

# **WOOD COUNTY FAMILY AND CHILDREN FIRST COUNCIL SERVICE COORDINATION MECHANISM**

## **Introduction- Overview and Purpose**

Wood County Family and Children First Council's Service Coordination Mechanism identifies the process for coordinating and streamlining services to families and children needing or seeking assistance, and serves as the guiding document for coordination of services in Wood County, Ohio. The intent of the Individualized Family Service Coordination Plan, developed in accordance with the County Service Coordination Mechanism, is to provide early identification and intervention services and supports to families with multiple and complex needs utilizing a collaborative, coordinated and cross system team approach.

The agencies responsible for the development, implementation and review of the Wood County Service Coordination Mechanism include the following:

- Wood County Department of Job and Family Services - Children's Services
- Wood County Board of Developmental Disabilities
- Wood County Alcohol, Drug Addiction and Mental Health Services Board
- Wood County Health Department
- Wood County Juvenile Court
- Wood County Educational Service Center
- Wood County Family and Children First Council

## **Values**

All decisions and activities of the Wood County Family and Children First Council (Council), including the Service Coordination Team, shall demonstrate the following values:

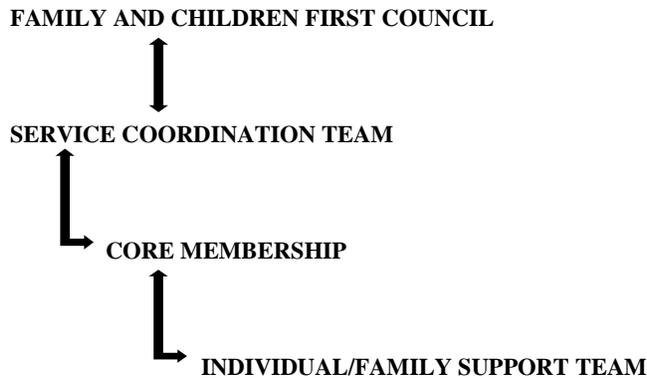
- Services are delivered using a family/youth centered approach.
- Services are responsive to the cultural, racial and ethnic differences of the population being served.
- The strengths of the family are the basis for planning and service delivery.
- Service outcomes are evaluated.
- The family's natural supports are essential elements of the service plan. Where natural supports are lacking or insufficient, the service plan will include assisting the family to build a system of natural supports in order to decrease the reliance on formal systems, as appropriate.
- Most importantly, families and youth are fully involved in the process to create and execute their individualized plan.

## **Service Coordination Target Population**

The Wood County Service Coordination Team will provide an organized system of individualized family service coordination to families and children aged birth through 21, who have multiple and complex needs requiring the services of at least two agencies of the Council. It is intended that high risk children and families will be identified and services—consistent across the board—provided to prevent the need for court involvement due to abuse, neglect, dependency, delinquent or unruly behavior.

## **Organizational Structure**

The Wood County Service Coordination Team is a subcommittee of the Wood County Family and Children First Council. The Service Coordination Team gathers twice a month to identify and respond to children, youth, and families need for services in the community. The Wood County Service Coordination Team is consists of a Core Membership. This Core Membership is a group of agency representatives. Each individual and/or family involved in Service Coordination adds to the Core Membership by including their support team.



## **Service Coordination Team Members**

The Wood County Service Coordination Team includes the following core member agencies:

- Wood County Department of Job and Family Services
- Wood County Juvenile Court
- Wood County Educational Service Center
- Children’s Resource Center
- Harbor/Behavioral Connections
- Wood County Board of Developmental Disabilities
- Wood County Family and Children First Council

### Individualized Family Service Coordination Team Members Could Include:

- Parents/custodians of minor children/guardians of individuals over the age of 18
- Family identified Case Manager
- Parent Advocate
- Representative service providers for the individual/family Representative of the school district serving the individual
- Service Coordination Team core member agencies
- Others to be invited as the Individualized Family Service Coordination Plan is developed

### **Access to Service Coordination – Referral Procedure [ORC 121.37(c)(1)]**

The Chair of the Wood County Service Coordination Team is the single point of contact for information about any referrals to the Wood County Service Coordination Team. Referrals may be made by any service provider or the family may self-refer. Additionally, general information about the Council and the Wood County Service Coordination Team will be provided to the community at large, as well as to all agencies, school districts and medical providers, via the Council's "No Wrong Door" activities.

