



**ASHLAND COUNTY FAMILY AND CHILDREN FIRST COUNCIL**

**SERVICE COORDINATION MECHANISM**

**Original July, 2010**  
**Revised July, 2014**

## PART I: SERVICE COORDINATION MECHANISM

### **Overview and Purpose**

Each Ohio County is responsible to develop a County Service Coordination Mechanism. This county service coordination mechanism serves as a guiding document for coordination of services in Ashland County. Service coordination is a process of service planning that provides family-centered, individualized services and supports to families. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. The Ashland County Service Coordination Mechanism recognizes the critical nature of services and supports that are responsive to the cultural, racial and ethnic differences of our community population.

The purpose of service coordination is to provide a venue for families needing services where their service needs may not have been adequately addressed in more traditional agency systems. Service coordination builds upon the strength of services in the community that are already working for families. The Service Coordination Mechanism provides access to existing services and supports, both formal and informal, and when appropriate, proposes new services/supports to be added in order to address unmet needs. It is important to remember that service coordination can be accessed voluntarily by families as well as by local systems. Any child 0 through 21 years old is potentially eligible for service coordination.

For children who also receive services under the Help Me Grow program, the service coordination mechanism shall be consistent with rules adopted by the state department over Help Me Grow under section 3701.61 of the Revised Code. All family service coordination plans shall be developed in accordance with the county service coordination mechanism. The service coordination mechanism shall serve as the guiding document for coordination of services in the county when a child is referred to the FCFC for assistance. All persons or entities providing service coordination on behalf of the FCFC, whether county FCFC employees or contracted providers, must follow the processes, policies, practices and procedures as they are outlined and described in this service coordination mechanism.

The Ashland County Service Coordination Mechanism recognizes and embraces Ohio's Commitments to Child Well-Being which are:

- 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

The County Service Coordination Mechanism will seek to support each of these commitments by keeping them in view when making decisions at all levels of service coordination.

The purpose of this current revision to Ashland's Service Coordination Mechanism is to verify that the specified components of service coordination in the Ohio Department of Health's Systems of Care, Family Centered Services and Supports (FCSS) are in place. Ashland County FCFC submitted a statement of assurance that the required components would be in place by June 30, 2010.

## **County Service Coordination Mechanism Components**

The Ashland County Service Coordination Mechanism includes the following components:

1. A procedure for referring a child and family
2. A procedure for notification of all individual family service coordination plan meetings.
3. A procedure permitting a family to initiate a meeting and invite support persons.
4. A procedure ensuring an individual family service coordination plan meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of an emergency
5. A procedure for monitoring progress and tracking outcomes.
6. A procedure for protecting the confidentiality of families.
7. A procedure for assessing the needs, cultural discovery and strengths of the family referred.
8. A procedure for developing a family service coordination plan.
9. A dispute resolution process.

Additionally, fiscal strategies that may enhance the Service Coordination Mechanism and a Quality Assurance plan are included. Ashland County recognizes that service coordination is a process that will benefit from the feedback of youth, families and agency partners in the community. With this in mind, the Ashland County FCFC Coordinator will revisit the Mechanism yearly to determine the need for amendments or changes.

This mechanism was developed and approved with representatives from child welfare, board of developmental disabilities, ADAMH board, health, education, Help Me Grow, non-profit service providers and community mental health, Ashland Co. Juvenile Court, Ashland FCFC and families.

The FCFC coordinator will also provide regular community education/awareness around the Service Coordination Mechanism for Ashland County. It is recognized that the Service Coordination process is a voluntary choice for youth, families and partner agencies and that continual education on the process and benefits of Service Coordination is necessary.

Service coordination data will be submitted to the state upon request.

### **1. Procedure for referring a child and family:**

Any agency, juvenile court or family may refer a child(ren) and family to the Ashland County Family and Children First Council for service coordination. The first step in this process is to contact the Ashland FCFC Coordinator and discuss the need/rationale for service coordination and/or submit an FCFC

Referral Form. The Coordinator will determine the appropriateness of the request according to level of service need and if needed, provide the agency or family an FCFC Referral Form (Addendum A).

