



**CLERMONT COUNTY FAMILY & CHILDREN FIRST
SERVICE COORDINATION MECHANISM
NOVEMBER 2013**

INTRODUCTION

The Clermont County Family & Children First Council has developed this service coordination mechanism in order to serve as the guiding document for coordination of services for children, 0 through 21 years of age, with multi-systemic needs within the county. It was developed and approved with the participation of county entities, including representatives of child welfare; developmental disabilities; alcohol, drug addiction, and mental health services; health; juvenile court; education, families; this county's family and children first council; and the early intervention collaborative established pursuant to the federal early intervention program operated under the "Individuals with Disabilities Education Act of 2004."

For children who also receive services under the Help Me Grow program, it is consistent with rules adopted by the Ohio Dept. of Health under section 3701.61 of the Revised Code.

PURPOSE

The members of the Clermont County Family and Children First (FCF) Council have determined that the service coordination mechanism for infants, children, adolescents, and their families (including abused, neglected, dependent, unruly, and delinquent youth and their families) will address three target populations. Those three target populations are:

1. Pregnant women and children from birth to 3 years of age who are at risk; and children birth to 3 years of age with or at risk of having a developmental delay.
2. The multi-need child, 0 through 21 years, and family.
3. Alleged or adjudicated unruly youth ages 8 to 18, or 8 through 21 if required by statute or administrative code.

The target populations are based on required legislated populations with agreement from and by participating FCF Council members and their operations. Needs were recognized and determined by historical accumulation of information and knowledge gained through experience.

A person and/or family will enter the system through a referral process initiated by any agency, juvenile court or family voluntarily seeking services. A Service Plan (also called IFSP) will be initiated for each appropriate child/youth and his/her family. The family, child, and participating organizations work with the Plan with the capacity to make changes as necessary and needed.

Any disputes arising from the process will be settled according to the Dispute Resolution Policy, which is both attached and discussed in greater detail in this mechanism.

GOALS

1. To ensure that each child is physically safe and is nurtured in an emotionally productive atmosphere that enhances his/her individual development and self-worth and provides for community safety with the following commitments:
 - 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
2. To develop comprehensive, coordinated, creative, and cost-effective services that are delivered within Clermont County.
 3. To reduce the number of children in out of home care placements, especially residential treatment.
 4. To increase family-driven community-based services to children and families.
 5. To increase family and community awareness and commitment through involvement in the processes.
 6. To provide services which are effective (produce desirable results) and efficient (make the best use of available community resources) within the above commitments and their resultant indicators.
 7. To coordinate services with and between all public and private child-serving organizations, families, and the educational community.

FCF Council will review the Service Coordination Mechanism annually.

TARGET POPULATION #1 – AT RISK PREGNANT WOMEN AND CHILDREN BIRTH TO THREE; AND CHILDREN BIRTH TO 3 YEARS OF AGE WITH OR AT RISK OF HAVING A DEVELOPMENTAL DELAY

Persons to be served

Children birth to age 3 and their families that are residents of Clermont County will receive services as outlined. The only eligibility qualifications that have to be met are those imposed by the Ohio Department of Health (ODH) and the federal government.

Access to the system

- Families and legal guardians may self-refer.
- Participating systems, agencies, or individuals may refer.
- Anyone may access the system by contacting the Clermont Help Me Grow (HMG) Central Intake and Coordinating Site (CICS).

Community Awareness

HMG does various Child Find activities to increase community awareness of the HMG program and the services available to children and their families.

- HMG has a website, www.clermonthelpmegrow.com, with detailed information regarding the program. Referrals can be made via the secure website.
- HMG participates in numerous child find activities throughout the county.