In order to initiate a referral, interested parties may contact the Chair of the Wood County Service Coordination Team. The family's identified Case Manager meets with the family to identify those who the family would like to have as part of the team, obtain release of information for family's identified members and permanent members of the Service Coordination Team. Additionally the Case Manager will work with the family to identify strengths and needs as well as requests the family has for the team. The Case Manager will then provide the referral form, release of information and the Strengths, Needs, and Cultural Diversity Assessment, which have been completed with the family, to the Chair of the Service Coordination Team. The Chair of the Service Coordination Team will schedule the family on the agenda. Team meetings are regularly scheduled for the 2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of each month. If the family's situation is an emergency or crisis, an additional meeting can be called to accommodate the family's need.

### **Confidentiality [ORC 121.37(C)(6)]**

Special care is taken at all times to protect the privacy of the child and family and to maintain the confidentiality of all personal information disclosed during service coordination plan meetings. In consenting to the referral for services of the Wood County Service Coordination Team, the person(s) authorized to release information (parent/s of minor children; persons over 18, legal guardians or custodians) are advised in writing that relevant evaluations and assessments will be requested and provided to the members of the Wood County Service Coordination Team for planning and monitoring purposes.) The following are essential elements of the authorization to release information:

- Full name of the child
- Date of birth
- Address
- Name of authorized person\organization to release information
- Specific identification of information to be released
- Specific purpose for the release for information
- Effective dates of authorization (no longer than one year)
- Notice to the person authorized to sign for release information that the authorization may be revoked at any time with written notice to the Wood County Service Coordination Team

The Wood County Service Coordination Core Team has an annual signed agreement expressing the requirements of confidentiality. Furthermore, all members of the Wood County Service Coordination Team—core members, family members and advocates participating—shall sign a confidentiality statement during each team meeting; this statement explains the confidentiality expectations of information disclosed during team meetings and the planning process.

### **Meeting Protocols- Initial and Subsequent Family Meetings**

The Chair of the Wood County Service Coordination Team will provide written acknowledgement of the receipt of the completed referral packet to the family and referring agency, as applicable. The request for Service Coordination will be placed on the agenda of the next regularly scheduled meeting of the Wood County Service Coordination Team. Service Coordination meetings are held on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of every month, starting at 9:00am. In the event of a crisis situation an additional meeting of the Team may be called.

The family and all appropriate staff from involved agencies, including a representative from the appropriate school, will be notified of and invited to participate in all family service coordination plan meetings. [ORC 121.37(c)(2)]

Family members are included in all meetings regarding the child and family receiving services, including the initial meeting and quarterly reviews held by the Wood County Service Coordination Team. Family members may request a meeting outside of any regularly scheduled meeting [ORC 121.37(c)(3)] with at least one week's notice, with exception provided for crisis situations wherein the loss of care provider, home or residential placement is imminent.

The Wood County Service Coordination Team shall maintain written record of the proceedings for all meetings.

### **Family Advocates and Other Supports [ORC 121.37(c)(3)]**

Families will be advised of their ability to identify and/or request a family advocate or other support person of their choice to participate in all meetings of the Wood County Service Coordination Team that are related to the child or family receiving services. Parent Advocacy is a service provided to each family enrolled in Service Coordination as needed.