The Referral Form includes the contact information for the parents and child being referred and parent/caregiver information; contact information of the referring worker; demographic information of the family/household; diagnosis and medical condition of referred child; checklist of exposure to traumatic experiences, history and current list of services received by child and family members; goal statement and service support needs in parent's/caregiver's words.

Once the referral packet has been returned to the FCFC Coordinator, he/she will review the documentation to determine the level of service coordination to meet the family needs. Ashland County has three levels of service coordination as described below:

Level I ---This level is appropriate for those referrals of children and families already receiving services from at least two providers to facilitate access to Family Centered Support Services funds in order to provide for what is otherwise nonexistent with traditional service agencies. The level is served by a team consisting of the family, family advocates (identified by the family), the FCFC coordinator and a minimum of two direct service providers.

Level II ---This level is for children and families with multiple needs who are underserved and/or in need of more service supports. The purpose of this level is to build a network of service supports for an individual family and child(ren) to enhance family strengths and to prevent negative developmental consequences for children. Also this team can develop supports for children returning to family from foster care. This level is served by the Care Team which presently consists of a core of agency representatives, such as Ash. Bd. of DD, Children's Services, community mental health, Catholic Charities Corporation, Salvation Army, Ashland Parenting Plus, Drug/Alcohol agency and homeless coalition. Additional agency representatives are invited as is relevant to family needs (such as Help Me Grow, school liaisons, etc.)

Level III---This level is for chronically multi-need children and families who are currently receiving services from multiple agencies and who are at risk of out-of-home/out-of-county placement. Most have involvement in juvenile court and/or children's services. The majority of children have a BH diagnosis. This Diversion Team is overseen by Ashland Parenting Plus and consists of representatives from the Board of DD, the community mental health center, Children's Services, Drug/Alcohol agency and juvenile court probation. The FCFC coordinator passes these referrals on to Ashland Parenting Plus for their staff to take over the response and implementation of service to family.

## **2. Procedure for notification of all individual family service coordination plan meetings:**

In order to notify and invite families and agencies to all service coordination plan meetings, the following procedure has been adopted:

- The FCFC Coordinator will serve as the "lead worker" for all referrals voluntarily initiated by a family.
- Where an agency makes the referral, the "lead worker" will be that agency worker facilitating the initial referral of the youth/family, or their designee.
- For Levels I and II, the FCFC Coordinator or contracted Service Coordinator will meet with the family within a minimum of 10 business days to explain the service coordination process and to prepare the family for the service coordination team meeting. An emphasis is on the

family taking a major role in setting their goals and being an equal partner in the team meeting. Identification of preferable meeting dates and times and additional agency representatives are discussed at this time. The family will approve the facilitator of the service coordination team meeting. A brochure is provided to the family explaining service coordination. (See Addendum F.)

- After this meeting, the FCFC Coordinator is responsible for notifying and inviting in writing (via email) the core team members as well as all appropriate agency representatives and representatives from the child's school district and family support persons. The "lead worker" may invite auxiliary agency representatives or others as deemed appropriate by the family and the FCFC Coordinator. (All team members must be listed on the Release of Information form signed by the family.)

### **3. Procedure permitting a family to initiate a meeting and invite support persons:**

In public and professional presentations as well as printed descriptions of FCFC service coordination services, it is clearly stated that families can self-refer and invite any support persons they choose to any service coordination meeting. To self-refer; a family will complete the same referral packet as the professionals use. Upon request, the FCFC Coordinator can assist the family in completing the packet. In addition, Family Service Opportunity Plans are typically reviewed every three (3) months after they have been established. However, a family member of a child involved with the plan or the "lead worker" can initiate the development or review of the family's plan by contacting the FCFC Coordinator. For the initial and follow-up team meetings, the family is encouraged by the FCFC Coordinator to invite a family advocate, mentor or support person of their choice to participate in any service coordination meeting.

