

ASHTABULA COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
SERVICE COORDINATION PLAN

June 2010

INTRODUCTION:

The Ashtabula County Service Coordination Plan was developed by a multi-disciplinary team that functions under the direction of the Family and Children First Council. The on-going committee includes representatives from Family and Children First Council, Help Me Grow, Juvenile Court, Children Services Board, Substance Abuse Agencies and Mental Health Services, Ashtabula County Board of Developmental Disabilities, the County Health Department, the Ashtabula County Mental Health and Recovery Services Board, Educational Services and Family Advocates.

It is important to note that the development of the Service Coordination Plan was developed to ensure comprehensive, coordinated, cost-effective services necessary to meet the needs of children and their families.

In accordance with Section 121.37 of the Ohio Revised Code, this committee was charged with developing a plan “for coordinating services to children adjudicated abused, neglected, dependent, unruly or delinquent and those whose families voluntarily seek services”. The committee conducted a comprehensive overview of the services that are available to children in Ashtabula County, which included the identification of redundancies and service gaps. The information that was gathered was then utilized to design a system for addressing the programs and services appropriate for children with multiple needs and their families. The legislative intent of Service Coordination is to emphasize local services that improve academic performance, divert youth from the juvenile justice system and empower parents to maintain productive and intact families. The recommendations that were made were grounded in the firm belief that service delivery must be individualized, coordinated, community-based and family centered. The system must also be flexible, foster independence and make optimal use of local resources, taking into account the least restrictive environment.

**A. OVERVIEW AND PURPOSE OF SERVICE COORDINATION:**

Service Coordination is a planning process that is individualized, family-centered and supportive of the family system. It is a process that relies on the strengths and needs of the child and family to guide the types and mix of services offered, and responsive to the cultural, racial and ethnic differences of the family and their community.

The purpose of Service Coordination is to provide a venue for families needing services when their needs have not been fully met in the traditional agency systems in order to achieve child and family well-being. Each system has areas of responsibility and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. Service Coordination builds upon the strength of services in the community that are already working for families who needs are being met. The Service Coordination Mechanism provides access to existing services and supports, both formal and informal, and, when appropriate, proposes new

service or supports to be added in order to address unmet needs through a comprehensive plan of care. This plan of care is designed to be a flexible guide to achieving the outcomes set by the family and the family team.

The Ashtabula County Service Coordination Team is structured in three Levels. The first Level is the Level I or Family Meeting Level. Families have access to this Level through a referral made by an agency, organization or court they are involved with, or through a self referral to the process. At this Level the family and the Team identified by the family and the Service Coordination Facilitator are assembled to discuss the child and family's strengths and needs and develop a service plan, a crisis/safety plan. At this Level the family is an equal member of the planning team and no plan is developed or meeting held without the family present and active in the process. The family is also encouraged to bring any supportive family members, friends, neighbors or advocates they choose to the meeting with them. These informal supports are often essential to the success of the child and family and welcomed into the process.

The second Level is the monthly Level II meeting. At this meeting, providers of services and the Service Coordination Team members review the progress of the children open to Service Coordination, brain storm additional innovative ideas that could assist families and children, discuss gaps in services in the community, and do service planning for new community programs that fill service gaps and exchange information and programmatic news. This meeting is essential to support the providers working with families and to keep the service development and gaps analysis process constantly moving forward.

The third Level is the Family and Children First Council. The Council serves as the guiding body to the Service Coordination process. The Council receives service development recommendations from the Service Coordination Team, hears and disputes that move through the Service Coordination process and provide general oversight of the Service Coordination Mechanism.

By working with families, the Service Coordination Mechanism and the Family and Children First Council strive to support and achieve Ohio's six Commitments to Child Well-Being. These Commitments 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

By admitting children of all ages into the Service Coordination Mechanism, including schools in every aspect of the service planning process, engaging families in a strength-based practice and addressing all of the domains of a child and family, the Service Coordination Mechanism strives to see each child meet each of the six components of child well-being and move into a successful and productive adulthood.

## **B. INFORMATION DISSEMINATION**

Families can become aware of the Service Coordination Mechanism in a variety of ways. They could learn about the process through a current service provider, from another family member, from the school district, by contacting any of the various child and family serving Boards in the county, at a local Family and Children First Council cross-system training, or from literature distributed at local health fairs. They can also receive information on the process through the local family support groups and family advocates.

Agency personnel are trained on the Service Coordination Mechanism by their in-house Service Coordination representative. Each representative is responsible for ensuring that any new employees are aware of the process, know how it works, and understand where and how to make a referral.

