

Brown County Family and Children First Council Service Coordination Plan

Overview and Purpose

The purpose of the Brown County Family and Children First Council (BCF&CFC) is to share resources to help families overcome obstacles and promote success. The Council does: believe that Brown County will be a community where children and families can build upon their heritage, feel secure in the present and share (actively participate in) the future; believe that the well being of children and families is both a need and a responsibility of the family and community; believe that collaborative efforts and commitments to individuals is necessary to foster stable and nurturing environments; value and respect children and families and recognize their social, cultural and other diversities; empower families and communities to identify their priorities, concerns, needs and strengths; develop programs that are holistic and address the multiple needs that families present, focusing on the family and individual strengths rather than pathology; ensure that all persons within Brown County can assess services in the least restrictive environment as mutually agreed upon in accordance with their Individualized Family Service Plan; acknowledge every child and family seeking coordinated services, no matter what their individual or collective ability, through an Individualized Family Service Plan.

The Brown County Child and Family Team (CFT) was established to ensure that children from the age of birth through twenty-one and their families receive adequate and appropriate services. The CFT is a subcommittee of the BCF&CFC. The Council supports Ohio's Commitments to Child Well-Being and its Service Coordination Plan designates service responsibilities among the various state and local agencies that provide services to children and their families, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. The Plan is consistent with the Ohio Department of Health's rules regarding the Help Me Grow program.

Our Council membership which in addition to the required membership include the Chamber of Commerce, the Girl Scouts, the Literacy Council,

the Hospital, the asap Center, the Regional Health Network, the Community Action Agency, the Ministerial Association, the Safe Communities Program and the Creating Healthy Communities Coalition have been actively involved in the design the plan and will continue to be active in its review and necessary revisions. The CFT members are the DD Director, the ADAMHS Board Executive Director, the Jobs and Family Services Director and Children Services Supervisor, the Brown County Recovery Services Director, the Education Service Center Program Director, the Brown County Juvenile Administrator, the Family and Children First Council Coordinator and the Child and Family Team Coordinator.

Description

Brown County Service Coordination Plan was developed with input from family and agency representatives at our Early Childhood Collaborative Group, CFT and our Council meetings. Family and agency personnel will receive ongoing information and support as the Plan works toward the measurable results. Ongoing training on the process of Service Coordination will be provided throughout the year at the Early Childhood Collaborative and Family and Children First Council meetings and at various community events including the annual community health fair and the county fair.

Procedures

A child/family may access service coordination or initiate a service coordination plan meeting for their child through any Family & Children First Council member agency, Juvenile Court or by calling the CFT Coordinator. They will become the Case Facilitator and will provide a referral packet which includes a referral form and a release of information. The Case Facilitator will meet with the child/family to record the problems or concerns, the family history and to complete intake forms. The parent, guardian, or child is encouraged to invite support persons to serve as an advocate or mentor. The CFT Coordinator will identify persons and agencies that should be involved in the case with the family's approval. This information will be used to decide whether the child/family requires a service coordination plan or if the needs would be best met by referral to a single agency. Children and Families being served by HMG will follow the guidelines set by the Ohio Department of Health in the referral of families to Service Coordination and development of an Individual Family Service Plan(IFSP). The family will make the final decision about moving forward with service coordination.

The CFT Coordinator will contact the agency and/or community representatives regarding the referral. The contact will assist the provider in identifying additional resources and whether or not additional systems need to be involved. The goal is to help a family navigate through multiple community systems and to develop a plan to address the needs of the child. A copy of the "Service Coordination a Guide for Families" will be provided for each family.

The family may designate who they would like to have on their team. The CFT Coordinator will use the information gathered during the Intake process for which agencies should be represented on the team. The team will recommend a lead case manager for plan development with family approval. The lead case manager will work closely with the family to make sure the needs and goals are being met and will monitor the process. The designated parties will attend all meetings and in the event a case manager is unable attend that representative is responsible to provide the team with any updates or pertinent information to the plan. The CFT Coordinator will notify the Case Manager and all participating agencies of meeting dates and times. The referral source or CFT Coordinator in case of self-referrals is responsible to notify the families of the meeting date and to encourage their participation one to two weeks prior to the meeting. This notification will be by letter or phone contact. The families are responsible to notify their advocate/support person or anyone else they wish to bring to the meeting. The referral will be presented either at the next scheduled team meeting or at a time that accommodates the family's schedule. The referring agency, Juvenile Court and/or case facilitator will present the current assessment of the case and reason for referral. The families are encouraged to participate and share their thoughts and concerns in the planning phase. If a family is unable to attend an agreed upon scheduled meeting, the CFT Coordinator will contact them by phone or mail with the results of the meeting and to arranged the next meeting.