### **4. Procedures ensuring an individual family service coordination plan meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of an emergency:**

For children who are involved in service coordination under the Council mechanism, every attempt will be made to ensure that a Service Coordination Team meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of an emergency. It is understood that this process shall not be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement. The intent is to assure, to the best of the county's ability, that all alternatives to out-of-home/out-of-county placement have been exhausted as reasonable and appropriate responses to the child and family situation. In the event that placement occurs, these meetings allow for an opportunity to begin planning for community supports for the family during placement and to begin planning for the child's return to the community. The following procedure is suggested:

- As soon as the "lead worker" or family of a youth receiving service coordination is aware that the youth is being considered for an out-of-home placement, they will contact the FCFC Coordinator to arrange for a service coordination team meeting.
- Where necessary, the FCFC Coordinator may call for an "emergency" plan meeting to provide for an opportunity to explore alternatives to out-of-home placement.
- In the event of an emergency out-of-home placement, the "lead worker" will communicate with the FCFC Coordinator to arrange for a family service coordination plan meeting within ten days.

### **5. Procedure for monitoring progress and tracking outcomes:**

- Ashland County uses the “follow up” area on the Family Service Opportunity Plan in order to monitor progress and track outcomes of each plan.
- The FCFC Coordinator will maintain this document and present aggregate results to the Executive Level of County Council on a bi-annual basis. This data is intended to be used to inform the decision--making process of the county council as required of councils under ORC 121.37 (B) (2) (b), namely, Council’s responsibilities to annually evaluate and prioritize services, fill service gaps and invent new approaches to achieve better results for families and children.

**6. Procedure for protecting the confidentiality of families:**

- Ashland County protects the confidentiality of all personal family information disclosed during service coordination meetings or contained in the comprehensive family service opportunity plan by utilizing the *Authorization for Exchange of Information* in the FCFC Referral Form in Addendum A.
- The attendance sheet for Service Coordination meetings includes a reminder for participants regarding confidentiality and making further disclosures of confidential information shared (Addendum B.)
- The Ashland County FCFC Coordinator is responsible for verifying that these documents are completed prior to any service coordination meetings and the development of the individual family service opportunity plan.

**7. Procedure for assessing the needs and strengths of any child or family referred:**

- A checklist of child and parent strengths and struggles and family culture
- is included in the Intake Form (see Addendum C).
- Ashland County has attempted to utilize a tool that is culturally sensitive, but in the event that a family/agency/other indicates a cultural challenge, all efforts will be made to accommodate the family/agency/other’s need(s).
- It is recognized that many youth and families seeking service coordination will have already completed more formalized assessments with other agencies. Where possible, the FCFC Coordinator and “Lead Worker” will incorporate this information into the assessment process.

**8. Procedure for developing a family service coordination plan:**

All family service coordination plans shall be developed in accordance with the county service coordination mechanism as outlined under (1) Procedure for Referring a Child and Family.

- The comprehensive Family Service Opportunity Plan is available for viewing as Addendum D.
- Family Service Opportunity Plans are developed during the first team meeting and are the responsibility of the family as well as local system providers and community partners.
- At the meeting, a “Lead Worker” is identified to initially work with the family to implement the plan. This worker reports initial progress to the FCFC Coordinator and is responsible to track the progress of the family’s implementation of the service coordination plan.
- Family Service Opportunity Plans will be formally reviewed every three months unless otherwise indicated.
- Upon request, Service Coordination outcome data will be submitted to the state for the purpose of evaluation. Every effort will be made to protect client confidentiality during this process.

## **9. A dispute resolution process:**

The local dispute resolution process is intended to resolve first disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. The process can also be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. A representative (FCFC Coordinator) of the county council informs the parents of the dispute process during the preparation of the family for the Service Coordination Team meeting. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code.

The FCFC Service Coordination dispute process is aligned with Help Me Grow dispute process as per Help Me Grow policies.

At no time will services for the child/family be disrupted while the dispute is being resolved. Emergency and Non-emergency situations will be handled in the same manner with the process outlined below:

1. A parent or agency represented on the Council can initiate the official dispute process if there is disagreement with the services a child is to receive from agencies represented on the Council. A dispute must be submitted in writing, to include a statement regarding the nature of the dispute and is to be submitted to the Ashland County FCFC Coordinator. The written dispute shall be date stamped upon receipt. All disputes subject to this process will be resolved in a timely manner not to exceed 60 days. Disputes must be filed within 10 days of the rise of the disagreement.
2. The FCFC Coordinator shall contact the Chairperson of the Ashland County Family and Children First Council within 24-hours of receipt of the dispute.
3. The Chairperson of the FCFC will call a meeting of the Executive Committee (Addendum G) of the FCFC within six (6) working days. This will be a single meeting format with the purpose of resolving the dispute and, if necessary, selecting a neutral decision-maker. The decision-maker will be selected from the Executive Committee unless otherwise specified by the parties involved.
4. The Chairperson of the FCFC will contact the named decision-maker. Not later than sixty days after the parent or custodian initiates the disputes process, the council shall make findings regarding the dispute and issue a written determination of its findings.
5. Upon completion of the process, the decision-maker shall issue a written determination that directs one or more agencies represented on the Council to provide services to the child. The determination shall include a plan of care governing the manner in which the services are to be provided. The decision-maker shall base the plan of care on the Individual Family Service Coordination Plan developed as part of the Council's Service Coordination Mechanism, and on evidence presented during the dispute resolution process. The decision-maker may require an agency to provide services only if the child's condition or needs qualify the child for services under the laws governing the agency.

6. When the provision of services cannot be resolved through the first six steps, final arbitration of case resolution will be by the presiding juvenile court judge. The disputant will submit a request in written form to the Juvenile Court within seven (7) days of a failed resolution process. The FCFC Coordinator shall provide an interagency assessment and the treatment information for the court. The Court has 90 days in which to hold a hearing regarding the dispute with notification of the hearing going to the parties involved at least 5 days before the hearing.
7. An agency subject to a determination issued pursuant to this process, shall immediately comply with the determination, unless the agency objects, to the determination. In the event that the agency objects, ORC 121.38 section (B) shall provide further guidance.

## Part II: INDIVIDUAL FAMILY SERVICE COORDINATION PLAN

The required components of the Individual Family Service Coordination Plan are numbered one through six. Please see Addendum D for the actual form utilized as part of the development process.

### **1. Designates service responsibilities among the various agencies**

Team meetings are facilitated by a regular volunteer team member who serves as facilitator for at least a year. Service responsibilities are designated among the various agencies as well as family/youth present during the Plan's formation. The plan clearly articulates who will do what by when. In the event needed services or supports are not available, the Plan will document what services or supports were chosen instead, and efforts to address such service or support gaps.

When constructing the Family Service Opportunity Plan, all parties involved are encouraged to take into account both child and family strengths and needs to create a unified and inclusive plan. Each family member's needs is addressed on the Plan.

### **2. Designates an individual to track progress, schedule reviews and facilitate meetings**

In order to coordinate plan management across systems, a designated individual (Lead Worker) shall track the progress of the family service opportunity plan. In order to encourage family confidence and genuine participation in the service coordination plan process, the family's preferences as to who this designated individual is considered. In most instances, unless directed otherwise by the family, the referring "Lead Worker" will be the designated individual.

The FCFC coordinator or Service Coordination contractor will request needed reviews of the plan at 30, 60 and 90 days from the meeting date.

### **3. Ensures services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment**

Before the Service Coordination Team meeting, the FCFC Coordinator or Service Coordination contractor, meets privately with the family to explain the role and function of FCFC service coordination and to describe the format of the Team meeting. She/he answers any questions of the family and encourages their active participation in the service plan decision-making. By asking the family to offer information and suggestions and participate in the development of the Family Service Opportunity Plan, Ashland County strives to ensure that assistance and services provided are

responsive to the strengths and needs of the family, as well as the family's culture, race and ethnic group. Prior to the team meeting, the FCFC Coordinator sends all team members (via confidential FAX) a copy of the Referral Form and the Intake Form containing all family needs, background information and strengths/culture information. The initial discussion of each Team meeting involves identification of the family's strengths and their statement of service needs. When developing the Plan, an emphasis is placed on services and supports that meet the needs of the children and their families in the least restrictive environment, and as close to their own home environment as possible.

#### **4. Includes a process for dealing with a child who is alleged to be an unruly child**

In the event that a child receiving Service Coordination is alleged to be an unruly child, the Team meeting will focus its efforts, in collaboration with the youth and family to develop methods to divert the child from the juvenile court system. Ashland County recognizes that early identification and intervention play critical factors in the prevention of children becoming further involved in the juvenile court system. As part of the regular community education and awareness efforts, the FCFC Coordinator will stress the importance of intervention efforts having a higher chance of diverting youth from the juvenile court system.