## **C. COMPONENTS OF THE SERVICE COORDINATION MECHANISM**

### **1. Target Population and Referral Process**

In order to optimize a finite set of resources it is important to prioritize the population in terms of individuals who are not being served or whose needs are being inadequately met. Therefore, individuals must meet the following requirements in order to be considered for services:

- 0 – 21 years of age
- Residents of Ashtabula County
- Multi-System need children whose service and support needs are not met while working with the family outside the Service Coordination Mechanism

With these requirements as a given, a priority rating will be given to individuals meeting one or more of the following criteria:

- Have not yet been able to access needed services
- Have exhausted all local resources and/or courses of action
- Have significant barriers to services
- Need intensive or extraordinary service intervention or coordination of existing services
- Have met the description of an unruly juvenile as defined in HB57 and referred by the Juvenile Court System
- Youth being placed in an out-of-home placement for treatment purposes.

Any agency, organization, parent, guardian or school can refer a child and family to the Service Coordination Mechanism. The referring party may contact the Family and Children First Council (FCFC) office at 440-998-6859 and obtain the referral forms and release, or the referral source can contact any FCFC Service Coordination agency representative to access the forms.

All FCFC organizations should return the referral forms to their FCFC Service Coordination representative for final approval before sending the forms on to the FCFC office. In the case of specialized services such as Intensive In-Home Services and Partial Hospitalization Services, referrals from agencies for these services will go directly to those service providers for review for clinical appropriateness before coming to the FCFC for Service Coordination. Often these services can be offered without the help of Service Coordination intervention. If this is the case, these services can be started and the Service Coordination Mechanism utilized later if it is needed.

Parents, guardians (except for Children Services) and other referral sources should send the completed referral forms directly to the FCFC office for review so action may be taken as soon as possible.

The referral form will assist the Service Coordination Mechanism in documenting essential data for outcomes tracking included but not limited to: the date of receipt of the completed referral, contact information for the family being referred, a brief description of the presenting problems, contact information of the person doing the referral, and the Service Coordination response to the referral or the outcome of the referral.

Not all families referred to the Service Coordination Mechanism will be appropriate for service coordination. However, no family will be turned away without an appropriate level of referral being made to assist them in meeting the needs of their child.

If a family is deemed not appropriate for the Service Coordination Mechanism but in need of referral and information in order to meet the needs of their child, this information will be given to them and as much assistance as possible offered to help them negotiate systems and gain the community resources needed. Families at this level will also be given more information about Service Coordination and encouraged to contact the team later should the situation continue or extraordinary barriers develop that would require service coordination involvement.

Should the family and child situation rise to the level of opening a Service Coordination case, the timelines put in place would help guide the process.

#### Timeline:

All families referred to the Service Coordination Mechanism will be contacted within five working days from the date of receipt of the completed referral forms and a signed release form whether or not the referral information indicates that a case will need to be opened.

Families that rise to the level of needing the Service Coordination Mechanism will be scheduled for a Level I Family Meeting within ten days of the initial contact with the family or as soon as the family is available to attend the family meeting.

In the case of emergency situations, a family will be moved to the head of the list and a meeting scheduled as soon as possible in order to meet the critical needs of the child and family and ensure the safety of the child.

## **2. Notification of a Level I Planning Meeting**

Once the family has agreed to a meeting date and time, the FCFC Administrative Assistant will notify all appropriate parties of the meeting. The referral form includes a section for the referent to identify all agencies and organizations involved with the child and family and the staff members who should be invited to the meeting. The school district of residence, and in some cases the school district of financial responsibility, will also be included in the team members invited to the meeting. In addition, the Service Coordination Mechanism may also invite service personnel who may be needed at the meeting based on the information and description of the presenting problem outlined on the referral form.

The family is also encouraged to bring or have invited any supportive family members, friends or community representatives they would like to come with them. The family is also offered the services of a Family Advocate that could assist them in negotiating the systems. If the family requests a Family Advocate, the Service Coordination team will contact the Advocate so they can contact the family directly prior to the family meeting.

No meeting to develop a service plan for a child and family will go forward without the parent or guardian present at the meeting.

Parties invited to the Service Coordination family meeting will be notified by fax or by U.S. Mail.

## **3. Family Initiated Level I Planning Meetings**

As noted in previous sections, any Ashtabula County family may make a direct referral to the Service Coordination Mechanism. Additionally, families are informed at their initial Service Coordination Family Meeting that they are allowed to contact their case manager or the FCFC office at any time during the process and ask for an additional meeting to be scheduled to deal with emerging issues or review the current service plan. Families are often the best gage for when additional family meetings are needed and are encouraged to initiate meetings at any point in time, including prior to or immediately after an out-of-home placement of the child.

Likewise, as with the initial meeting, families are encouraged to invite any formal or informal support people they choose to participate in the meetings.

## **4. Out-of-Home Placement Level I Planning Meetings**

For any child involved in the Service Coordination Mechanism, the family team is required to meet prior to any non-emergency out-of-home placement or within ten days of any emergency out-of-home placement. This meeting is to assure that all alternatives to out-of-home placements have been exhausted and to give the family team the opportunity to begin planning for community supports for the family during placement and to begin planning for the child's return to the home and community.