The CFT Coordinator reserves the right to request and/or schedule a special meeting on any referred case. The CFT meetings will be held at a convenient handicapped-accessible location amendable to all parties. The Team will identify strengths and needs of the child/family unit based on reports from the child, family and provider agencies. The case review will identify previous and current agency and/or system involvement. The Team will identify any additional assessments and referrals that may be beneficial

to the child/family. By using the Individual Family Service Plan to assess and identify strengths, needs, family culture, race and ethnic group; the goals of the Family Service Coordination Plan will be identified by the family and the CFT. Progress toward the goals of the Family Service Coordination Plan will be monitored and documented regularly. The Team will receive updates and address any concerns that arise around the case on an ongoing basis. Agency representatives can contact the CFT Coordinator to address any concerns on the case or facilitate any linkage to additional systems. The Team will identify the time frame for the services to address the goals of the plan. Barriers will be monitored and addressed by the BCF&CFC.

The CFT Coordinator and team representatives will specify and document the services delivered. An example of these services could include but not limited to mental health diagnostic assessments, psychiatric evaluations, DD evaluations, school psychological, substance abuse evaluations, etc. In the event that a gap exists and there is no appropriate agency to provide the identified services, the CFT Coordinator and team representatives will collaboratively work to find an appropriate solution. All services shall be provided in the least restrictive environment. The CFT Coordinator and team representatives will designate the appropriate agencies and request they arrange the identified services. If a child is alleged to be unruly, the CFT Coordinator and team representatives will meet with the family and a family plan with goals to avoid delinquency will be addressed. All Family Service Coordination Plans will include short-term crisis and safety contact information that is available 24 hours a day, 7 days a week. The CFT Coordinator will track the progress, schedule reviews and facilitate the Family Service Coordination Plan meeting process. The identified case facilitator and lead agency will communicate with the appropriate systems and the family regarding appointment time, medication changes or any barriers the family may encounter. The CFT Coordinator will be responsible for assuring that all Releases of Information are up to date and will get a new release as needed.

When a child or youth is referred to an out-of-home placement, the CFT Coordinator will schedule a meeting to take place before a non-emergency out-of-home placement and within 10 days of an emergency out-of-home placement. The case facilitator will monitor the placement and maintain contact with the facility service providers, child/youth and the family. The systems involved are to maintain contact with the child/youth and family and develop discharge plans on how to integrate the identified child/youth back into the family.

The CFT Coordinator will document parental agreement with the plan if they are present at the meeting. If they do not attend the Coordinator will review the plan and document their agreement. In the event that out-of-home placement or another costly service is necessary, the CFT Coordinator will facilitate the necessary financial arrangements. Brown County has no pooled funding nor do any of the participating agencies have local tax levy dollars. Negotiating appropriate financial arrangements is usually conducted in a meeting between administrators of the major funding entities (Juvenile Court, DD, Children's Services and the ADAMHS Board). The Council will annually evaluate and prioritize services, help to fill service gaps where possible, work towards inventing new approaches to achieve better results for families and children, and developing or seeking funding option for these approaches.

Outcomes

Individual plans are closely monitored for progress toward goals by CFT members. For the purpose of system/service monitoring, progress is reported at monthly Team meetings. Data such as common problems, trends, and treatment needs are considered in planning along with the aggregated data on 1) demographics 2) primary reason for referral 3) level of care and 4) cost of service. Individual outcomes are formally measured through Service Coordination Plan Reviews. The Team will regularly review progress toward goals and update or change the plan as needed. The family will be involved in all phases of the plan implementation and progress review. The aggregate results will be presented to the BCF&CFC. Upon request the aggregate outcome data will be supplied to the State of Ohio for the purpose of evaluation.

Continuity of Services and Follow-up

Once the goals of the Family Service Coordination Plan have been met, the case may be closed or a new plan may be developed with new goals. If the team including the child/family are satisfied with the actions and outcomes of the plan, the case will be closed and the aggregated outcomes will be reported to the Council. If the team is not satisfied with the outcomes of the identified goals, a new plan may be developed or the current plan could be revised. The decision about developing a new plan versus a revision to the current plan will be based on how well the current plan has addressed the strengths and concerns of the child/family. The decision will be made by the CFT Coordinator about whether to revise or develop a new plan.

