offered the opportunity for assistance and the opportunity to reject part or all of that assistance. It will be incumbent upon the Family and Children First Council to address these needs in ways which are timely, culturally relevant, community-based, and collaborative.

REFERRAL PROCESS (ADDENDUM A)

Any social service or health and human service agency or Juvenile Court can refer a Van Wert County child for interagency service coordination. A family or other individual may also self refer. The referring agency or individual will fill out the referral packet, consisting of geographic information, school information, current agency involvement, case worker contact information, release of information, and a risk tool evaluation that should be filled out by the service provider making the referral. A referring agency or family may contact the coordinator asking for service coordination, at which time a referral packet will be completed with the family.

The Interagency Service Coordination packet outlines the process for establishing an Individualized Family Service Coordination Plan (IFSCP) and accompanying Treatment Teams. This resource is provided to each agency staff as part of its training on FCF interagency service coordination. The resource packet includes: a detailed narrative describing the process for FCF service coordination plan and establishment of an interagency service team (Attachment 1), referral for service coordination (addendum A), consent to release confidential information, (addendum B), family strengths, needs, and cultural discovery assessment (addendum C), parent advocacy connection initial contact sheet (addendum D), service coordination team signature and confidentiality page (addendum E), visual support for the meeting components of an interagency meeting (addendum F), interagency service team minutes (addendum F), Individualized Family Service Coordination Plan (IFSCP) (addendum G), Safety and Crisis Planning (addendum H) and a request for financial support via the system of care funds (addendum I). The Interagency Service Coordination packet also includes the most recent Guidance Document and Family Centered Services and Supports Funds Definitions. This packet is

to be utilized as a support for referrals for FCF service coordination, irrespective of the referral source.

ASSESSING THE STRENGTHS, NEEDS, CULTURALLY DISCOVERY OF THE CHILD AND THE FAMILY

An initial assessment of a child/family's strengths, needs, cultural discovery will be conducted with family by the referring Agency or the FCF Service Coordinator for self referrals. If the needs of the family cannot be met through already existing collaborative efforts, the referring Agency staff will assess the need to form an Interagency Treatment Team. Upon determining the need for an interagency treatment team, an Interagency Service Team Referral Form is completed and sent to the FCF Service Coordinator to assist in establishing an Interagency Treatment Team. The FCF Service Coordinator will assure that this level of intervention is needed with the assistance of a risk assessment screening tool. The needs, strengths and cultural discovery of the family will be utilized in planning to meet the needs of the family. This information will be gathered by the referring agency and/or FCF Service Coordinator and presented at the initial Interagency Treatment Team meeting. The strengths and needs assessment will be completed for every family involved with interagency service coordination, including children whose parents or custodian(s) are voluntarily seeking services and/or any alleged unruly child. Strengths, needs, cultural understandings will be written into the family service coordination plan and shall be consideration when planning and implementing supports and services.

Since the majority of children for which an Interagency Treatment Team meeting is called are already involved at some level in one or more of the key systems, it is likely that relevant background material, including assessments and evaluations, already exists. The Team will not be required to duplicate evaluations or assessments; however, the Team may request additional information to properly assess the full range of needs.

PROCEDURE FOR DESIGNATING SERVICE RESPONSIBILITY

Formal team member invitations will be completed by the agency referring the family for interagency service coordination. For self referrals, the FCF Service Coordinator will designate a lead agency or complete the invitations independently. Invitations may be conducted via phone, electronic mail, or regular mail. The FCF Service Coordinator will facilitate family specific family centered interagency treatment teams and work collaboratively to develop a plan with accompanying tasks, assign tasks and responsibilities to respective members of the members of the team, and provide feedback and monitoring of the proposed plan. Follow-up progress monitoring meetings will be scheduled the end of each meeting.

With the consent of the parent, the agency referring the family for FCF interagency service coordination will serve as the lead. If court orders are currently in place or pending. Any child adjudicated abused neglected or dependent will be lead by the agency holding that active court order (Children Services). If the child is adjudicated, delinquent or unruly, and not under court order to children services, Juvenile Court will serve as the lead. The FCF Service Coordinator will work with each referring agency administrative led in developing a plan to train and support agency staff in the processes and expectations of FCF interagency service coordination.

INDIVIDUALIZED FAMILY SERVICE COORDINATION PLAN (IFSCP)

Once an Interagency Treatment Team is formed, the initial meeting will begin the process of establishing the child/family service coordination plan. The Plan is to be consistent with Council goals of community-based, family-centered services. Existing agency plans can be linked to the Individual Service Team Plan, if appropriate and agreed upon by the family. The Plan will be comprehensive in its commitment to meeting the needs of the child/family. Each service providing agency will sign off on the plan as their commitment to the family for the services with the provision that the family also sign off to comply with their plan requirements. This process will hold agencies and individuals accountable for the services and/or supports identified in the plan and will provide an evaluation of the service plan by reviewing the progress of the family and child. At a minimum, the Service Plan for each child and family will include:

- A. Identification of the child/family's strengths, needs, and cultural dynamics.
- B. Descriptions of the services to be provided and the funding sources, if applicable.
- C. Establishment of the responsible positions within Agencies for carrying out the Plan.
- D. Timelines for completing goals.
- E. Establishment of a crisis and/or safety plan.
- F. Establishment of outcome criteria to determine the success or failure of the service to be provided.
- G. Input from families and children regarding the plans alignment with the family's individual strengths and is respectful of the family's diversity. Services will be responsive to the needs and strengths of the family as well as the family's culture, race, and ethnic group. Parental and service accountability is essential to the success of the plan and all plans should meet the needs of the children/family in the least restrictive environment possible.