For meetings prior to a placement, the lead agency representative or family should contact the FCFC office to arrange a time for a meeting. All responsible and interested parties, including the parent, guardian and school district are to be invited to the meeting. In the case of an emergency

placement, the lead agency or family should contact the FCFC office the first business day after the placement has been made to set up a time for the meeting within ten days of the emergency placement.

This requirement only applies to children who are involved in the FCFC Service Coordination Mechanism but should not be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement.

### **5. Monitoring Progress and Tracking Outcomes**

Service Coordination will track both the progress and outcomes of youth and families in services as well as monitor the overall effectiveness of the Service Coordination process.

Youth and family outcomes and progress will be monitored monthly through a written monitoring report to be completed by the primary Service Coordination case manager assigned to the case in collaboration with the family. The monitoring reports will address the progress toward the goals outlined in the child and family Service Coordination Plan and relay any unmet needs that may have developed over the past month. A closing report will be submitted at the closing of the child's case. This report will include the status of the child and family at closure, number and description of goals met during the Service Coordination process, a list of services still being accessed by the child and family and any other recommendations made to the family. The lead case manager will also be responsible for having the primary caregiver complete a Service Coordination satisfaction survey at case closure.

The Service Coordination process will be monitored through data collection that will be presented to the Service Coordination Team and the County Family and Children First Council quarterly. This report will include: number of referrals, referral sources, length of time from referral to first family contact, length of time from referral to first Family Level I planning meeting, average length of stay for a youth and family in the program, number of cases closed during the quarter, number of cases closed where the child and family met the majority of their Service Coordination goals. "Upon request, SC data will be submitted to the state for the purpose of evaluation".

### **6. Confidentiality**

Each family signs a Release of Information for the Service Coordination Mechanism and the collaborative agencies that are involved in the process. The team uses informed consent to ensure that each family knows that the only information to be shared is that information necessary to develop and implement a Service Coordination Plan for the child and the family. A Confidentiality Form will be signed by the Team members in attendance and placed in the client record.

The FCFC also has a signed "Trading Partner" agreement with the Ashtabula County Mental Health and Recovery Services Board to ensure that all "protected health information" held by the Service Coordination Mechanism is handled based on CFR 45 "HIPPA".

## **7. Procedures for Assessing the Needs and Strengths of the Child and Family**

The strengths of a child and family are the foundation to the development of any plan for change. These strengths are explored at the initial meeting with the family and throughout the Service Coordination process. During the meetings, the family and the Service Providers are asked to identify strengths in the child and the family that may assist in the planning process and are available tools to the family system. These strengths are noted on the Individualized Family Service Coordination Plan.

The key assumptions in this process of identifying the strengths of the child and family are:

- All people have strengths
- Each person's strengths are unique
- Change is supported by building on strengths
- People know their own strengths and needs
- Exploring strengths identifies commonalities
- All environments have strengths to be built upon

At the initial meeting and at any meetings that follow, the family and the providers are also asked to explore the needs that exist. The needs of the family are the guide to developing the Service Coordination Action Plan and should be noted on the Individualized Family Service Coordination Plan.

The key assumptions in this process of identifying the needs of the child and family are:

- Difficult behaviors result from unmet needs
- Difficult behaviors tell us important things about a person's life
- Common needs missed by teams are:
  - Meaningful relationships
  - Sense of safety and well being
  - Power and Control
  - Joy
  - Relevant skills and knowledge
  - A sense of value and self worth
- Needs are not services

The areas used for evaluation are: definition of the presenting problem, listing of the risky behaviors, evaluation of the functioning of the child and family, discussion of the care intensity needed to reach the desired outcomes, the capacity of the caregiver, and assistance needed to meet the needs of the caregiver, strengths of the child and family.

Since each of these areas changes over time, they are to be re-evaluated at every family meeting.

## **8. Dispute Resolution Process**

Dispute resolution is an important component of any service delivery system. Although agencies and professionals are committed to meeting the needs of the child and/or family there are times when decisions or the process may be questioned by the family or one or more members of the team. In all instances, families are encouraged to ask questions and become informed as to what is available, what their child might need, and what rights and responsibilities they have as parents.

Conflicts may arise in three distinct types of situations:

- The family is in disagreement with one agency;
- The family is in disagreement with the service plan; or
- One agency is in disagreement with another agency or the service plan.

The process for handling each of the above situations is dependent on the premise that individuals will, in all instances, seek clarification and resolution at the team or individual provider level prior to initiating the formal conflict resolution process. If the family needs directions in order to handle the situation in a team setting they may request the assistance of a parent advocate to accompany them to a team meeting. Advocates are also available to the family at any time during their involvement with Service Coordination. All families are informed of this service prior to the first Level I family meeting. Information on the dispute resolution process is mailed to the family when the letter of invitation for the Level I is sent.