#### **5. Includes timelines for family service plan goals**

Timelines for service completion is included in the "Suggested Service Supports" area of the Individual Family Service Opportunity Plan regular reviews scheduled to monitor progress toward those goals. The "Lead Worker" of each youth/family assumes the role of implementation and monitoring of timelines. This worker reports to the FCFC Coordinator any challenges still facing the youth and family. If necessary, a team meeting is called to address those challenges and to amend the Service Coordination Plan.

#### **6. Includes a plan for short-term crisis and safety**

The Service Coordination Team will develop a Short-Term Crisis and Safety Plan for all families to help ensure that the Team responds appropriately and immediately (Addendum E). In developing the plan for short-term crisis and safety, team members will attempt to target strategies that provide support to the child and family during these times, endeavoring to keep everyone safe, while still keeping the child and the family together when possible.

### **Part III: FISCAL STRATEGIES**

Funding for traditional support services listed on each Family Service Opportunity Plan is supported by the agency/agencies who will work directly with the family. The family decides which agency to use during the service coordination team meeting or afterward with the follow through planning with their lead worker. Any opportunities to apply flexible resources are discussed during the team meetings. Ashland County does not have a mechanism to blend or braid agency funds. FCFC service coordination teams do not participate in decisions for institutional or residential treatment. The Ashland County Service Coordination Mechanism utilizes the Family Centered Services Support Fund (FCSS) to provide for a variety of family and child needs that are otherwise nonexistent with the local service provider agencies. This fund helps us better serve youth and families with both behavioral health and non-behavioral health needs. This funding is incorporated into the Individual Family Service Opportunity Plan where appropriate to support and augment the implementation of the service plan. FCSS funds are also utilized to provide ongoing service coordination for those instances

when there is no agency case management available to assure implementation and follow up of the service plan. The contracted case manager reports directly to the FCFC Coordinator and works with all agency providers listed on the Family Service Plan. This case manager attends all Service Coordination Team meetings of FCFC.

**PART IV: SERVICE COORDINATION MECHANISM QUALITY ASSURANCE**

Ashland County recognizes the importance of the quality assurance process in monitoring its service coordination mechanism process. It further recognizes that consistent application and implementation of established procedures will result in better outcomes for families and children. To assure that Ashland County Service Coordination Mechanism is kept up to date, is effective and reflects the process that is practiced by the county, the following Quality Assurance matrix is established:

<b>Process/Procedure to be Monitored and/or Reviewed</b>	<b>Person Responsible for Monitoring/Reviewing</b>	<b>Frequency of Monitoring/Reviewing</b>	<b>Plan to Report Outcome of Monitoring/Reviewing</b>
Procedure for Referring a child and Family	FCFC Director	December	January Executive Meeting
Procedure ensuring appropriate development of Family Service Coordination Plans	FCFC Director	December	January Executive Meeting
Procedure Protecting Confidentiality of families	FCFC Director	December	January Executive Meeting
Dispute Resolution Process	FCFC Director	December	January Executive Meeting
Community Education and Awareness Trainings	FCFC Director	December	January Executive Meeting
Feedback from Service Coordination Teams	FCFC Director	December	January Executive Meeting



ASHLAND COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
SERVICE COORDINATION MECHANISM  
July 2010, Revised July, 2014

ADDENDUM

- A. Ashland County FCFC Service Referral and  
Family Consent and Release of Information Forms
- B. Team Confidentiality and Attendance Sheet
- C. Family Strengths Checklist and Intake Form
- D. Individual Family Service Opportunity Plan
- E. Family Crisis Plan
- F. Brochure – A Guide to Service Coordination in Ashland County
- G. FCFC Executive Committee Description