Each member Agency and the family will be given a copy of Individualized Family Service Coordination Plan (IFSCP) by the Team Leader or FCF Service Coordinator. Additionally, a copy of the IFSCP will be provided to the families by the FCF Coordinator with periodic review times established. The FCF Coordinator will provide (at a minimum) a quarterly summary of the Interagency Treatment Teams to the Interagency Service Committee. The Interagency Service Committee will establish guidelines to review measures of progress with the member agencies and family, in accordance with the plan.

FAMILY RIGHT TO INITIATE A MEETING / INVITE SUPPORT PERSONS

After a referral has been accepted and a service plan has been developed for the child/family, the family has the right to initiate additional meeting(s) to continue the development or review of said service coordination plan. The family also retains the right to invite a family advocate, mentor or other support person of the family's choice to participate in any such meeting. At or before the initial Interagency Service Team Meeting, the parents will be presented with the availability of parent advocacy, explained verbally, as well as presented with a Parent Advocacy Connection (PAC) parent brochure and referral paperwork.

PROTECTING THE CONFIDENTIALITY OF FAMILIES

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

As a final measure to assure the protection of a family's confidentiality, all team members will sign a document that explains confidentiality expectations of information disclosed during team meetings and throughout the entire planning process as well as information included on the Service Coordination Plan.

PROCEDURE FOR OUT-OF-HOME PLACEMENT MEETINGS

Before an out-of-home placement is made a treatment team meeting will occur regarding the child who is believed to be in need of placement outside of their home, when the family has an established team. The meeting will occur before an out-of-home placement is made, or within ten (10) days after placement in the case of an emergency. The team leader should be notified about such an event by the placing Agency within three (3) working days, and the leader will, in turn, contact team members to set up the meeting date, time, and location.

This meeting gives the team members an opportunity to consider alternatives to placement and/or to begin planning for community supports for the family during placement, and to begin planning for the child's return to the community. Nothing in this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an emergency out-of-home placement or confidentiality.

COORDINATION WITH HELP ME GROW

The Van Wert County Help Me Grow Collaborative assures comprehensive, quality services for families with children birth to three years old, who are at risk for or have disabling conditions. For children who also receive services under the Help Me Grow program, the service coordination mechanism shall be consistent with rules adopted by the Department of Health under section 3701.61 of the Revised Code.

METHOD TO DIVERT A CHILD FROM THE JUVENILE COURT SYSTEM INCLUDES THE FOLLOWING JUVENILE COURT PROGRAMS:

Eligibility for deferral shall be by either (1) upon the filing of a complaint, the juvenile court shall screen the complaint based upon age, prior record, or offense; or (2) another agency, law enforcement, or parents may directly contact the court requesting diversion services without the necessity of filing of a complaint. Upon the determination of eligibility, the child and the parents shall be referred to either court sponsored services or to services provided by other agencies that would meet the needs of the child and/or family. Council members shall cooperate in providing necessary services. The need for interagency planning shall be the criteria established by this service plan.

FUNDING AND FISCAL MECHANISMS

If necessary a funding plan will also be established, funding of plans is determined by the Interagency Services Committee who will continue to cooperate together on joint funding for families, as well as assisting in locating and advocating for outside funding sources.

New funding sources, including those established through System of care, the FCSS and the CCBH funds, will be coordinated and approved by the Interagency Service Committee. The Interagency Service Committee may make recommendations regarding gaps, service needs, and funding opportunities. Funding Plans for families involved in Treatment Teams will be developed by the individual teams and when needed, a referral to the Interagency Service Committee may assist with additional creative funding options, as available.

When funding a plan cannot be established for the family and the Interagency Service Committee is unable to collaborate on this issue it will be taken to the FCF Advisory Committee by the FCF Service Coordinator and lead agency.

All funds are distributed based on need, resources and availability.

DISPUTE RESOLUTION PROCESS

The Van Wert County Family and Children First Council agree that the conflict between any of the service partners and/or families must not impede the delivery of services. Therefore, the Van Wert County Family and Children First Council is committed to resolving all conflicts at the lowest possible level and in the most expedient manner. The Van Wert County Family and Children First Council recognize that three types of conflict are likely to occur and have addressed the process for resolution accordingly. The three anticipated scenarios for potential conflict are:

Purpose:

- A. The family is in disagreement with an Agency;
- B. The family is in disagreement with the Service Plan;
- C. One Agency is in disagreement with another Agency or the Service Plan.