It is important to note that the parents and agency representatives' signatures are required on the service plan when developed. By signing the document the parent(s) and agencies are stating that they are in agreement with the developed plan and enter into a quasi-contractual agreement to comply with the goals and procedures. Failure to follow through may result in the initiation of due process proceedings, if an agency is not in compliance, or court imposed consequences if the family is not in compliance. If the dispute occurs after the signing of the Plan, the Plan shall be followed until the dispute is resolved. If the dispute occurs before the Plan is signed, no one is required to implement the Plan. The Juvenile Court Judge is the final arbitrator in disputes.

“In cases that involve Help Me Grow disputes, the Procedural Safeguards for Help Me Grow dispute resolution will be followed.”

### **I. Family to Agency**

Families are encouraged to become full partners in the team process. To share input, questions, and problem solve around the issues that have brought them to the table. Should, however, a conflict arise concerning the job, activities, schedule, or process of a particular agency, families shall have the following recourse:

- Contact the individual professional in order to facilitate resolution.
- If the above step is unsuccessful, the family shall follow the dispute resolution process of the particular agency.

## **II. Family to Coordinated Service Plan**

Utilization of the wraparound process should result in a minimum of conflicts between the family and the Service Coordination team, or the process, due to the focus on the strengths and needs of the family as defined by the family. It is possible, however, that a family, due to a number of situations, may find themselves in conflict with the coordinated Service Plan. Should this occur, the following process will be initiated:

- Families shall be strongly encouraged to attempt to handle the issues directly with the Service Coordinator. While the initial, informal step may consist of a phone call to the Service Coordinator, the first formal step would be to submit a complaint in writing to the Service Coordinator for review. This first step must occur within fifteen (15) days from the date that the coordinated Service Plan is initiated.
- Issues not resolved by the Service Coordinator shall be referred to the Service Coordination Team for review and resolution at the appointed monthly Level II meeting. Parents/families may, but are by no means obligated to, involve themselves at this level, along with a representative of their choosing, to present their complaints to the Service Coordination Team.
- Issues not resolved by the Service Coordination Team during the Level II meeting shall be referred to the Council Coordinator for resolution. If issues continue as unresolved, the Council Coordinator shall refer the matter within seven (7) days with the presiding Juvenile Court Judge to request resolution in accord with the following procedure identified by the Judge. The Council Coordinator must submit the matter at hand in writing to the court and may seek to involve help from the County Prosecutor but is by no means required to do so.
- The process used will be in accordance with regular Court proceedings. The Juvenile Court Judge is the final arbitrator.

All dispute resolutions shall be resolved within thirty (60) working days from the time that the issue is first identified. The Council Coordinator shall track the process to ensure compliance. Deadline extensions may be requested at any step in order to accommodate vacations and work schedules, however, the 60-day framework must be adhered to.

In the case of an emergency- defined as a dispute that requires an immediate response due to the safety or well being of the child(ren)- the dispute resolution process above will be expedited and will be resolved within a 30 day time frame. The Council Coordinator will determine if the dispute is an emergency.

### **III. Agency to Agency**

Members of the Service Coordination continuously demonstrate their ability to work toward a common goal by developing creative service plans that address the needs of the client and his/her family. On occasion there may be a difference of opinion as to the appropriate course of action needed, or agency responsibility. Should a situation arise involving two or more agencies the following procedure will be initiated:

- The Service Coordinator shall convene a meeting of the involved agency representatives in order to clarify and resolve the issues within five (5) working days of the identification of an issue. As the numbers of individuals that are involved at this level are limited, coordination of schedules should not be an issue.
- If the issue remains unresolved, the Service Coordinator shall contact the respective Supervisors within five (5) working days of the date of the agency representative meeting.
- Should the involved Supervisors be unable to resolve the issue, they shall refer it to the Council Coordinator for review with the respective Directors within ten (10) working days at which time they will facilitate a final negotiated resolution.
- Should the dispute resolution process at the Director level not result in a final negotiated settlement, the following steps will be taken:
  - The Council Coordinator will file within seven (7) days with the presiding Juvenile Court Judge to request resolution in accord with the following procedure identified by the Judge. The Council Coordinator must submit the matter at hand in writing to the court and may seek to involve help from the County Prosecutor but is by no means required to do so.
- The process used will be in accordance with regular Court proceedings.

The Juvenile Court Judge is the final arbitrator in disputes.

All dispute resolutions shall be resolved within thirty (60) working days from the time that the issue is first identified. The Council Coordinator shall track the process to ensure compliance. Deadline extensions may be requested at any step in order to accommodate vacations and work schedules, however, the 60-day framework must be adhered to.