**Ashland County Family  
and Children First Council**

**Referral Form**

1605 County Road 1095 Ashland, OH 44805  
 FAX: 419-281-4988 PH: 419-281-1212  
 dkarther@ashlandfcfc.org

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Email & Phone: \_\_\_\_\_

For Office Use
_____
_____

**Submit pp.1-4.** (Do pps. 1 – 3 w/family.) The shaded intake sections can be left blank.

**\*\*ALL RESPONSES ARE CONFIDENTIAL AND WILL BE SHARED ONLY WITH ENTITIES ON P. 3\*\***

Funding Only Request: \_\_\_\_\_

**Family and Child's Information**

Current Parents/ Caregivers /Guardian:	Ages	Relationship to Child	CUSTODY HOLDER:	Comments:
1.		1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Address:	Phone # _____text only _____text + call Email:
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Name of Child (oldest or primary concern):  Age: _____ Birthdate: _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Living at home: ___yes ___no	Misc. Family Information ___ Medicaid: ___ Child Only ___ Family ___ Private Health Insurance _____ Food Stamps ___ TANF ___ SSI Employed: ___FT ___PT
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Current School: Grade: _____ IEP ___yes ___no 504 plan: ___yes ___no	Other adults living in the household and relationship:  Other important adults in child/ren's life:
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Check all that apply to child:

- Behavioral/mental health diagnosis, specify: \_\_\_\_\_
- Takes prescription drugs for behavior/mental: \_\_\_yes \_\_\_no \_\_\_ don't know
- Special needs/ Disability, (includes autism) specify: \_\_\_\_\_
- Poverty (family income at or below 200% FPL)
- Medical condition/diagnosis, specify: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

**INTAKE OR IF KNOWN BY REFERRAL -** Check all that apply on all children in household. Give child initials by each checked.

<input type="checkbox"/> Divorce	<input type="checkbox"/> Sexual abuse/physical abuse
<input type="checkbox"/> Alcohol/Substance abuse of parent	<input type="checkbox"/> Running away
<input type="checkbox"/> Death of parent/family member	<input type="checkbox"/> Frequent moves
<input type="checkbox"/> Foster care	<input type="checkbox"/> Juvenile Court involvement
<input type="checkbox"/> Arrest of parent	<input type="checkbox"/> Hospitalization of parent
<input type="checkbox"/> Incarcerated parent	<input type="checkbox"/> Frequent family fighting
<input type="checkbox"/> Loss of a friend	<input type="checkbox"/> Deployed parent (military)
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Bullying
<input type="checkbox"/> Friendless	<input type="checkbox"/> Separation from siblings (more than 2 mos.)
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Separation from parents (for more than 2 weeks)

Other traumatic event (e.g. house fire) Describe below:  
 \_\_\_\_\_  
 \_\_\_\_\_

Other helpful background info. about child/ren:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Child Sibling Information

List More on Reverse Side

Name	Gender	Age	School/Grade	Living in home (or where?)	Intake: Needs of child:

## Agency Involvement

System/Agency	Family Member	Use "P"= past Use "C" for current	Provider/ (If known –Worker Name & Phone )	Intake Comments Only
<input type="checkbox"/> Children’s Services Open case__ Investigation Only__				
<input type="checkbox"/> Court: __adult __child <input type="checkbox"/> Probation: __adult __child				
<input type="checkbox"/> Head Start/Preschool				
<input type="checkbox"/> Help Me Grow/Early Intervention				
<input type="checkbox"/> Ashland Co. Board of DD/Dale Roy				
<input type="checkbox"/> Parenting program				
<input type="checkbox"/> Mental Health Agency Provider/Counselor				
<input type="checkbox"/> Medical Home/Physician				
<input type="checkbox"/> Youth or Parent Mentor				
<input type="checkbox"/> Associated Charities				
<input type="checkbox"/> Child Care Provider				
<input type="checkbox"/> After School Program				
<input type="checkbox"/> School -Liaison, Guidance Counselor, Intervention Spec.				
<input type="checkbox"/> Other (Please specify)				

## REASON FOR REFERRAL (Use reverse side if needed)

<p>What do you want for your family? Why do you need FCFC help? (Family goals, improvements, etc. –in parent’s own words.)</p>   	<p>What are your top three service support needs?</p>   <p>If funding need: Total cost: \$ _____ FCFC cost:\$ _____ Source (program/business name, camp, etc.):</p> <p>Family/other contribution:</p>
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**ASHLAND COUNTY FAMILY & CHILDREN FIRST  
AUTHORIZATION FOR EXCHANGE OF INFORMATION**

Ashland Co. Family & Children First Council is authorized to exchange the following information regarding \_\_\_\_\_ and \_\_\_\_\_

(Names of Children)

(Parents/Caregivers)

with the parties below in order to review the case and/or act on behalf of these members of this family.