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 decision rendered by a county council regarding services for a child may initiate the dispute resolution process established in the county's Service Coordination Mechanism. In addition, children and families eligible for Help Me Grow, but not eligible for Part C Early Intervention services, may file a complaint through the county council's dispute resolution process. The process for handling each of the above situations is dependent on the premise that individuals will seek resolution through the individual Agencies and/or team meetings prior to initiating the formal dispute resolution process. Emergency situations where a child is in imminent danger of abuse or neglect will be reported immediately to Children's Services and/or a local law enforcement agency. Other non-emergency situations will follow the dispute resolution process described below. Informal/formal Agency grievance procedures should be utilized prior to initiating the formal dispute resolution process. If a family needs assistance in presenting their concerns within the team setting, they may request a parent advocate or agency caseworker to assist them in presenting their concerns. A parent advocate will be offered through the FCF Service Coordinator.

Parents will be informed of the dispute resolution process by the Team Leader or FCF Service Coordinator.

Steps to resolve the conflict at the family team level are:

- A. The disputing parties will inform the lead case manager, in writing, of the facts of the conflict.

- B. The lead case manager will call a special meeting(s) of the Team within ten (10) working days of receipt of notification and will facilitate the dispute resolution solution among the team members. The lead agency will assure that agencies Interagency Committee member is present and the FCF Coordinator will lead this meeting to help find the appropriate solution. The family will continue to receive services as described in the Interagency Service Plan during this process.
- C. When resolution is reached, the parents, facilitator and the agency representatives will sign the revised Interagency Service Plan to acknowledge their commitment to the Plan. This will be distributed to all team members by the FCF Coordinator.
- D. The lead case manager is responsible for the implementation of the revised Plan.

If this process does not resolve the dispute, the following steps will be taken:

- A. If such efforts prove to be unsuccessful, the FCF Service Coordinator shall cause the membership of the Interagency Service Committee to become aware of the facts of the case within five (5) working days. The Interagency Service Committee will review all the relevant information at the regularly scheduled meeting, which is the second Friday of each month (unless an emergency meeting is needed: see below). The Interagency Service Committee's recommendations shall be issued within five (5) working days. Any policy violation dispute not resolved will be referred to the Council Membership to invite suggestions for reaching resolution of the dispute.

Emergency Dispute Resolution: The family or lead agency brings the emergency situation to the attention of the Council President (an emergency situation is defined as disruption to an essential service provision which jeopardizes the safety and well-being of the child and/or family). The Council President will request an emergency meeting of the Interagency Service Committee to review the referral. The time frame for convening this meeting will vary according to situation needs response time but will be scheduled no later than ten (10) working days. Once the immediate emergency is handled, continuing conflict will follow the outlined process.

- B. The family or agency which disagrees with the Interagency Service Plan shall file a written objection to the Plan with the Council President.
- C. Upon receipt of the objection or within ten (10) working days, the President shall initiate discussions with each party involved to determine the facts of the case.
- D. After determination of the facts and sharing among agencies and families involved, the President shall schedule a meeting of the parties to the disagreement for the purpose of discussing resolution of the dispute between the two (2) parties.

- E. A parent or custodian who disagrees with a decision rendered by the Interagency Treatment team regarding services for a child may initiate the dispute resolution process. Not later than sixty (60) days after the parent or custodian initiates the dispute resolution process, the Council shall make findings, and issue a written determination of its findings.
- F. If the parties fail to reach an agreement under the procedure, the matter will be filed with the Juvenile Court within seven (7) days and processed in accordance with Ohio Revised Code 121.38.
- G. The Council President shall keep a record of the results of each step of the resolution process and shall prepare an interagency assessment and a treatment information packet for the court.
- H. During the dispute resolution process, families will continue to receive services as indicated in the Interagency Service Plan.

Ohio Revised Code 121.38 requires that unresolved issues be referred to the Juvenile Court having jurisdiction of the child for resolution. It further requires that during the period of investigation of the case by the court, that any services provided by any Agency prior to the filing of the dispute be continued by the Agency until the resolution process is completed. Following the decision of the court, if the Agency or Agencies providing services during the processing of the complaint are found not to be responsible for providing services, the Agency or Agencies shall be reimbursed by the Agency or Agencies found to have responsibility by the court.

Agencies adjudged to have responsibility may object to the determination of the court within a time period prescribed by law. Such objections will be processed under circumstances and by procedures prescribed by Ohio Revised Code 121.38. When the Council participants agree by majority vote that reasonable responsibilities are not being shared by member Agencies, the State appeals process may be accessed. It is understood that, upon appeal, Cabinet Council decisions may result in a redirection of state funds within a county.

Note: For those families receiving Help Me Grow services refer to Help Me Grow Policies and Procedural Safeguards and Help Me Grow Dispute Resolution.

The 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 Revised Code.

MONITORING PROGRESS /TRACKING OUTCOMES

- A. Review and monitoring children in out of home placements is to be conducted by the placing agency and at a minimum reported back to the Interagency Service Committee quarterly, in writing, the success of the Plan and the projected date of reunification. A verbal report is expected every thirty (30) days at the monthly committee meeting, so the FCF coordinator can reflect this in the minutes.
- B. Quarterly written outcome reports will be submitted to the Committee on all Service Plans.
- C. Individual agency trainings are expected to be done with each new employee and each working on a team will sign the family team personal information waiver to verify such.
- D. Upon request, the coordinator will submit service coordination data to the state for the purpose of evaluation.