In the case of an emergency- defined as a dispute that requires an immediate response due to the safety or well being of the child(ren)- the dispute resolution process above will be expedited and will be resolved within a 30 day time frame. The Council Coordinator will determine if the dispute is an emergency.

Of paramount concern during any level of dispute is the continued care of the child and family. All agencies providing services to the child and family during the dispute process will continue to provide services until a resolution has been reached.

#### **D. INDIVIDUALIZED FAMILY SERVICE COORDINATION PLAN**

Once a referral has been made to the Service Coordination Mechanism and it is deemed that a family meeting is needed to develop an Individualized Family Service Coordination Plan, the meeting is scheduled with all of the parties necessary to develop the Plan, including but not limited to: the family, the school district of residence, the current service providers or organizations, any organizations or agencies that could provide service to the family in the future based on the narrative on the referral form, any formal or informal support systems or persons requested by the family.

The procedure for developing the plan is initiated at the Level I or Family Meeting. During this meeting the family shares the current history of the family and child and any other details they deem valuable to informing the team of the present situation of the child and family. The family and the team identify the strengths of the family and delineate the needs the family is facing. From this information the team works together to develop an action plan.

The action plan addresses the needs of the family by examining the eight life domains (social, psychological, family, vocational or educational, residential, safety, legal, medical). Each domain is attended to and a goal written to meet the areas of need.

The wraparound services planning module is a comprehensive, unconditional commitment to serving youth and their families within their own culture and community whenever possible. Wraparound service planning is needs-driven and ensures that services are tailored to the youth, instead of placing the youth in available categorical programs. An individualized coordinated service plan will be developed from the information that is gathered during the family meeting session with attention to cultural sensitivity and the least restrictive environment.

The coordinated service plan for each child and family shall include the following:

- An identification of family/child strengths
- Needs to be addressed
- Responsible person or agency
- Description of services or activities needed that will be provided
  
- Funding sources and responsibilities
- Educational needs and considerations
- A crisis and/or safety plan
- Designation of the lead Service Coordination member responsible for the monitoring of the implementation of the plan.

Service Coordination member responsible for the monitoring of the implementation of the Plan is identified based on three factors. These factors are: 1.) the preference of the family (this is the

primary consideration in determining who is the lead); 2.) the identification of the agency, which is currently providing the key services to the family and 3.) the presence of a current child community support worker, case manager or Help Me Grow Service Coordinator. Documentation is made of the various agencies being identified as providing certain services and the parents and agency representatives sign the document to demonstrate agreement and commitment to the Plan. The lead Service Coordination member is responsible for the implementation of the coordinated service plan, completing monthly reviews, and closing summaries. Copies of the plan are given to those in attendance.

The local Service Coordination Team shall review all cases on a monthly basis. This process is important for two reasons: it holds agencies/individuals accountable for the services or supports identified in the plan and it provides an evaluation of the service plan by reviewing the progress of the family and child, including client satisfaction.

A copy of the coordinated service plan shall be shared with all agencies that will be participating in the treatment of the family. The agencies will develop their individualized treatment plans based on the coordinated service plan. If an agency's individualized treatment plan or case plan preceded the Service Coordination Plan, the elements of these plans will be shared at the Service Coordination family meeting as a foundation for the planning process. Any mandatory components of the previous plans will be incorporated into the Service Coordination Plan. Likewise, any changes agreed to at the Service Coordination family meeting will result in a change made in any previously developed plans. This will serve to minimize the coordination of services among all providers and decrease confusion for the child and family and increase positive outcomes.

If a child is involved with Juvenile Court (either unruly or delinquent), the service plan, with its component treatment plans, will be incorporated into the court case file plan and the court may order compliance with the coordinated service plan. The service plan shall identify the frequency with which evaluation reports shall be provided to the court in order to ensure compliance with the court order. If for any reason the parents or child does not follow the plan, the courts have the discretion to impose consequences.

If a child is alleged unruly several methods can be used to divert them from Juvenile Court: mental health/substance abuse counseling and intervention services, intensive in home services, referral for mentoring programs, Youth Opportunities and Parenting Classes.

By fostering a family centered team approach, which enables strong interagency cooperation, this model facilitates the development of comprehensive, coordinated and collaborative plans for the delivery of services to children with multiple needs and their families and should increase positive child and family outcomes.

At the initial Level I family meeting, a decision will be made as to the plan for subsequent family meetings. Family Level I meetings shall occur on a frequency individualized to meet the needs of the family and at any time at the request of the family or a service provider or school.

Level II is the appointed representatives of the participating systems. Level II meetings assist in the monitoring of the treatment plans monthly, develops outcome indicators for services purchased, monitors outcomes of the child and family, allows for a venue for the sharing of

services availability and community resources and is the body responsible for identifying service gaps. The Coordinator shall be responsible for reporting the results of quality assurance functions, not including case identifying information, to the Council.