Initial Intake:

1. HMG will provide the centralized intake and coordinating site (513-732-5030), www.clermonthelpmegrow.com
2. HMG will accept referrals from medical professionals, families, child protective agencies, Early Learning Programs, and any other agency serving families.
3. Referrals may be made by phone call (513-732-5030), fax (513-732-5031), from the web site (www.clermonthelpmegrow.com) or by stopping in to the central intake and coordinating site at the Wildey School, 2040 St. Rt. 50, Batavia, Ohio.
4. If the family is eligible for the Home Visitation portion of HMG or the Early Start program, the referral will be made directly to CI & CS (Central Intake and Coordinating Site).
5. When the referral seems to indicate a delay, HMG will talk with each parent and document their concerns.
6. HMG will assign a service coordinator for Part C services. That service coordinator will then contact the family within 2 working days.
7. HMG will accept referrals from, and make referrals to, other county HMG programs and transfer all relevant data per the Early Track system.
8. All referrals and/or inquires are documented.
9. Program specifics, all parents' rights, and the dispute resolution process are fully shared with the family.

Service Coordination

Service Coordination, as provided by HMG, will include, but is not limited to:

1. Referral and coordination of evaluation in all five (5) developmental domains to determine eligibility for Part C services; or screening to determine if child and/or family meet home visitation criteria.
2. Facilitation and participation in the development, implementation, review, and monitoring of the Individual Family Service Plan (IFSP) or Family Plan (FP).
3. Facilitation to develop family outcomes.
4. Identification and establishment of a medical/health home.
5. Identification of specialized services and other providers.
6. Providing choice to families by identifying all available service providers.
7. Informing families of the availability of advocacy services.
8. Coordination and monitoring of the delivery of available services.
9. Coordination with medical and health providers.
10. Coordination of transition to other programs and services.

Individual Family Service Plan (IFSP)

The IFSP is the integration, collaboration, and partnership between parents and providers resulting in a written plan for Part C services that:

1. Lists outcomes for individual families and their unborn child, infant, or toddler, and
2. Describes resources/services and their coordination that will support those outcomes.

The IFSP is created with the full participation of the family within forty-five (45) days of having received the referral. The IFSP is reviewed and updated at least every 120 days.

Family Plan (FP)

The FP is a written plan that identifies the goals a family has chosen to work toward while receiving home visitation services.

1. The family's home visitor delivers an evidence-based parenting education curriculum approved by the ODH, and
2. Documents, summarizes and incorporates the results of ongoing screening, assessment, and evaluation-related measures to achieve desired goals/outcomes.

The FP is created with the full participation of the family within forty-five (45) days of having received the referral. The FP is reviewed and updated at least every 180 days.

Transition:

Every family with a child receiving ongoing HMG services will experience support and information specific to the transition of their child at age three (3) or upon planned exit from the HMG system.

1. Every child exiting the HMG system will have a written transition plan as part of the IFSP or FP. This plan will include the sequence of activities, the individual responsible, and the timeline for each activity.
2. Preparation for the Transition Planning Conference will begin 180 days prior to the child's third birthday.
3. The Transition Planning Conference will occur at least 120 days prior to the child's third birthday.
4. If the child is potentially eligible for Part B services of Individuals with Disabilities Education Improvement Act (IDEIA), the appropriate Local Education Agency (LEA) representative will attend the conference, with parent permission.

Involvement of Help Me Grow children in the FCF Wraparound process

Children and families transitioning out of Help Me Grow at age 3 may also become involved with FCF Wraparound.

FCF Council assures that Clermont Help Me Grow adheres to all local, state, and federal mandates and policies as applicable.

TARGET POPULATION #2 – THE MULTI-NEED CHILD AND FAMILY

The Wraparound Process is a team-based activity that helps groups of people involved in a family's life work toward a common goal. The process is organized and delivered by an individual trained to facilitate a family team. The team creates a plan that includes ways to assure children/youth and their families can experience success in their communities, homes and schools. Clermont County FCF has chosen Wraparound as the process by which Service Coordination will be provided to the community.

Children must be:

- 0- 21 years of age;
- a Clermont County resident; and
- demonstrate needs which could be serviced by more than one of the FCF partner systems or agencies.