**REQUIRED INITIALS**

- \_\_\_ Ashland Co. Family & Children First Council
- \_\_\_ Ashland County Mental Health and Recovery Board

**Initial following family information to be exchanged:**

- \_\_\_ Identifying Information
- \_\_\_ General Medical
- \_\_\_ Social History
- \_\_\_ School Information
- \_\_\_ Financial Information
- \_\_\_ Behavioral Health History
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

**FCFC MEMBERS: ( INITIAL ALL if CARE TEAM REFERRAL)**

- \_\_\_ ACCADA (Ash. Co. Council on Alcoholism & Drug Abuse)
- \_\_\_ ACCESS Coordinator
- \_\_\_ Appleseed Community Mental Health Center
- \_\_\_ Ashland County Job & Family Services (Children Services)
- \_\_\_ Ashland Parenting Plus
- \_\_\_ Catholic Charities of Ashland
- \_\_\_ Dale Roy School and Ashland County DD
- \_\_\_ Salvation Army Kroc Center
- \_\_\_ School District: \_\_\_\_\_
- \_\_\_ School Liaison: \_\_\_\_\_
- \_\_\_ Associated Charities

**Initial any others that apply:**

- \_\_\_ Physician : \_\_\_\_\_
- \_\_\_ Juvenile Court/Probate/Detention
- \_\_\_ KnoHoCo Head Start
- \_\_\_ Tri Co ESC Help Me Grow
- \_\_\_ Preschool/Daycare: \_\_\_\_\_
- \_\_\_ Private Counseling Agency: \_\_\_\_\_
- \_\_\_ Other Caregiver/Adult in home: \_\_\_\_\_
- \_\_\_ Other Family Member: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_
- Program/Business FCFC to pay: \_\_\_\_\_

**Notice:** To any agencies receiving any information due to this release, you are receiving information that according to Federal Law (reg. 42 CFR, Part 2) may not be further disclosed except as authorized by a court order (i.e. incidents of suspected child abuse and neglect). A general release of information is not sufficient for this purpose. The information (related to alcohol and/or drug abuse) disclosed by this release is done so from records protected by Federal Law. Violation of Federal Law is a crime and may be reported to the U.S. District Attorney.

I do not request any restrictions on the above releases: (Please Initial) \_\_\_\_\_  
Please describe any restrictions on the above releases: \_\_\_\_\_

I understand that the Consent for Release of Information expires in **one year** or unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the day and my signature. The revocation does not include any information which has been shared between the time that I gave permission to share information and the time that it was cancelled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

This consent expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Older Youth (if appropriate)





<b>C.</b>	<b>FCFC CARE TEAM REFERRAL INFORMATION</b>
	<b>FOR INTAKE ONLY</b>
	Strengths & Struggles

**Referred Child: Check all that apply (if average ability or above – check as strength). List other child if a struggle.**

**Parent(s): Check all that apply (if average ability or above, check as strength). If two caregivers, write names in columns.**

Type	Strength	Struggle
Learning/Thinking Skills		
Social Skills- making & getting along with friends		
Handling emotions/self-control		
Speaking/responding to others		
Physical Skills /Athletics		
Problem-solving- figures things out by self		
Self-confidence		
Behavior		
Health		
Happiness		

Type	Strength	Struggle
Knowing what my child needs and should be able to do at different ages 4		
Use friends & family to help me solve problems 2,3		
Handling emotions & stress 1		
Speaking up for myself and family 1		
Financial/household decision-making 1,3		
Problem-solving- figuring things out by self 1,3		
Self-confidence 1		
Employment (finding & maintaining a job) 3		
Health 1,3		
Know how to help my child with out-of-control behavior and handling strong feelings 4,5		
Happiness 1		

What do you enjoy most about your child/children?

What are some of your family's special values, beliefs and cultural traditions?

**What are you seeking to improve concerning the following (check all that apply):**

What social activities does your family enjoy?