VAN WERT COUNTY

Family & Children First

Process for FCF Service Coordination Plan and Establishment of Team

I. The Referral for Service Coordination, Cross System Risk Screen tool, and Family Strengths, Needs, and Cultural Discovery Assessment must be jointly filled out by the referring agency and the family and forwarded to the FCF Service Coordinator.

II. The Coordinator will review and assure the need for an interagency service team (ISC). If needs can be met in a less intrusive way the Service Coordinator will refer the agency and the family to appropriate services. If the needs can only be met with a multi-agency team the Coordinator will proceed with assisting the agency present the case to the ISC. The ISC in collaboration with the family will assign appropriate team members, and help establish the date and time of the Interagency Services Team (IST) initial meeting.

III. Interagency Service Team will develop and implement the Service Plan. The Team Leader or the Service Coordinator may serve as the meeting facilitator, however, the family shall consent to the person servicing as facilitator of the meetings. The identified facilitator is required to oversee and complete the Interagency Service Team meeting minutes and Coordination Plan and assure the FCF Coordinator and team members all sign and receive a copy. The plan will be a joint effort and agreement of the team per the Service Coordination Mechanism.

IV. The team leader will also report the findings of the family needs, strengths, and cultural discovery and ensure that the findings are incorporated into the plan.

All team members must sign the Service Coordination confidentiality page in order to be in attendance.

An Individualized Family Service Coordination Plan (IFSCP) will be initialized at the initial meeting. Either the Service Coordinator or the Team Leader will facilitate the completion and distribution of the Service Plan to all team members.

If an active agency has a treatment plan, the agency plan may be incorporated into or linked to the IFSCP, if the individual family service team determines the plan or components of the plan to be appropriate and the family agrees upon the linkage/incorporation.

If the team identifies a need to be serviced through the IFSCP that is best addressed through Family-Centered Services and Supports (FCSS) funds, the team lead will complete and submit a Request for Financial Support System of Care Funds to the Coordinator. If the request adheres to the FCSS Fiscal Guidelines and Requirements, the coordinator will present to members of the Interagency Service Committee for approval. Upon approval or denial, a Response to Request for Financial Support will be generated and submitted to the lead of the treatment team.

V. The team leader ensures that the FCF Coordinator and all appropriate team members receive a copy of all paperwork generated through the team process for their respective files.

VI. The FCF Coordinator compiles the referrals, Minutes and Planning Forms, and any other completed paperwork to establish a file record for each client. The file will be maintained and up to date for FCF by the Coordinator.

VAN WERT COUNTY
Family & Children First
Referral for Service Coordination

Child's Name: _____ Birthdate: _____

Current Address: _____

Legal Custodian: _____

Address (if different from above): _____

Caseworker: _____

Parents: Mother: _____ Father: _____

Address: _____

Phone: _____

Employer: _____

Siblings: _____	M/F	Age: _____	Living with: _____
_____	M/F	Age: _____	Living with: _____
_____	M/F	Age: _____	Living with: _____
_____	M/F	Age: _____	Living with: _____

Other Adult in Home: _____

Child/Family Eligibility Status:

TANF: Yes ___ No ___ Insurance: Yes ___ No ___ IV-E: Yes ___ No ___
SSDI: _____ SSI: _____

Child Support: Payee Mother/Father Amt: _____

Medicaid Card: _____
Non-behavioral health condition: _____ developmental disability _____ medical fragility
_____ mental retardation _____ other: _____

Family History: (List both **Strengths** and **Concerns/Needs** of the Family) _____

Mental Health History: _____

Drug/Alcohol History (Both child and family): _____

Legal History: _____

Child's/Family's Specific Needs: _____

Prior Placements (Including relatives): _____

Schooling:
School Attending: _____ Grade _____
Special Classes or IEP: _____
Behavior at School: _____

Juvenile Court Involvement:
Child on Probation? _____
Pending Hearings? _____ Charges: _____
Does the child understand the probation? _____

Counseling Services:

Current: _____
Previous: _____

Medications (name, dosage, times taken): _____

Prescribed by: _____

Diagnosis: _____

Custody: Yes / No

Child came into custody: _____
Case Plan Goal: _____

Case Plan Objectives: _____

Visitation: _____

Foster Placement (Name of Therapeutic Placement & Foster Parents) _____

Other:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Adopted | <input type="checkbox"/> Adjudicated Delinquent | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Has borne a Child | <input type="checkbox"/> Fire Setter | <input type="checkbox"/> MR-DD |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Self-Abusive | <input type="checkbox"/> Other _____ |

Have there been prior Team meetings for the child? Yes ___ No ___
If yes, how many and who was involved: _____

Action Requested of Family & Children First Council (include cost if applicable):

Meeting Participants. (If requests is going to full team meeting)

Because different agencies may be working with this family, we encourage their participation if relevant.