Access to system

- Any FCF partner system or agency, community agency, or school may refer a child and family to Wraparound.
- Parents of children in the home may voluntarily refer their child and family to Wraparound.
- Parents and/or partner systems may request a meeting at any time prior to a non-emergent out-of-home placement
- When placement occurs on an emergent basis for children having a FCF Plan, a meeting shall be held within ten (10) days of the placement.

Community Awareness

FCF makes every effort to ensure that the community is aware of FCF, FCF Service Coordination (Wraparound), and the services and supports available to children and their families.

- FCF participates in the county fair and has a booth at various activities around the county (i.e. school readiness fairs, Taste of Clermont).
- FCF maintains a website listing local resources, Council information, and an online referral process.
- FCF has developed a local resource guide and school directory for assistance in locating appropriate resources/services. The directories are available on the FCF website and are provided at any time upon request.
- FCF does presentations to school mental health specialists, superintendents, and Children's Services, BDD and Juvenile Court staff to inform them of FCF, the Wraparound program, and services/supports available, as well as providing trainings to staff regarding changes or updates to the service coordination mechanism.
- FCF participates in various groups to inform the community of FCF, Wraparound, and services/supports available. Examples are the Head Start Policy Council, Coalition for a Drug Free Clermont County, and the Partnership for Mental Health.

- Families Connected, Inc. is an active member of Council. As Families Connected assists parents with many different needs, their knowledge of Council enables them to discuss FCF and the Wraparound process with families.
- The Service Coordination Mechanism is available on the FCF website, and is provided in hard copy form at any time upon request.
- The Mental Health and Recovery Board’s contract agencies all agree to comply with the Service Coordination Mechanism when signing their Purchase of Service contract with the Mental Health and Recovery Board.

Values

The Clermont County Wraparound Program operates under the following values:

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the team process. Planning is grounded in family members’ perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. **Team based.** The team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships. The comprehensive wraparound plan reflects activities and interventions that draw on sources of natural support.
4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single comprehensive wraparound plan. The plan reflects a blending of team members’ perspectives, mandates, and resources. The plan guides and coordinates each team member’s work towards meeting the team’s goals.
5. **Community-based.** The team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
6. **Culturally competent.** The team process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
7. **Individualized.** To achieve the goals laid out in the comprehensive wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. **Strengths based.** The team process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
9. **Persistence.** Despite challenges, the team persists in working toward the goals included in the comprehensive wraparound plan until the team reaches agreement that the team is no longer required.
10. **Outcome based.** The team ties the goals and strategies of the comprehensive wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

Initial assessment of need

A referral may be initiated by a parent/guardian, an agency, juvenile court or school by:

- A telephone call to the FCF Clinical Coordinator. The Clinical Coordinator will make a determination of the appropriateness for Wraparound through discussion and questions regarding the child/family's situation and involvement in systems and agencies.
- The Referral Form. The Referral Form (Addendum A) may be faxed or mailed to the Clinical Coordinator, completed online and submitted electronically, or submitted in person. If additional information is necessary, the Clinical Coordinator will contact the referral source via telephone to discuss the case further and determine appropriateness.

Upon completion of the Release of Information (Addendum B), the Clinical Coordinator will assign the case to a Wraparound Facilitator and initiate a referral to Families Connected for a Peer Support Partner. A Wraparound Facilitator will then attempt to contact family by phone to discuss the referral and schedule an initial family meeting (making at least 2 attempts in the first week). The initial family meeting will identify the strengths and needs of the child/family from the family's perspective through conversation and by utilizing the Clermont County version of the Child and Adolescent Needs and Strengths comprehensive multi-system assessment (Addendum C), and the Modified Cuyahoga Functioning Scale Level of Care (LOC – Addendum D) tool. Additional information regarding the child/family's strengths and needs will be gathered from formal and informal supports as provided by the family. The Wraparound Facilitator will compile the information into the Family Story and distribute to the family prior to the initial team meeting.