Level III is the administrative level which consists of the executive directors of all systems; otherwise known as the Family and Children First Council. The Council shall address the development of needed services to fill identified service gaps. Information will be provided to agency directors for inclusion in their own strategic plans as well for use by the Council to maintain a collaborative strategic planning process for the delivery of services to children.

#### **E. FISCAL STRATEGIES FOR SUPPORTING SERVICE COORDINATION**

One of the stumbling blocks to effective coordination and delivery of services to children with multiple needs is the perceived inability of agencies to share fiscal responsibility due to the interpretation of funding stream regulations. Budgets that have been built around traditional categorical services and programs have resulted in the inability to maximize federal, state and third-party reimbursements on the local level thus limiting the resources that might be used for non-traditional services. In order to implement the service coordination plan, as well as utilize the wraparound model funding, alternatives must be in place.

While exploring the strengths and needs of the child and family and developing the action plan, the Service Coordination Team members are also strategizing how the cost of the services and interventions will be funded. Traditional funding streams such as funds from Children Services, the County DD Family Resources, and the County Mental Health and Recovery Services Board (Medicaid and Non Medicaid) funds, as well as other funding such as SOC- (FCSS and CCBH) as well as other resources from the schools and local foundations are taped as payers for the various services. Non-traditional funds such as in-kind contributions from agencies, volunteer services, churches and other non-profit organizations are also considered when developing funding packages. Family funds and insurances are also sometimes part of the funding package whenever available and appropriate.

Funding packages are often developed with a variety of funders, since often times no one funder has the resources to meet the entire cost of a service or intervention. When more than one funder is responsible for the cost of a service or intervention, the list of responsible funders is included on the family's Service Coordination Plan and agreed upon by the various funders prior to implementation of the Plan.

At times, loss of revenue may cause a funder to revise their obligation to the individual funding package developed for a child and family. If this becomes necessary, the funder should contact the Service Coordination Facilitator with this information and a Level I scheduled to revise the Service Coordination Plan and ensure the continuity of the plan for the child and family.

Clinical appropriateness, as well as the needs of the child and family, is always a consideration when developing a comprehensive Service Coordination Plan. Clinical research and outcomes data supports the philosophy that children are best served in their own community and inside their own family whenever possible. Consequently, the Family and Children First Service Coordination Team operates on this foundation and limits any out of home placement options to extreme behavioral health cases and those ordered by the Juvenile Court due to delinquency and child protection issues. Strict criteria is held for clinical appropriateness for any residential

treatment placement, which includes: extreme danger to the health and safety of the child or others in the community that is a symptom of the child's mental health or substance abuse diagnosis and amenable to a residential treatment environment considering the least restrictive environment.

## **F. QUALITY ASSURANCE**

The evaluation process occurs on three levels. The first level occurs at the family Level I meetings. At these meetings the progress and recovery of the child and family is assessed in order to determine any changes or alterations needed in the family's comprehensive plan. The second level happens at the monthly Service Coordination Team meeting. At this meeting, members review the progress of the children and their families, make suggestions to workers for effective clinical approaches and can ask for additional meetings or team members to be added to the current family team. At this meeting the team also reviews quarterly other quality assurance data such as referral source data, service delivery time line data, types of services delivered, the length of time a case is open, age of those being serviced, school district of residence, abuse, neglect, dependency cases, number of juvenile delinquent/unruly incidents, and any other data that becomes pertinent to Service Coordination review.

The third level of quality assurance is the Family and Children First Council. The Service Coordination Facilitator or designee presents the team's quality assurance data to the Council on a quarterly basis along with any recommendations from the team regarding problems with services in the community and service gaps that have been identified. It is the job of the Council to consider this information and make recommendations to the Service Coordination Team or take action as appropriate to meet the needs of the children and families in the community and address any unmet needs.

**Ashtabula County Family and Children First Council  
Service Coordination  
CRISIS/SAFETY PLAN**

**CHILD:** \_\_\_\_\_

When: (name and action/thought)

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

\_\_\_\_\_ is to:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

\_\_\_\_\_ is to:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

If this does not work, follow the phone tree:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

I assisted with the creation of and agree with the contents of this plan:

Client:                    X \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian:      X \_\_\_\_\_ Date: \_\_\_\_\_

Worker

X

Date:

\_\_\_\_\_



Ashtabula County Family and Children First Service Coordination  
Triage Form

Date Accepted \_\_\_\_\_ (For office use only)

Referral Date \_\_\_\_\_ Referring Agency/Parent \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Representative & Phone No. \_\_\_\_\_

Previous involvement with the Family & Children First Council?  Yes  No

**IDENTIFIED CHILD** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

Custodian of the child: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Address if not listed below: \_\_\_\_\_