Check whom you will invite to the FCFmeeting:

_____ parents (and/or other family, guardians,) specific: _____

_____ school representative (school counselor, special education rep.,school liaison or other:

_____ other agency representatives _____

Preferred meeting time: _____

RETURN FORM TO:

FCF Coordinator -Shawn Deitemeyer at Van Wert City Schools
Email – s_deitemeyer@vwcs.net
Fax – 419-238-0526
Mail- 10708 Rt. 118 South Van Wert, OH 45891

**VAN WERT COUNTY
Family & Children First
Consent to Release Confidential Information**

(09/2010)

I, _____, being the Custodial Parent, Legal Guardian, or Legal Representative of the Public Agency having custody of _____ DOB: _____, a minor child, authorize the member agencies of the Van Wert County Family and Children First Interagency Service Team and/or Social Service Agencies and/or Private Practitioners indicated below to release to, obtain from, and exchange any records concerning the above-named child and his/her immediate family to the Van Wert County Interagency Service Team and/or it's member agencies or those agencies selected below:

<ul style="list-style-type: none"> <input type="radio"/> Job and Family Services (Children Services) <input type="radio"/> Van Wert County Health District <input type="radio"/> Alcohol, Drug Addiction, and Mental Health Services Board of Mercer, Paulding, and Van Wert Counties <input type="radio"/> Van Wert County Juvenile Court and Youth Bureau <input type="radio"/> Bureau of Vocational Rehabilitation <input type="radio"/> Westwood Behavioral Health Center <input type="radio"/> Help Me Grow <input type="radio"/> Family and Children First Facilitator <input type="radio"/> Community Action Commission 	<ul style="list-style-type: none"> <input type="radio"/> Ohio Department of Youth Services <input type="radio"/> Van Wert County Board of Developmental Disabilities (Thomas Edison) <input type="radio"/> Van Wert City Schools <input type="radio"/> Lincolnview Schools <input type="radio"/> Crestview Schools <input type="radio"/> Western Buckeye Educational Service Center <input type="radio"/> Van Wert Early Learning Center (Thomas Edison) <input type="radio"/> Van Wert County Commissioners <input type="radio"/> Van Wert County Hospital
<ul style="list-style-type: none"> <input type="radio"/> Others: 	<ul style="list-style-type: none"> <input type="radio"/> All with the exception of:

The purpose of this release and exchange of information is to develop an Interagency Service Plan for the child named above and to implement said plan. The parent/guardian will receive a copy of the plan.

I understand that these records are protected under Federal and State laws governing confidentiality of patient, student, and client records and cannot be disclosed or re-released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically 180 days from the date of execution or upon the date listed below, whichever is earlier. For clients releasing information relating to alcohol and/or drugs: This information had been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). This Federal rule prohibits you from making 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 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose and federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

This consent expires on _____ or upon the occurrence of:

Signature/Relationship: _____ Date: _____

Witness: _____ Date: _____

Addendum B

VAN WERT COUNTY
Family & Children First
Family Strengths, Needs, and Cultural Discovery Assessment

FAMILY NEEDS ASSESSMENT

Check all needs that apply in each life domain:

1. Safety

- Safety Plan
- Safe Place to Stay

2. Behavioral/ Emotional/ Substance Abuse

- Medications/ Med Education/ Prescriptions
- Drug/ Alcohol Education; Referrals to treatment
- Mental Health Education; Referrals to treatment
- Increased support/contacts supplemental to other services
- Coordinated services to include of community providers

3. Medical

- Physical health care
- Eye care
- Dental care
- Hearing care
- Health Care coverage
- Advocacy for health care coverage benefits
- Resources for disabled persons
- Medication education

4. Extended Family

- Referrals to other community agencies
- Parent training/education
- Support
- Child Care

5. Residential/ Housing

- Place to live/ Alternate Housing
- Housing Assistance
- Access to Safe Harbor
- Respite

6. Legal

- Advocacy in court
- Legal Advice/Services
- Access to court services

VAN WERT COUNTY
Family & Children First
Family Strengths, Needs, and Cultural Discovery Assessment

7. Social/Recreational

- Positive community activities
- After school activities
- Summer activities

8. Educational/Vocational

- Advocacy at school
- Observation at school
- Communication with teachers/school personnel
- Coordination with schools
- Job training
- Alternate school options
- Sheltered workshop (Thomas Edison)

9. Financial

- Budgeting skills
- Emergency assistance
- Rent/Deposits
- Utility assistance
- Clothing/ household supplies
- Advocacy for benefits (food stamps, SSI/SSDI, child support, etc)

10. Other

- Transportation
- Spiritual
- Cultural
- _____
- _____
- _____
- _____
- _____

Parent/Guardian/ Consumer Date

Service Provider Date

Signature

Date

**VAN WERT COUNTY
Family & Children First
PARENT ADVOCACY CONNECTION
Initial Contact Sheet**

All requests for a Parent Advocate need to be sent to the Family & Children First Council facilitator.

Date _____ County _____

Child Name _____ D.O.B. _____

Race: B W H Other _____ Gender: Male ___ Female ___

Number of Other Children in the Home _____

African American ___ Hispanic/Latino ___ Caucasian ___ Bi-Racial ___ Other _____

Parent(s): _____ Phone: _____

Alternate Phone: _____

Home Address: _____

Referral Source: _____ Contact Initiated by: _____

School: _____ School Phone: _____

General Information:

Agencies/Services/etc:

Advocate: _____

Date Assigned: _____

Evaluation Done: _____

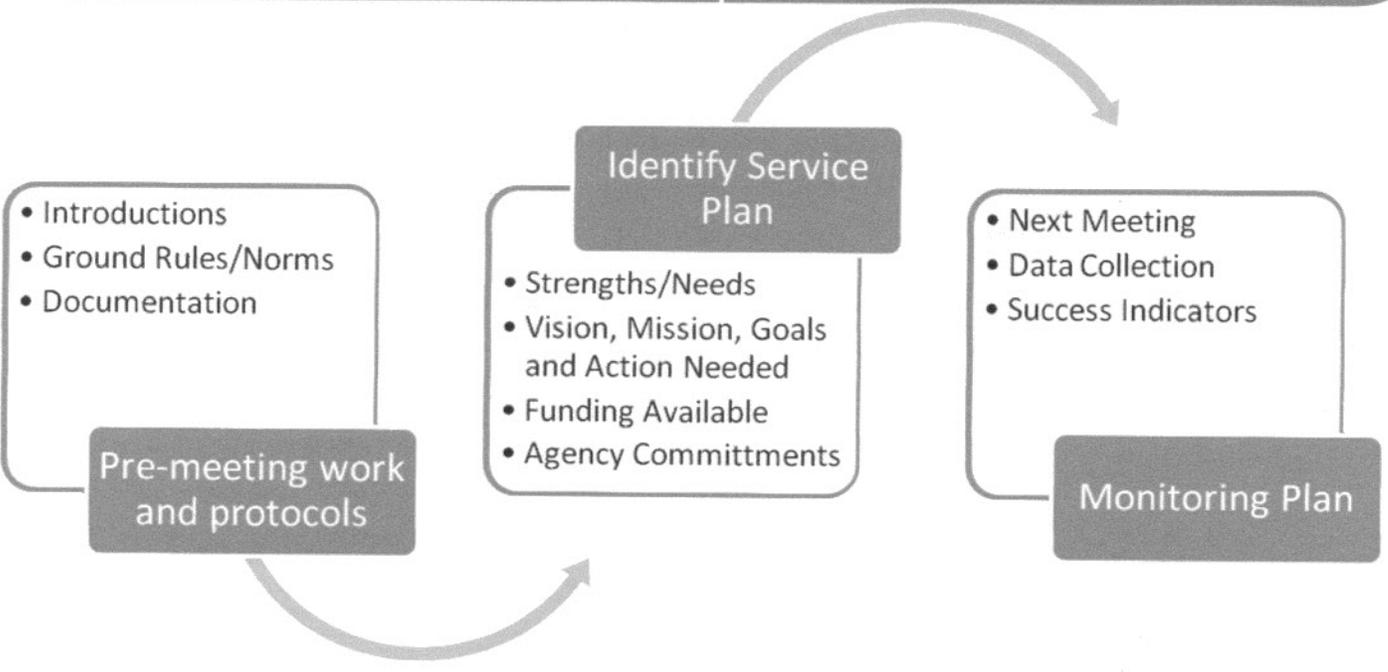
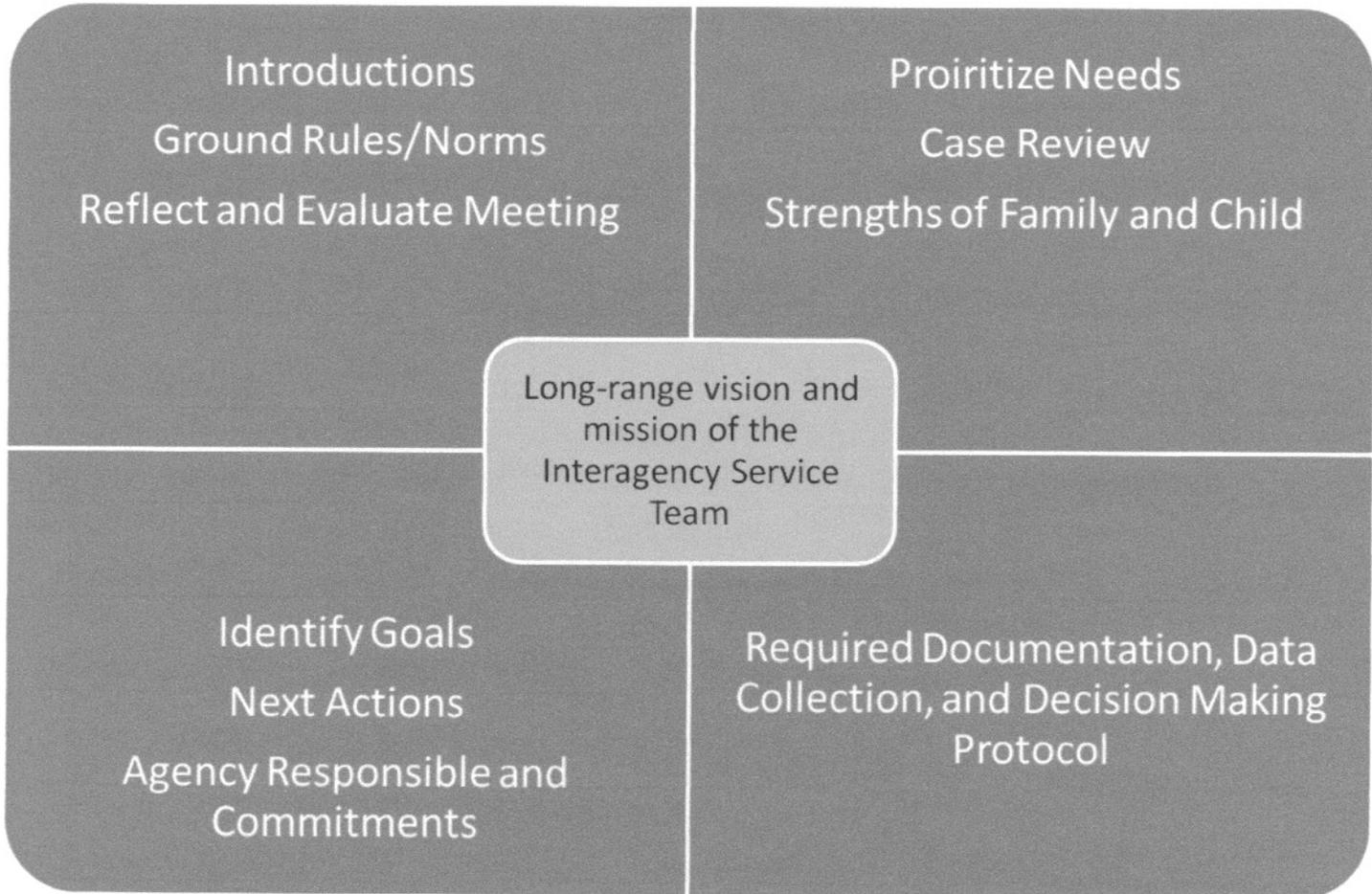
Faxed: _____