## **Assessment of Strengths and Needs [ORC 121.37(c)(7)]**

The Wood County Service Coordination Team shall utilize all existing evaluations and assessments to determine the primary agency serving the child and their family. *The Case Manager will be a member of the primary service agency and will be responsible for integrating all information about the child into the Strengths, Needs, and Cultural Diversity Assessment with particular emphasis given to the current strengths and needs of the individual and family served.* The information will be gleaned through collaboration with the family and other service providing agencies. While it is not intended that all evaluations and assessments be cited verbatim nor repeated in their entirety, the Strengths, Needs, and Cultural Diversity Assessment tool shall provide representative summaries and specific references to the original evaluations and assessments. The Wood County Service Coordination Team shall determine if the information received is sufficient or if additional and/or more current evaluations and assessments are necessary in order to develop an effective Individualized Family Service Coordination Plan.

The primary agency serving the child and family shall be considered first in determining the individual to be designated as having case management responsibilities and to serve as the on-going point of contact for the child, their family and the Wood County Service Coordination Team. The Service Coordination process is consistent from family to family. Families are encouraged to actively participate in choosing and approving of the individual designated for this responsibility.

### ***Notifications:***

Families of children receiving service under the Help Me Grow (HMG) program and whom the Wood County Service Coordination Team is also serving are assured that the services received are consistent with the laws and rules of HMG per federal regulations and Ohio Department of Health policy and procedures.

A copy of the Strengths, Needs, and Cultural Diversity Assessment is located in **Appendix C**.

## **Development of the Individualized Family Service Coordination Plan [ORC 121.37(C)(8)] -- also see newly developed 2016 Family Service Coordination Plan**

The Individualized Family Service Coordination Plan shall include at least the following components:

1. A comprehensive list of all services and supports, including natural supports, available to the child and their family.
  - a. Including the specific name of the service provider for each agency or specific name for any natural support person for the child/family Specification of the responsible person/agency for each service and support
  - b. Identification of goals and outcomes expected from services and supports

- c. Timelines for completion of goals to allow the family and team to monitor progress and acknowledge successes
2. Identification and incorporation of issues related to racial/ethnic/cultural identity and to gender.
3. Identification and incorporation of methods to build or enhance natural supports to decrease the reliance on formal systems.
4. Identification of response plans for short-term crisis situations and/or safety concerns.
5. Identification of a response plan, where appropriate, to divert the child and family from the juvenile court system, including:
  - a. Special emphasis regarding the personal responsibilities of the child and the parents, guardian or custodian of the child;
  - b. It is intended that high risk children and families will be identified and services provided to prevent the need for court involvement due to abuse/neglect/dependency, delinquency or unruly behavior and
  - c. Identification of current involvement of local law enforcement agencies and officials
6. Designation of a Case Manager, approved by the family, to track progress of the Individual Family Service Coordination Plan and schedule reviews. The Chair of the Wood County Service Coordination Team shall facilitate the meeting process itself.
7. When out-of-home placement is included in the Individualized Family Service Coordination Plan, the following elements must also be incorporated:
  - a. Assurance of least restrictive environment
  - b. Identification of community supports for the family during placement
  - c. Identification of needed supports for the child's return to the community
  - d. Identification of responsible parties for payment for services

***Notifications:***

Nothing in this section shall be interpreted as overriding or affecting decisions of the juvenile court regarding an out-of-home placement.

Families of children receiving service under the Help Me Grow (HMG) program and whom the Wood County Service Coordination Team is also serving are assured that the services received are consistent with the laws and rules of HMG per federal regulations and the appropriate Ohio regulatory agency policy and procedures.

**Individualized Family Service Coordination Plan Review [ORC 121.37(c)(5)]**

The Case Manager shall review the status and progress of the Individualized Family Service Coordination Plan at least every 30 days or as needed. The Case Manager shall conduct a face-to-face visit with a child in out-of-home placement at least every 60 days. A written status and progress report shall be submitted to the Wood County Service Coordination Team for review and discussion at least every 90 days.