Does the non-custodial parent want to be invited to Level I meetings? \_\_\_\_\_

Child's Medicaid or Other Insurance \_\_\_\_\_ Child's SSN \_\_\_\_\_

Race ("X" all that apply):  A-Asian  B-Black/African American  M-Alaskan Native  N-Native American/American Indian  
 P-Native Hawaiian/Other Pacific Islander  W-White  U-Unknown

Ethnicity ("X" all that apply):  A-Puerto Rica  B-Mexican  C-Cuban  D-Other Hispanic  E-Not Hispanic or Latino

Biological Father \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Biological Mother \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings: \_\_\_\_\_ DOB \_\_\_\_\_ With: \_\_\_ Father \_\_\_ Mother

\_\_\_\_\_ DOB \_\_\_\_\_ With: \_\_\_ Father \_\_\_ Mother

\_\_\_\_\_ DOB \_\_\_\_\_ With: \_\_\_ Father \_\_\_ Mother

Custodian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Household Members in Custodial Parent's Home:

\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**School Information (if applicable)**

Child's Name                      School Name                      School Address

Grade Level (Year in School) \_\_\_\_\_

Surrogate parent? \_\_\_ Yes \_\_\_ No Name: \_\_\_\_\_

**Type of Service Requested:**

- Early Childhood Services
- Medical
- Mental Health Services
- In-Home Services
- Drug & Alcohol
- Parent Advocacy
- Other:

- Non-Clinical in-home visits
- Parent Education & Mentoring
- Transportation
- Social/Recreational Supports
- Structured activities to improve family functioning

- Service Coordination
- Non-clinical parent support groups
- Respite
- Safety & Adaptive equipment

**Brief Summary of Presenting Problems (Please attach a Summary if more space is needed)**

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Was the child referred directly from a psychiatric hospital?  Yes  No

Date client was or will be released from psychiatric hospital \_\_\_\_\_.

Other agencies involved with the family:

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Is the family in counseling? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

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Any medical concerns in the family? \_\_\_\_\_ If yes, please explain, \_\_\_\_\_

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Is the child involved with the legal system? \_\_\_\_\_ If yes, state child's name and probation and/or parole officer. \_\_\_\_\_

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Is there a safety plan in place? \_\_\_\_\_

Other services utilized by the family: \_\_\_\_\_

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**Please Check all that Apply Regarding Child Referred:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alcohol/Drug Use       | <input type="checkbox"/> Delusional                 | <input type="checkbox"/> Symptoms of Depression     |
| <input type="checkbox"/> Encopretic             | <input type="checkbox"/> Enuretic                   | <input type="checkbox"/> Fire Setter                |
| <input type="checkbox"/> Hallucinatory          | <input type="checkbox"/> Homicidal                  | <input type="checkbox"/> Hyperactive                |
| <input type="checkbox"/> Limited Intellectually | <input type="checkbox"/> Oppositional Defiant       | <input type="checkbox"/> Physically Aggressive      |
| <input type="checkbox"/> Runaway                | <input type="checkbox"/> Self-Injurious Behaviors   | <input type="checkbox"/> Seriously Withdrawn        |
| <input type="checkbox"/> Suicidal               | <input type="checkbox"/> Special School Placement:  | <input type="checkbox"/> Eligible for CBDD Services |
| <input type="checkbox"/> Child Abuse            | <input type="checkbox"/> Physical Health            |   |
| <input type="checkbox"/> Child Neglect          | <input type="checkbox"/> Delinquent                 |   |
| <input type="checkbox"/> Mental Health          | <input type="checkbox"/> Special Education          |   |
| <input type="checkbox"/> Unruly                 | <input type="checkbox"/> Developmental Disabilities |   |

- CD  ED
- MD  OHI
- SLD

Other: \_\_\_\_\_







ASHTABULA COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
SERVICE COORDINATION

Individualized Family Plan

Child's Name \_\_\_\_\_ Family Name: \_\_\_\_\_

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

GOAL OF PLAN: \_\_\_\_\_

LIFE DOMAIN	STRENGTHS	NEEDS	ACTION	SERVICE RESPONSIBILITY	TIMELINE	COST
residence						
social						
educational and vocational						

ASHTABULA COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
 SERVICE COORDINATION

Individualized Family Plan

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

LIFE DOMAIN	STRENGTHS	NEEDS	ACTION	SERVICE RESPONSIBILITY	TIMELINE	COST
emotional and psychological						
financial/legal						

ASHTABULA COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
SERVICE COORDINATION

Individualized Family Plan

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

LIFE DOMAIN	STRENGTHS	NEEDS	ACTION	SERVICE RESPONSIBILITY	TIMELINE	COST
medical						
short term crisis/safety plan	Does the family already have a written crisis or safety plan? ___ Yes ___ No	Does the current crisis/safety plan meet the presenting needs? ___ Yes ___ No				
spiritual / cultural						
Other						

ASHTABULA COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
SERVICE COORDINATION