Confidentiality

Confidential information shall include all protected health information including but not limited to: name, address, phone number, social security number, diagnosis, presenting problem(s), history of treatment, history of agency involvement with child and family, and family financial information. A confidential information release must be signed by the parent or guardian and shall be given to the CFT Coordinator prior to intake for plan development. The release shall state the information that may be shared with the team and agencies.

Quality Assurance

The Family & Children First Council will review the Service Coordination Plan annually. The Child and Family Team will make the recommended changes and refer to Council for approval.

Dispute Resolution Process

The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. A parent or custodian who disagrees with a decision rendered by a county council regarding services for a child may initiate the dispute resolution process established in the county's Service Coordination Plan. In addition, children and families eligible for Help Me Grow services may file a complaint through the county council's dispute resolution process. 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 Ohio Revised Code. The following steps outline this component of the dispute resolution process:

(1) The Council Coordinator is designated as the liaison for the receipt of complaints regarding service coordination. The Council Coordinator will ensure that the procedure is followed and responded to in an expeditious manner. The Coordinator may be contacted at:

Brown County Family & Children First Council
775 Mt. Orab Pike
Georgetown, OH 45121
Phone: 937-378-6104
Fax: 937-378-4753

(2) Parents or custodians shall be informed of their right to use the dispute resolution process at intake.

- a. Those parents or custodians who are denied access to the service coordination process at the point of referral will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
- b. During intake, parents or custodians will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
- c. Any member of the service coordination team or any member of council who receives a complaint from a parent or custodian regarding service coordination will inform the complainant with the contact information for filing a complaint.
- d. The Council Coordinator will provide a copy of the dispute resolution process to the parent or custodian filing a complaint.

If a family wishes to dispute the formation of a service plan or provisions of the plan, the family shall notify the Council Coordinator to discuss the complaint. The Coordinator will determine whether the complaint is actually agency specific or it is regarding the identified plan.

- * The Council Coordinator facilitates problem solving.
- * If the complaint is agency specific then the Coordinator will direct the parent/guardian to the appropriate agency representatives and/or contacts. The Coordinator will contact agency management to make them aware that a family has made a complaint and how and to whom they directed. Assistance will be provided to the family if needed by the Coordinator.
 - (1) The Coordinator will receive notification from the system involved on the outcome of the complaint.
- * If the complaint is regarding the identified plan then all agencies involved with the case will be called to a meeting to discuss the concerns of the family and modify the plan as needed.
- * A written report will be forwarded to the parent/guardian and a copy provided to all agencies involved within 20 calendar days from the receipt of the complaint

If the parent/guardian is satisfied the process ends. If the parent/guardian still has a complaint about the plan the parent/guardian can take it to the next step.

- * The Council Coordinator will assist the family in completing a formal grievance to the Child and Family Team.
- * The Coordinator will forward the letter of complaint and schedule a meeting to review the case and make the necessary modifications
 - (1) Agency heads are notified and they will designate the appropriate representative to the meeting.
- * A written report will be forwarded to the parent/guardian and a copy provided to all agencies involved within 15 calendar days from the receipt of the formal grievance.

If the parent/guardian is satisfied then the process will end. If the parent/guardian is still unhappy with the decision then they may file a complaint with the Brown County Family and Children First Council.

- a. The CFT Coordinator will notify the Council Coordinator, Council Chair and administrative agent of the complaint within seven calendar days.
- b. Each agency that is providing services or funding for services that are the subject of the dispute resolution process initiated by a parent/guardian must continue to provide those services and the funding for those services during the dispute resolution process.
- c. The Executive Committee of Council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
- d. The investigation of the complaint will include at least the following:
 - * Conducting an on-site investigation as determined necessary
 - * Interviewing the parent or guardian and giving the parent or guardian the opportunity to submit additional information, either orally or in writing
 - * Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing
 - * Reviewing all relevant information and making a decision

- e. The Council Coordinator will issue a written decision to the parent or guardian within twenty (20) calendar days from receipt of the complaint. The written decision will address each allegation and include findings of facts and conclusions and the reasons for the Council's decision
- f. When the provision of service or funding cannot be resolved through the designated dispute resolution process, the final arbitrator will be the presiding juvenile court judge. The CFT Coordinator and the Council Coordinator will assist the parent or guardian in filing the case with the juvenile court within seven days of the failed dispute resolution process. The CFT Coordinator will assist the family in providing assessment and treatment information for the court.