## **Non-Emergency and Emergency Out-of-Home Placements**

A principal intent of the Individualized Family Service Coordination Plan is to provide early identification and intervention to prevent out-of-home placements. All alternatives to out-of-home placement must be exhausted as reasonable and appropriate responses to the child and family situation.

A meeting to develop or review the Individualized Family Service Coordination Plan must be held prior to a non-emergency out-of-home placement or within ten days of an emergency out-of-home placement. [ORC 121.37(C)(4)]

## **Monitoring and Tracking of Outcomes [ORC 121.37(C)(5)]**

Monitoring and tracking of outcomes of the Individualized Family Service Coordination Plan are reviewed as stated above. To determine if trends or patterns exist and to identify methods to remove barriers to services and supports, the Wood County Service Coordination Team shall, on a regular basis, review data regarding outcomes for children and families served. Data collected will include demographic information, types of services provided, and the outcome or success of those services. The Wood County Service Coordination Team shall also review the Wood County Service Coordination Mechanism on at least an annual basis to evaluate its effectiveness and to determine if revisions and updates are necessary.

## **Dispute Resolution Process [ORC 121.37(C)(9)]**

Each family referred to the Wood County Service Coordination Team shall be informed of and receive a copy of the Dispute Resolution Process by the Chair of the Wood County Service Coordination Team upon receipt of the Notice of Referral and prior to the first meeting of the team. The following are essential components of the Dispute Resolution Process:

1. Families are encouraged to fully participate in the process and may be represented by a person of their choosing throughout the process.
2. All necessary services to insure the health and safety needs of the child and family shall be provided throughout the process.
3. Any party to the Individualized Family Service Coordination Plan, especially including the child and family served, may disagree with the specific services of the plan.
4. The Dispute Resolution Process includes conflicts of both an emergency and non-emergency nature.
5. The party in disagreement with the plan shall notify the Chair of the Wood County Family and Children First Council and will provide written rationale for the disagreement no later than ten (10) days after the plan has been developed.
6. The Chair of the Family and Children First Council will notify and convene the Dispute Resolution Committee within ten (10) days of receipt of the notice. The disputing party shall receive notice of the committee meeting no later than three (3) days before the meeting date and may attend the meeting with or without the family's advocate.

7. The Dispute Resolution Committee will provide written notification to the disputing party, the Chair of the Family and Children First Council and to the Chair of the Wood County Service Coordination Team of its decision within ten (10) days after the Committee meeting.
8. The disputing party may disagree with the above decision and may wish to continue the Dispute Resolution Process. In such an instance, the disputing party will provide written rationale for the disagreement no later than seven (7) days of receipt of the decision of the Dispute Resolution Committee to the Juvenile Judge.
9. The FCFC shall provide an interagency assessment and treatment information to the court. (recommended by guidance from Ohio Family and Children First)
10. All timelines may be extended by mutual agreement between the disputing party and the Chair of the Family and Children First Council. Ernest efforts will be made to resolve all disagreements within 60 days.
11. The Juvenile Court is the final arbitrator of disputes involving specific services of the Individualized Family Service Coordination Plan.

Families involved with Help Me Grow may use the above Dispute Resolution Process to seek a resolution at the Help Me Grow Service Coordination level prior to engaging in the appropriate Ohio regulatory agency's Dispute Resolution Process. When a dispute arises that cannot be resolved at the local level, the Dispute Resolution Process via the appropriate Ohio regulatory agency should be utilized.

***Notification:***

The Wood County Service Coordination Team Dispute Resolution Process does not replace the existing dispute resolution procedures for specific agency concerns including Help Me Grow.