My Child	For Yourself	My Partner
___	___ behavior	___
___	___ relationship w/family	___
___ school	___ employment	___
___	___ stress level	___
___	___ mental well being	___
___	___ emotional well being	___
___	___ health	___
___	___ making decisions/choices	___
___	___ happiness	___

Comments:





D.



## Ashland Co. Family & Children First Council FAMILY SERVICE OPPORTUNITY PLAN

Parents/Caregivers Attending: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Referred by: \_\_\_\_\_

Date of Update Meeting: \_\_\_\_\_

Follow Up Service Worker: \_\_\_\_\_

**\*GOAL(s) of the Family:**

<p><u>Family's Priority Needs:</u></p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol>	<p><u>Children's Names &amp; Ages:</u></p>   
---	--

### Suggested Service Supports

Follow-Up:  30 day  60 day  90 Date: \_\_\_\_\_

Priority	Services for Whole Family	Agency/Contact + Service Description What Staff & Family To Do	
	<input type="checkbox"/> housing needs (furniture, utilities, moving) Describe: _____		
	<input type="checkbox"/> income (OWF, TANF, etc) Describe: _____		
	<input type="checkbox"/> legal assistance Describe: _____		
	<input type="checkbox"/> Medicaid/med.insurance (include dental) Describe: _____		
	<input type="checkbox"/> transportation (car, license, driver's ed.) Describe: _____		
	<input type="checkbox"/> other: (specify) _____		

**Suggested Service Supports**

Follow-Up:  30 day  60 day  90 Date: \_\_\_\_\_

Priority	Services for Parents/Caregiver(s)	Agency/Contact + Service Description What Staff & Family To Do	
	<input type="checkbox"/> education (GED, college, etc) Describe:		
	<input type="checkbox"/> job training, BVR Describe:		
	<input type="checkbox"/> social activity/support group Describe:		
	<input type="checkbox"/> counseling Describe:		
	<input type="checkbox"/> mentoring Describe:		
	<input type="checkbox"/> parenting education/budgeting/financial planning Describe:		
	<input type="checkbox"/> medical/physical care, dental Describe:		
	<input type="checkbox"/> respite/child care Describe:		
	<input type="checkbox"/> other for parents:		

**Suggested Service Supports**

Follow-Up:  30 day  60 day  90 Date: \_\_\_\_\_

Priority	Services for Children specify child name(s)	Agency/Contact + Service Description What Staff & Family To Do	
	___ school support/school liaison Describe:		
	___ after school supports/activities Describe:		
	___ early intervention (HMG) Describe:		
	___ preschool/Head Start Describe:		
	___ recreational/social activity Describe:		
	___ mentoring Describe:		
	___ counseling Describe:		
	___ medical/physical care, dental Describe:		
	___ job training, WIA Youth Describe:		
	___ other for children:		

I received a copy of this plan & agree to progress reports to team up to 6 months from this date:

*Parent signature* : \_\_\_\_\_ Date: \_\_\_\_\_

Plan recorder: \_\_\_\_\_

**E. Ashland County Family Crisis Plan**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Predicted Crisis Situation:

Antecedents or Setting Events (Triggers)

Environmental

Physiological

Behavioral

Prevention strategies:

Plan for managing the crisis:

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

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

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

Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**F.**

Service Coordination Brochure is in separate PDF file

G.

## **ASHLAND COUNTY EXECUTIVE COMMITTEE**

### **Functions**

1. Responsible for all recommendations in regard to all funding maintained by the Council.
2. Maintenance of monthly reporting forms and budgetary expenditures in the areas of in-office, Clinical, Early Childhood Collaborative or special projects.
3. Review all actions related to contracts and recommend to Council or Board of County Commissioners renewal or non-renewal.
4. Assist Council Coordinator in administration of grant programs.
5. Review and make recommendations pertinent to the structure and governance of the Council.
6. Recommend changes to the Service Coordination Plan as identified in legislation.
7. Assure compliance with legislative mandates and responsibilities. Review annually the work plan of the Council and revise as needed.
8. Agenda formed for Council meeting.
9. Involve other council members for information as appropriate.

**Members will include the Chair, Chair-Elect, Immediate Past Chair, Secretary of the Council and others who are mandated Council members.**