Category B: Dispute Resolution Related to Part C Services

The Ohio Department of Health (ODH), as the lead agency, shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county family and children first councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each County Council shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

The following steps outline this component of the dispute resolution process:

1. An individual or an organization may file a complaint with the County Council regarding the provision of Part C services within the county. The Council Coordinator is designated as the Council's liaison for the receipt of complaints.
2. The Coordinator will notify ODH of the complaint in writing (by email/ US mail/fax) within seven calendar days of receipt of the complaint.
3. The Coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
4. The Coordinator will explain the options available for dispute resolution, which include:

- * Filing a complaint with the County Council
 - * Filing a complaint with ODH
 - * Requesting mediation
 - * Requesting an administrative hearing with ODH
 - * Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints #
5. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
 6. The Executive Committee of Council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
 7. The investigation of the complaint will include at least the following:
 - * Conducting an on-site investigation as determined necessary
 - * Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing
 - * Interviewing relevant providers and giving provider an opportunity to submit additional information, either orally or in writing
 - * Reviewing all relevant information and making a decision
 8. The Council Coordinator will issue a written decision to the complainant within thirty (30) calendar days from receipt of complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH ++
 9. The Council Coordinator will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

+ If the provider has a resolution process for complaints, the provider of Part C services must notify ODH and the County Council of the complaint in writing (by email/US mail/fax) within seven calendar days of receipt of the complaint. The provider of Part C services must issue a written decision to

the complainant, the County Council, and ODH within thirty (30) calendar days from receipt of the complaint.

++ If ODH receives notice that a complaint regarding Part C services was filed with the County Council or a provider, ODH will monitor the resolution process to assure that the complaint is resolved by the County Council or provider within thirty (30) calendar days. If the complaint is not resolved within thirty calendar days, ODH will notify the complainant, the County Council and the provider, if applicable, that the complainant may select one of the following:

1) To have ODH investigate the complaint in accordance with Rule 3701-8-08(C)(4). If this option is elected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the County Council or provider received the complaint; and

2) To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08(C)(3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.

Category C: Agency Disputes with County Council Decisions

An agency represented on the County Council that disagrees with the Council's decision concerning the services or funding for services a child is to receive from agencies represented on the Council may initiate the local dispute resolution process established in the County Service Coordination Plan applicable to the Council.

The following steps outline this component of the dispute resolution process:

1. The agency will initiate the complaint process by contacting the Council Coordinator with the details of the complaint.
2. The Executive Committee will appoint an unrelated party to investigate the complaint.
3. On completion of the process, the investigator shall issue a written determination that directs one or more agencies represented on the Council to provide services or funding for services to the child.

4. The determination shall include a plan of care governing the manner in which the services or funding are to be provided. The investigator shall base the plan of care on the family service coordination plan developed as part of the County's Service Coordination Plan and on evidence presented during the local dispute resolution process. The investigator may require an agency to provide services or funding only if the child's condition or needs qualifies the child for services under the laws governing the agency.
5. An agency subject to a determination pursuant to a local dispute resolution process shall immediately comply with the determination, unless the agency objects to the determination. The agency will refer their objection to the Council Coordinator. The dispute will then be transferred to mediation. Services of a trained mediator will be employed once it is satisfactorily confirmed the mediator has no conflict of interest with any of the parties involved in the dispute and is out of county. Mediation must take place within 10 working days of the referral. The cost of mediation will be paid equally by all agencies requesting the referral.
6. While the local dispute resolution process or mediation proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the County Council before dispute resolution was initiated. If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

BROWN COUNTY FAMILY & CHILDREN FIRST CHILD AND FAMILY TEAM REFERRAL FORM

DATE _____ TELEPHONE: _____
 REFERRED BY _____ ADDRESS: _____
 NAME OF CHILD _____
 DOB _____ GENDER OF CHILD _____
 SCHOOL DISTRICT _____ PARENT/GUARDIAN _____