Case Closed: _____

Post Evaluation Done: _____

Faxed: _____

Van Wert County Family and Children First Council Meeting Components



Van Wert County Family and Children First Council Interagency Service Team: Minutes

IST Client Name: _____ **Date:** _____

Lead Case Manager: _____

Overall client/team goal as established at the last team meeting:

List tasks established at the last meeting and report the outcome of each.

TASK	Responsible Party	Outcome

New tasks to be completed

TASK	Responsible Party	Intended Outcome

Areas that have changed with either the client or persons in his/her home since the last meeting

Mental Health Diagnosis	Significant Medical Issues	Social/Environmental issues	Living Arrangements
Family Finances	Court Status	Children Services	Phone Number
School Status	DD Status	Other Agency Status	Important Updates

Explanation of Change in Status:

The persons listed below were in attendance at today's meeting		
Name	Relationship	Agree with Plan
		YES NO

Anyone not in agreement with this plan should submit the reason for his/her disagreement to their supervisor AND the FCF Coordinator.

The Child's parent(s):	
Participated in this plan:	Yes No
Agree with this plan:	Yes No
Are aware of this plan:	Yes No

TIME/DATE/PLACE OF NEXT MEETING:

**Van Wert County Family and Children First
Individualized Family Service Coordination Plan (IFSCP)**

Youth's name: _____ **D.O.B.** ___/___/___ **Gender:** ___ **Race:** ___

Parent/Guardian name: _____ **Address:** _____

Lead Case Manager: _____ **Agency:** _____ **Phone:** _____

Family/Parent Advocate: _____ **Phone:** _____ **Offered:** _____

List youth's team members(contact/agency): _____

Brief Family History:

Child/Family Strengths:

Child/Family Needs:

Action Plan – Is there a current agency plan that stands in place of this section: _____
Which agency ? _____

VAN WERT COUNTY

Family & Children First

Safety and Crisis Planning

1. Basic procedure for safety crisis intervention in Wraparound planning
 - Anticipated crises are defined and clarified in the Family Team meeting with input from all members.
 - A Safety and Crisis plan is developed with the child and family in the meeting (see below).
 - Safety and Crisis plans are proactive and reactive.
 - Families and teams are instructed to practice with dry runs.

Crisis Definition and Clarification

1. Each member of the team, including all cross-systems members, Social Worker, school personnel, etc, puts his or her concerns on the table regarding what could go wrong.
2. There is a review of history because most crises have happened before.
3. The team should identify where its plans seem most vulnerable and what the possible consequences would be if the plan does not function.
4. Alternative strategies will need to be thought through as plan "B's".
5. Proactive plans include tangible or intangible supports that are expected to prevent a targeted crisis from happening.
6. Reactive plans are developed by the team to prepare for what action they will take if the crisis actually occurs.
7. After each crisis occurs, the team should convene within 48-72 hours to review whether or not the plan worked: if it was effective, and if it needs modification.
8. All changes to the plan need to be team-driven, and all members who are not present must be informed immediately so that everyone is on the same page.

Other Vital Information

(Medications, unusual circumstances, hints, tips, etc.)