## **LIST OF ATTACHMENTS**

- A. Wood County Service Coordination Team Case Referral Form**
- B. Wood County Service Coordination Team Authorization for Release of Information**
- C. Wood County Service Coordination Team—Confidentiality Agreement**
- D. Strengths, Needs, and Cultural Diversity Assessment – Wood County Family and Children First Council Service Coordination Team**
- E. Wood County Service Coordination Meeting Minutes form**
- F. Service Coordination IFSP/ Quarterly Progress Report form**
- G. Crisis/Safety Plan**

**WOOD COUNTY SERVICE COORDINATION TEAM  
CASE REFERRAL FORM**

**Date Received:**

**I. Identifying Data**

Child's Name		Date of Birth	Sex	Race
County of Residence	Address		City, State, Zip Code	
Home Phone	School District	School Attending		Grade
School Placement				
<input type="checkbox"/> ED <input type="checkbox"/> MD <input type="checkbox"/> CD <input type="checkbox"/> SLD <input type="checkbox"/> REG <input type="checkbox"/> DD <input type="checkbox"/> Expelled <input type="checkbox"/> Suspended <input type="checkbox"/> Home Instruction <input type="checkbox"/> Other				
Child's Diagnoses				
Mother's Name		Home Phone	Cell Phone	
Address		City, State, Zip Code		
Father's Name		Home Phone	Cell Phone	
Address		City, State, Zip Code		
Legal Custodian		Home Phone	Cell Phone	
Address		City, State, Zip Code		
Referring Agency		Referring Person		
Phone	Fax	Email		
Child/Family eligibility status (check all that apply)				
<input type="checkbox"/> OWF <input type="checkbox"/> SSI <input type="checkbox"/> Insurance <input type="checkbox"/> BCMH <input type="checkbox"/> PASS <input type="checkbox"/> Medicaid <input type="checkbox"/> Other				

**II. Reasons for referral/Presenting concerns: Check all that apply**

	History of Alcohol or Drug Abuse? <input type="checkbox"/> Youth <input type="checkbox"/> Caregiver
	Mental Health Issues? <input type="checkbox"/> Youth <input type="checkbox"/> Caregiver
	Family/Child(ren) Involved in Counseling?
	Physical/Sexual/Emotional Abuse Issues?
	Housing Concerns?

	Placement Concerns?
	Behavioral Concerns?
	Educational Concerns?
	Child Protective Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Juvenile Court Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Domestic Violence Issues?

**III. What agencies have provided services to the family within the past year?**

Name of Agency	Contact Person	Phone Number	Invite to Meeting ?

**IV. Desired Outcomes:**


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**For Service Coordination Team Use Only:**

Checklist:	Date:	Action Taken:
Release of Information Signed?		Information and Referral
Functional Assessment Complete?		Service Coordination
Parent Advocate Offered?		Placement
Written Notice of Meeting Given?		
Grievance Due Process Given?		

\_\_\_\_\_  
(Referring Agency)

**WOOD COUNTY SERVICE COORDINATION  
Authorization for Release of Information**

I, \_\_\_\_\_, hereby authorize that information can be  
(full name of parent or guardian)

shared among the following parties regarding \_\_\_\_\_,  
(full name of client)

born \_\_\_\_\_:  
(birthdate of client)

Name

Address

Wood County Juvenile Court --- 11120 East Gypsy Lane Road --- Bowling Green, OH 43402

Wood County Dept. of JFS --- 1928 East Gypsy Lane Road --- Bowling Green, OH 43402

Wood County Board of DD --- 11160 East Gypsy Lane Road --- Bowling Green, OH 43402

Wood County Educational Service Center --- 1867 North Research Drive --- Bowling Green, OH 43402

Wood County Health Department --- 1840 East Gypsy Lane Road --- Bowling Green, OH 43402

Children's Resource Center --- 1045 Klotz Road, Bowling Green --- OH 43402

Behavioral Connections of Wood County --- P.O. Box 29, Bowling Green --- OH 43402

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

This authorization is limited specifically to material of the following nature and extent from  
dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