Individualized Family Plan

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

DATE OF NEXT LEVEL I FAMILY MEETING: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_ Date: \_\_\_\_\_



CCBH and FCSS

This pertains to financial help you may be eligible for:

In addition to the authorization for the release of information which is necessary to secure or coordinate needed services identified in my Service Coordination case plan, I authorize the release of the following specific information for which I have circled and initialed below only as it is necessary to enroll me in the CCBH or FCSS program, perform the evaluation of the program and allow the NAMI Family Advocate or Family Advocate Volunteer to contact me and provide treatment advocacy and program evaluation functions:

- Yes \_\_\_\_\_ Identifying information: Name, telephone number, address, Unique Client Identifier (UCI)
- Yes \_\_\_\_\_ Information collected due to enrollment in the MACSIS system
- Yes \_\_\_\_\_ Service and Treatment data for a period six months prior to enrollment in the CCBH or FCSS program and throughout enrollment in the CCBH or FCSS program (MACSIS and checklist of NON-MACSIS services information gathered from service providers, the FCFC Service Coordination Facilitator, the Family Advocates or the Ashtabula County Mental Health and Recovery Services Board
- Yes \_\_\_\_\_ Results of interviews with the adult primary caregivers regarding caregiver concerning wants and needs
- Yes \_\_\_\_\_ Family Satisfaction Survey results
- Yes \_\_\_\_\_ ODMH Outcomes measures
- Yes \_\_\_\_\_ Demographic data on youth and family collected inside MACSIS
- Yes \_\_\_\_\_ Family Stability measures self-reported information obtained via interviewers conducted by Family Advocates
- Yes \_\_\_\_\_ Family Empowerment self-reported information obtained via interviews conducted by Family Advocates
- Yes \_\_\_\_\_ ODADAS Behavioral Health measures

I understand that my alcohol and drug abuse patient records are protected under the Federal regulations governing confidentiality of those records, (42 CFR Part 2), cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I understand this Release expires in 180 days from the date it is signed unless otherwise indicated to me. I also understand that I may cancel this Release at any time in writing with my signature, and the date it is signed, and delivering it to: Family and Children First Council, 3914 C Court, Ashtabula, Ohio, 44004.

Canceling it applies to that day forward and not to information already shared.

I understand that signing or refusing to sign this Release will not affect public benefits or services for which I am eligible, unless otherwise required by the regulations of the agency.

I understand that the information disclosed pursuant to this authorization may be the subject of re-disclosure to the entities covered by the authorization to release and to no one else without permission from the consumer.

\_\_\_\_\_  
Signature: (Must Sign)                      Date

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Child Client Signature

\_\_\_\_\_  
Witness

Date

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

TO ALL AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

**PROHIBITION ON REDISCLOSURE OF INFORMATION  
CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT**

This information has been disclosed to you from records protected by federal confidentiality rules

(42 CFR Part 2). The Federal rules prohibit 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 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies: This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnosis.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law.

Revised 9/09



ASHTABULA COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
SERVICE COORDINATION

**NOTES**

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

CLIENT: \_\_\_\_\_

**STRENGTHS**

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**NEEDS**

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**CULTURAL**

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Ashtabula County Family and Children First Council  
SERVICE COORDINATION MONITORING REPORT

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

Client Name: \_\_\_\_\_ DOB \_\_\_\_\_

Primary Service Coordinator: \_\_\_\_\_ Agency: \_\_\_\_\_

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

Grade/Program \_\_\_\_\_ Probation Officer: \_\_\_\_\_

Date Services Began: \_\_\_\_\_ Date Admitted to S.C. \_\_\_\_\_

Change of Address/Phone or School: \_\_\_\_\_

Agencies Involved: <input type="checkbox"/> BVR <input type="checkbox"/> Cath. Charities <input type="checkbox"/> CSB <input type="checkbox"/> CCC <input type="checkbox"/> JFS <input type="checkbox"/> SigHealth <input type="checkbox"/> CBDD <input type="checkbox"/> MH&RSB <input type="checkbox"/> Juvenile Court <input type="checkbox"/> LARC <input type="checkbox"/> Bair Private Therapist/Psychiatrist (Specify): _____ Other Agencies (Specify): _____
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Diagnosis: \_\_\_\_\_ Check if Change: ( )

Medications: \_\_\_\_\_ Check if Change: ( )

Goal of Service Coordination Plan: \_\_\_\_\_

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

List Positive Outcomes Achieved by Child and/or Family During this Review Period:

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

Outcomes Targeted for Next Review Period: \_\_\_\_\_

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

Unresolved Issues: \_\_\_\_\_

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

Recommended Action Plan to Address Unresolved Issues: \_\_\_\_\_

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

Parent/Custodian Signature: \_\_\_\_\_

Service Provider's Signature: \_\_\_\_\_