◆

◆

◆

◆

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Directions and Map

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EXAMPLE

Sharp: Family Safety Plan

Child's Name: Kid Sharp **Date of Birth:** Age 10

Family Address: _____ **Family Phone:** _____

Referring Agency and contact person: _____

Facilitator Name: Fanny Facilitator **Phone:** _____ **Pager #:** _____

TEAM MEMBERS	RELATIONSHIP	PHONE/PAGER #
Mom & Dad Sharp	Parents	
Sister Sharp	Sister	
Grandma Sharp	Grandmother	
Nice Neighbor	Neighbor	
Patty Principal	Principal at Kid's School	
Connie Counselor	Sister's School-based Therapist	
Medicine Man, MD	Psychiatrist	
Thelma Therapist	Family Therapist	
Sammy Supportalist	Family Specialist (Kid)	
Susie Specialist	Family Specialist (Sister)	

ANTICIPATED CRISIS	INTERVENTION PLAN
Kid becomes upset because he feels he is not being heard and/or he is not being taken seriously. He begins to use foul language, escalating to Suicidal Ideation, and makes suicidal/hopeless statements.	<ol style="list-style-type: none"> 1. Attempt to distract, divert attention to something he is interested in. 2. Give attention, ask about his day. 3. Try to get him to verbalize his feelings. 4. Remind him of his successes and that he has learned how to express his feelings without making suicidal threats.
Kid continues to escalate and begins grabbing sharp objects and attempting to cut himself or tries running into the street.	<ol style="list-style-type: none"> 1. Knives, scissors and other sharp objects to be kept in secure box with padlock. 2. When escalation begins, Mom to work with Kid and attempt to soothe, contain and restrain him if necessary for safety. 3. A safety check will be made and all other potentially dangerous items will be quickly collected and placed in locked box. 4. Mom will immediately call for backup if she is alone. If she feels she cannot keep situation safe until help arrives she will call 911. 5. Back ups are as follows according to
*Remember to check on Sister. Sometimes she	

<p>will be able to be helpful and sometimes her own issues will necessitate her being removed from the situation to avoid having both children in crisis at the same time. She can go to a neighbor's or Grandmother's. If these are not available, send staff to take her away from the situation.</p>	<p>expected response time:</p> <ul style="list-style-type: none"> ➤ Dad and/or Sister ➤ Next door neighbor- Jun ➤ Grandmother ➤ Wrap program <p>6. Back ups will support Mom by doing the safety check and locking the items away, making necessary phone calls as the need arises and other tasks.</p> <p>7. If Kid does not de-escalate call MH Crisis to assess for hospitalization criteria. If safety cannot be maintained, call 911 first and call Wrap program when able.</p>
<p>Sister may feel suicidal, make veiled or direct suicidal threats, cut on herself or threaten to run away.</p> <p>(Remember to check on how Kid is doing when his sister is in crisis. Kid has been doing very well, but may need reminding that he has learned to manage his emotions safely and without resorting to suicidal threats.)</p>	<ol style="list-style-type: none"> 1. Knives, scissors and other sharp objects and pills to be kept in secure box with padlock. Other items will be secured as warranted. 2. Encourage her to talk and help her identify her feelings. 3. If she can't talk, give her some time and then try again. 4. She can talk with therapist, Connie during school hours and Thelma after school hours. 5. She can call Wrap program staff to talk. 6. She can go to Grandmother's or a neighbor's. First ask Mom if it is appropriate 7. If crisis continues to escalate send staff to home and assess if MH crisis should be deployed or 24 hour watch be put in place. 8. If she has made suicidal threat, veiled threat, superficial cuts on self, or behavior/mood warrants - call MH crisis or psychiatrist to assess. <u>Exception</u>: Non-bleeding scratches without accompanying Suicidal Ideation that she reports within 12 hours to appropriate adult (therapist, parent, specialist, etc.) 9. If she has ingested pills or made bleeding cuts take to ER. 10. If actively attempting to or has seriously cut self, call 911. 11. Remember to support parents in keeping to plan and remind them not to take things Sister says personally.

Program On-Call Pager # 555-5555
Monday-Friday 5pm – 9am, 24 hours on Weekends

Other Vital Information
(Medications, unusual circumstances, hints, tips, etc.)

- ◆ **Medications:** Kid - Tegretol 400mgs AM & PM; Trazodone 100 mgs PM; Seroquel 25 mgs PM; Prozac 20 mgs AM;
- ◆ Kid is currently doing very well. However, he has severe separation anxiety. Be very cautious about saying things about going to the hospital, etc.
- ◆ **Medications:** Sister – Tegretol XR 400 mgs AM & PM; Depakote 500 mgs PM; Wellbutrin SR 200 mgs AM, 150 mgs PM; Trazodone 100 Mgs PM; Seroquel 25 mgs PM.
- ◆ Sister can be very dramatic and doesn't always say what she means.
- ◆ Large dog in home. He will bark, but is friendly.

Map and Directions **(Please include precise location of residence)**

**Van Wert Interagency Service Coordination
REQUEST FOR FINANCIAL SUPPORT
SYSTEM OF CARE FUNDS
(CCBH or FCSS)**

Child's Name: _____ **Age:** _____ **Sex:** _____

Address: _____ **City/State/Zip** _____

Telephone: _____ **School:** _____ **Grade:** _____

Parents/Custodian: _____

Amount Requested: \$ _____ **Type Funds:** _____ CCBH _____ FCSS

Funds Requested for (Service/Support): _____

Justification for Funding:

Funds to be Paid To:

Breakdown by Period (For Ongoing Services): \$ _____

(Ongoing funding such as Counseling, Home Based, Respite, Placement, etc. must be reviewed every 90 to 120 days)

Person Requesting Funds: _____ **Date:** _____

Agency: _____

Date Reviewed: _____ **Approved:** _____ **Disapproved** _____

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____