PRESENTING PROBLEM: _____

CURRENT SERVICES: _____

MEDICATIONS: _____

FAMILY SITUATION: _____

INCOME SOURCE/AMOUNT: _____

MEDICAL INSURANCE: _____ MEDICAID INSURANCE: _____

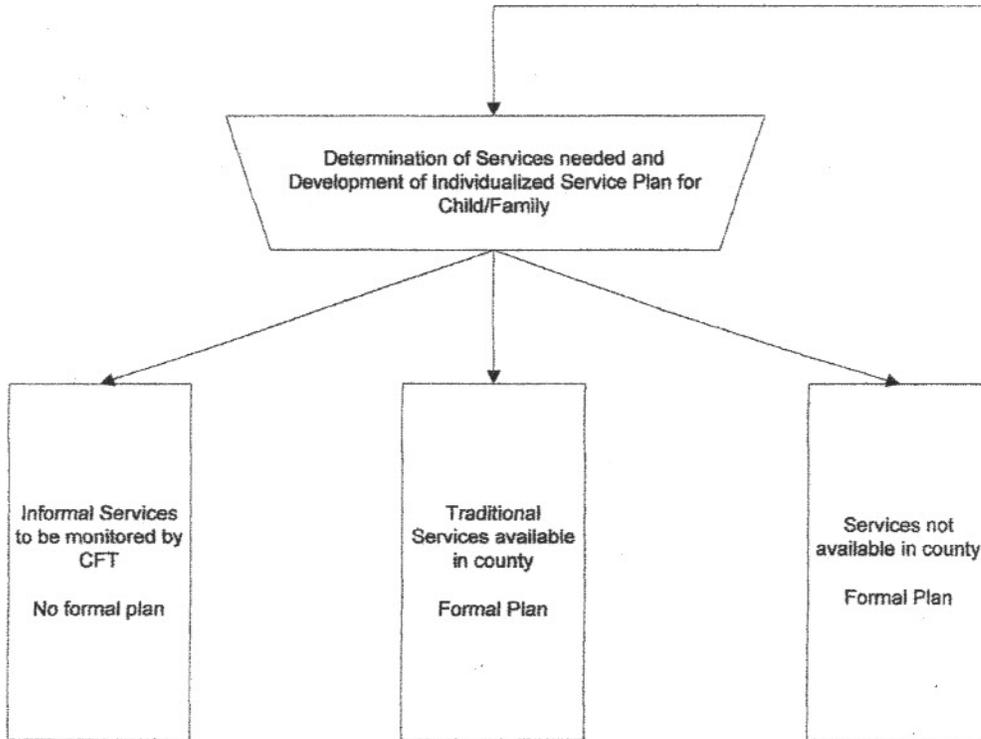
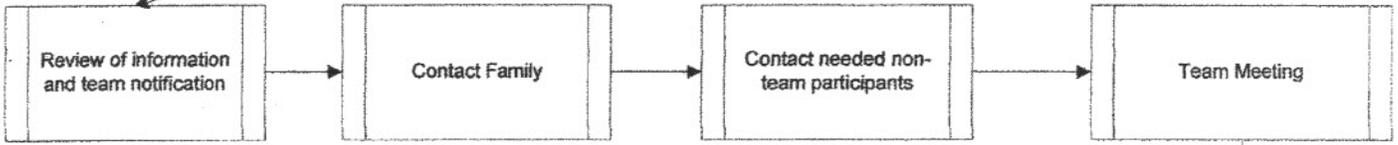
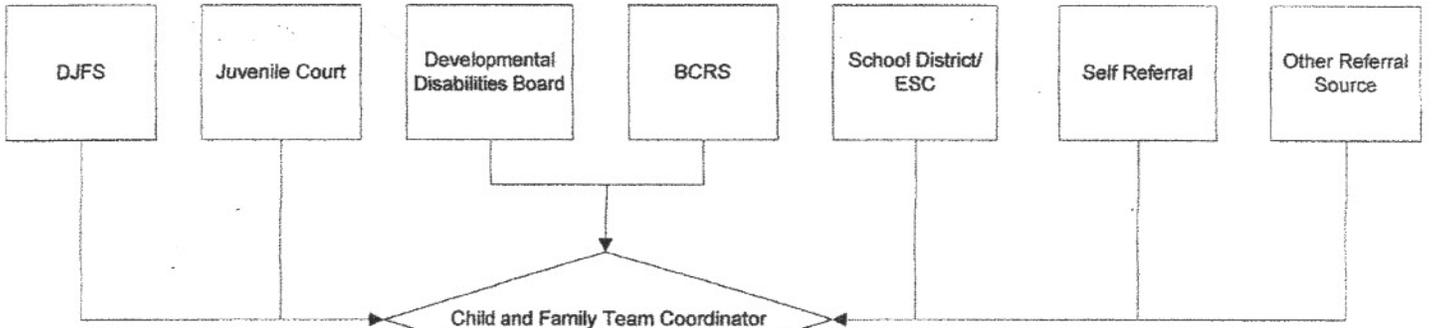
OTHER PERTINENT INFORMATION: _____