<u>Material</u>	<u>Agency Providing Information</u>
<input type="checkbox"/> Service Coordination Team Referral Form	_____
<input type="checkbox"/> School Records	_____
<input type="checkbox"/> Diagnostic Assessment	_____
<input type="checkbox"/> Individualized Service Plan	_____
<input type="checkbox"/> Termination / Discharge Summary	_____

- JFS Case Plan \_\_\_\_\_
- Juvenile Court History \_\_\_\_\_
- Juvenile Court Intake Report \_\_\_\_\_
- Multi-Factored Evaluation (MFE) \_\_\_\_\_
- Individualized Education Plan (IEP) \_\_\_\_\_
- Individual Family Service Plan (IFSP) \_\_\_\_\_
- Health Conditions and Medications \_\_\_\_\_
- Family contact information \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

(For Other: identify/describe nature and extent of information to be disclosed, as limited as possible)

The purpose of this disclosure is to \_\_\_\_\_

(Describe purpose of disclosure, as specific as possible)

I understand that I may revoke this authorization at any time, but such revocation would have no effect on records previously received or released by the Service Coordination Team. I understand that revocation of this authorization must be in writing, must include the signature of the client or client's parent/legal guardian and date signed, and be delivered to the Chair of the Service Coordination Team. If not previously revoked, this authorization terminates on the following date, event, or condition:

(Not to exceed one hundred eighty {180} days after the date signed below)

I understand that the information disclosed is protected by law and may not be re-disclosed without my written authorization or as otherwise authorized by law.

I understand that my treatment, payment for services, my enrollment or eligibility for benefits cannot be conditioned upon my giving authorization for disclosure of information.

\_\_\_\_\_  
Signature of client, or person authorized to consent                      Date                      Relationship to client

\_\_\_\_\_  
Name of staff person facilitating authorization

\_\_\_\_\_  
Signature of staff person facilitating authorization                      Date

**The information to be disclosed is protected by Federal confidentiality rules (42CFR Part 2) and/or Ohio law (ORC 5122.31; OAC 5122-27-09). The Federal rules and Ohio law prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2 and applicable Ohio law. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 11/8/05**

**Strengths, Needs, and Cultural Diversity Assessment  
Wood County Family and Children First Council  
Service Coordination Team**

**Identified Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Household Members:**

<b>Full Name</b>	<b>Date of Birth</b>	<b>Relation to Child</b>	<b>School/Employer</b>	<b>Grade</b>

**Child and Family History:**

Educational Concerns	
Medical Concerns	
Behavioral Concerns	
Mental Health Concerns	
Court Involvement	
CS History	
Domestic Violence	
Alcohol/Drug Abuse	

**Other Agency Involvement**

Family Member	Agency Involved	Contact Person	Phone Number	Service(s) Provided

**Potential Team Members** (Family, Friends, School, Faith-Based Community, MH, Court, JFS, Community Members, etc)

Person	Relationship	Address	Phone Number

**Describe why this child/family has been brought to the attention of the Wood County Service Coordination Team:**

**Describe the family’s desired outcome from involvement with service coordination:  
Strengths/Needs:**

Domain	Strengths	Needs
Family		
Identified Child		
Friends		
Emotional		
Safety		
Spiritual		
Medical		
Educational		
Leisure/Fun		
Financial		
Legal		
Residence		

**Comment on Family Culture/Values/Traditions/Routines:**

**Additional Notes:**

**WOOD COUNTY SERVICE COORDINATION TEAM**

Meeting Minutes

Date of Meeting: January 14, 2015

Time of Meeting: 9:00 a.m.

Members:

Sandi Carsey, Chair (DJFS)	<b>Present</b> /Absent
Lora Graves, Secretary (Juvenile Court)	<b>Present</b> /Absent
Cindy Hollinger (CRC)	<b>Present</b> /Absent
Claude Kilpatrick (Wood Lane)	<b>Present</b> /Absent
Teresa Kitchen (ESC)	Present/ <b>Absent</b>

Guest/s Present:

**Business Meeting**

Topics Discussed:

\*\*Next meeting is January 28<sup>th</sup> at DJFS.

\*\*\_\_\_\_\_ is on the schedule at 9:30 a.m.

**Motion:** n/a

Motion made by: n/a

Motion seconded by: n/a

Results of vote: n/a

**Child/Family Meeting**

**Child/Family Name:** \*\*\*\*\*

**Type of Case:** New/**Review**

**Guest/s Present:** \*\*\*\*\* , CRC; \*\*\*\*\* , Wood Lane; \*\*\*\*\* , Wood Lane

**Needs/Issues Discussed:**

\*\*\*\*\*

Next meeting will be April 8, 2015 at 9:30 a.m.

**Current Providers:** \*\*\*\*\* , Wood Lane; \*\*\*\*\* , CRC

**Motion:** No motion made/No new requests on the table. Cluster will continue to pay for the above services for \*\*\*\*\*.

**Motion made by:** n/a

**Motion seconded by:** n/a

**Results of vote:** n/a

## SERVICE COORDINATION IFSP/ Quarterly Progress Report

SERVICE COORDINATION TEAM REVIEW DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

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

CHILD'S D.O.B.: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

CURRENT PLACEMENT: \_\_\_\_\_

PROJECTED DISCHARGE DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LAST QUARTERLY REVIEW: \_\_\_\_\_

STATUS AREA	SERVICE PROVIDERS	SERVICES	EVIDENCE OF GOAL ATTAINMENT FROM LAST 3 MONTHS	PARENT/CHILD GOALS FOR NEXT 3 MONTHS
<p><b><u>Residence</u></b></p> <p>OUT OF HOME:</p> <p>*Date of Placement</p>				

STATUS AREA	SERVICE PROVIDERS	SERVICES	EVIDENCE OF GOAL ATTAINMENT FROM LAST 3 MONTHS	PARENT/CHILD GOALS FOR NEXT 3 MONTHS
<u>Mental Health/Behavioral</u>				
<u>Pharmacologic</u>				
<u>Medical/Health</u>				
<u>Educational/Vocational</u>				

STATUS AREA	SERVICE PROVIDERS	SERVICES	EVIDENCE OF GOAL ATTAINMENT FROM LAST 3 MONTHS	PARENT/CHILD GOALS FOR NEXT 3 MONTHS
<u>Legal</u>				
<u>Social/Recreational</u>				
<u>Family Natural Support</u>				

We the undersigned agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information or if information is legally required to be reported as child abuse or neglect.

DATE: \_\_\_\_\_

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## Crisis/Safety Plan

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

**Service Coordinator:** \_\_\_\_\_

**Describe the crisis behavior or situation in detail, what does it look like?**

**Who is involved in the crisis?**

**Are there other activities going on in the environment that make the situation better or worse?**

**List the triggers that lead to the crisis:**

**How often does the crisis occur? (choose best option)**

**Daily** \_\_\_\_\_ **How many times?** \_\_\_\_\_

**Weekly** \_\_\_\_\_ **How many times?** \_\_\_\_\_

**Monthly** \_\_\_\_\_ **How many times?** \_\_\_\_\_

**Other** \_\_\_\_\_ **How many times?** \_\_\_\_\_



<p><b>Why do you think the crisis continues to happen? What is this individual getting from the crisis:</b></p>
<p><b>When triggers <u>start</u> what can you take to <u>prevent</u> the crisis from happening?</b></p>
<p><b>What can the youth do instead of the crisis behavior?</b></p>
<p><b>If the <u>crisis occurs</u> what do I do: (Detailed, sequential action steps to be followed by the team). Include who (natural &amp; formal supports) will do what, when and how often:</b></p>

**Parent Signature:** \_\_\_\_\_

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

**Parent Signature:** \_\_\_\_\_

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

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

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

**Case Manager Signature:** \_\_\_\_\_

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