GUARDIAN AD LITEM/LEGAL REPRESENTATIVE

PHONE # AND FAX #:

RELEASE OF INFORMATION YES NO

PERSON ACCEPTING REFERRAL: _____ DATE: _____



Brown County FCFC Service Coordination Referral Process

CONSENT FOR RELEASE OF INFORMATION

Person's Full Name	Date of Birth
Social Security Number	Individual Case Number

The following agency(s) have my permission to exchange/give/receive/share/re-disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named persons. (Please identify the agencies that apply):

- | | |
|---|--|
| <input type="checkbox"/> Shawnee Mental Health Center
<input type="checkbox"/> Brown Co. Talbert House/Recovery Services
<input type="checkbox"/> Adams /Brown Headstart
<input type="checkbox"/> Help Me Grow
<input type="checkbox"/> Brown Co. Juvenile Court
<input type="checkbox"/> Brown Co. Board of ADAMHS
<input type="checkbox"/> Brown Co. Board of DD
<input type="checkbox"/> Brown Co. Board of Health
<input type="checkbox"/> Brown Co. Jobs & Family Services | <input type="checkbox"/> Brown Co. Family and Children First
<input type="checkbox"/> Brown Co. Educational Service Center
<input type="checkbox"/> Eastern Local School District
<input type="checkbox"/> Fayetteville-Perry Local School District
<input type="checkbox"/> Georgetown Exempted Village Schools
<input type="checkbox"/> Ripley Union Lewis Huntington Schools
<input type="checkbox"/> Southern Hills JVS District
<input type="checkbox"/> Western Brown Local School District
<input type="checkbox"/> Other (Please List) _____ |
|---|--|

I authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual: (Circle yes or no and initial).

- | | | | |
|------------|----|---------|--|
| Circle One | | Initial | |
| Yes | No | _____ | <u>Identifying Information:</u> name, birth date, sex, race, address, and Telephone number. |
| Yes | No | _____ | Social Security Number |
| Yes | No | _____ | <u>Case Information:</u> The above identifying information, plus medical (Except HIV, AIDS and drug and alcohol treatment records) and social History, treatment/service history, psychological evaluations, Individualized education plans (IEP's), individualized family service plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding the individual or me named above (disability, type of services being received and name of agency providing services to the individual or me named above. Information regarding the following shall not be released unless initialed below: |
| Yes | No | _____ | HIV and AIDS related diagnosis and treatment. |
| Yes | No | _____ | Substance abuse diagnosis and treatment. |
| Yes | No | _____ | <u>Financial Information:</u> Public assistance eligibility and payment information provided for establishing eligibility including by not limited to Pay stubs, W2s, tax returns and other financial information. |

PARENT AGREEMENT WITH PLAN

I, _____ PARENT/GUARDIAN OF _____
 HAVE PARTICIPATED AND AGREE WITH THE SERVICE COORDINATION PLAN AS WRITTEN.

I, _____ PARENT/GUARDIAN OF _____
 HAVE PARTICIPATED AND AGREE WITH THE SERVICE COORDINATION PLAN AS WRITTEN.

TEAM MEMBER AGREEMENT WITH PLAN

By my signature below, I acknowledge my attendance at this meeting and my participation in the writing of this plan. I agree to keep all information shared at this meeting confidential. A check mark in the "yes" column indicates my agreement with the plan as written.

NAME	AFFILIATION	YES	NO

NAME	AFFILIATION	YES	NO

I WAS NOT PRESENT AT THE MEETING, BUT AGREE WITH THE PLAN AS WRITTEN

NAME	AFFILIATION	YES	NO

NAME	AFFILIATION	YES	NO

**BROWN COUNTY CHILD AND FAMILY TEAM / CLUSTER
AMENDED INDIVIDUAL FAMILY SERVICE PLAN**

PLAN ACCEPTED

PARENT/GUARDIAN/CUSTODIAN

CHILD (IF AVAILABLE)

LEAD COORDINATOR

PARTICIPATING AGENCIES:

DATE OF INITIAL PLAN

REVIEW DATES:

Name _____

Service Coordination Plan written for _____

on _____

Name of Child _____

Date _____

BROWN COUNTY CHILD AND FAMILY TEAM / CLUSTER AMENDED INDIVIDUAL FAMILY SERVICE PLAN

CHILD'S NAME: _____ ADDRESS: _____ PHONE: _____ CHILD'S DOB: _____ INITIAL ACCEPTANCE DATE TO CLUSTER: _____ PRESENTING PROBLEM: _____	CLUSTER REVIEW DATE: _____ PARENT/GUARDIAN/CUSTODIAN NAME: _____ ADDRESS: _____ PHONE: _____ CURRENT CUSTODY: _____ PLACEMENT PER DIEM, IF APPLICABLE: _____
---	---

LIFE DOMAIN AREA	ISSUE	GOAL	INTERVENTION	SERVICE PROVIDER	FAMILY RESPONSIBILITY	TIME FRAME FOR GOALS TO BE ATTAINED	NEXT REVIEW DATE
RESIDENCE - OWN HOME							
OUT OF HOME - RELATIVE - RESIDENTIAL TREATMENT FACILITY - GROUP HOME - DETENTION - FOSTER CARE - DYS							
DATE OF PLACEMENT							

CONTINUED

CHILD'S
NAME:

LIFE DOMAIN AREA	ISSUE	GOAL	INTERVENTION	SERVICE PROVIDER	FAMILY RESPONSIBILITY	TIME FRAME FOR GOALS TO BE ATTAINED	NEXT REVIEW DATE
EDUCATIONAL / VOCATIONAL -- SCHOOL NAME -- DISTRICT -- TYPE OF SCHOOL -- PROGRESS -- ED. DISABILITY -- CLASS TYPE -- CREDIT EARNED -- IEP / MFE -- GRADE -- PROFICIENCIES -- OTHER SERVICES RECEIVED IN SCHOOL							
MENTAL HEALTH / SUBSTANCE ABUSE -- DIAGNOSIS -- AGENCY -- CASE MANAGER / THERAPIST -- SERVICES & FREQUENCY							
PSYCHIATRIC -- PSYCHIATRIST -- MEDS -- NAMES AND DOSAGES -- HOSPITALIZATIONS -- ADAPTIVE EQUIPMENT							
LEGAL -- GUARDIAN AD LITEM -- DELINQUENCY: PROBATION OFFICER PAROLE OFFICER -- OTHER COURT STATUS -- JUVENILE COURT STATUS -- CUSTODY STATUS -- CUSTODIAN'S NAME -- CASEWORKER							

CONTINUED

CHILD'S
NAME:

LIFE DOMAN AREA	ISSUE	GOAL	INTERVENTION	SERVICE PROVIDER	FAMILY RESPONSIBILITY	TIME FRAME FOR GOALS TO BE ATTAINED	NEXT REVIEW DATE
SOCIAL / RECREATIONAL - CAMPS - COMMUNITY ACTIVITY - AFTER SCHOOL PROGRAMS - Y'S - RECREATIONAL PROGRAMS							
SAFETY / CRISIS - WRITTEN PLAN - PARTICIPANTS - RECENT EVENTS							
FAMILY NATURAL SUPPORT (AS IDENTIFIED BY FAMILY) INCLUDES: - ORGANIZATIONS / CHURCH - RELATIVES - FRIENDS - NEIGHBORS							
OTHER COMMUNITY SUPPORT - NAMES							
MEDICAL AND HEALTH - APPLICATION FOR COMMUNITY RESOURCES							

LEAD FOR SERVICE COORDINATION:

LONG TERM GOALS:

CONTINUED

Addendum F

Brown County Child and Family Team Crisis/Safety Plan

Family Name: _____ Date: _____

C&FT Coordinator: _____

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

Who is involved in the crisis?

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

List the triggers that lead to the crisis:

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

Daily _____ How many times? _____

Weekly _____ How many times? _____

Monthly _____ How many times? _____

Other _____ How many times? _____

When the crisis does occur, how intense is it?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Not very _____ Very

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

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

What does the person do?

How do they feel?

Actions taken, including punishments?

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

Emotions or responses by others?

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

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

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

What can the youth do instead of the crisis behavior?

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

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Youth/Child Signature: _____ Date: _____

C&FT Coordinator Signature: _____ Date: _____