Response to referrals

1. The Clinical Coordinator will respond to all referrals within one (1) business day of receipt.
2. When Wraparound is determined to be appropriate for the child/family, the Wraparound Facilitator will work to schedule the Initial Team meeting within three (3) weeks of the initial face to face meeting with the family at a location and time convenient to the family. The team will develop an Initial Wraparound Plan (Addendum E).
3. Referrals emergent in nature will be scheduled for a Crisis Team meeting within two (2) business days of the referral. Crisis Plans will be generated on the Crisis Planning Worksheet (Addendum F).
4. When a referral is determined not to be appropriate for Wraparound (i.e. the child does not demonstrate needs which could be served by multiple systems), the Clinical Coordinator shall discuss with the referral source other options or services which may benefit the child/family.

Levels of Intervention

1. In Clermont County, there are numerous prevention programs for children and families. Prevention is the first level of intervention with every child/family. Prevention programs in Clermont County include:
 - Mental health specialists present in every school district in the county at specified days and times of the week. These mental health specialists not only work individually with children on issues that arise, they also provide prevention information to classes and groups of students throughout the year.

- The Boys & Girls Clubs provides two prevention programs. SMART is a program for girls which focuses on Skills Mastery and Resistance Training. Keystone Club is a boys program focusing on leadership training.
 - Head Start and Early Head Start to engage income eligible children and parents and ensure that the children are ready for school
 - Crisis Hotline – a mental health specialist is available 24/7 via phone to talk with any person in crisis
 - Mobile Crisis – a mental health specialist is available during specific hours to talk via phone or respond to the youth/family in the community for a Wraparound youth in crisis
 - Help Me Grow services
 - Drug Free Coalition which sponsors after prom parties. Red Ribbon Week activities include puppet shows supporting children saying “NO” to drugs, a display which includes goggles which simulate an intoxicated state and various other interactive activities, a band, demonstrations from a drug sniffing dog, and a keynote speaker who speaks to the children and parents about saying “NO” to drugs and alcohol.
 - Olweus Bullying Prevention Program - OBPP is a multi-level, multi-component school-based program designed to prevent or reduce bullying in elementary, middle and junior high schools. It has been implemented in over 22 county schools in the last 3 years.
 - Child Focus Home Visitor Program – home-based parenting program targeted at the prevention of child maltreatment and neglect.
 - Amends Adolescent - is a secondary prevention program through the YWCA for adolescents, ages 11-18 who are involved in or at risk for violent behaviors, including domestic violence, dating violence, gang violence, school violence, and other abusive behaviors. HIPPIY - is a free kindergarten readiness program. It utilizes a comprehensive home-based family intervention/literacy model.
 - YWCA Eastern Area Sexual Assault Prevention Services - provides prevention education through the Teen Choices program, designed to give students the knowledge they need to help them make good decisions to keep themselves safe now and in the future; and Teens Against Bullying (TAB), a peer led bullying prevention program that teaches high school students to serve as role models to middle school students through weekly sessions in which the high school students facilitate an anti-bullying activity with the middle school students.
 - Clermont Family YWCA – before and after school care
2. As stated previously, when a referral is deemed not appropriate for Wraparound, the Clinical Coordinator shall make every effort to provide the family with information to assist the child/family. This may include:
- Educational materials
 - Referrals to community resources
 - Referrals to Families Connected, Inc. (a grassroots family advocacy agency)
 - Contacts who may be able to assist the child/family

A referral may be deemed inappropriate if:

- The child does not exhibit needs which could be served by two or more systems (i.e. mental health, Juvenile Court, Children’s Protective Services, BDD, etc.). The severity of the issues facing the child/family, and the past services utilized are assessed to determine appropriateness for these children/families.
 - The family has not attempted less restrictive services. FCF will not implement more intense services when less intense services are more appropriate.
3. When a child/family is determined appropriate for Wraparound, the child/family will be assigned to a Wraparound Facilitator. The Wraparound Facilitator will assist the family in moving through the 4 Key Phases of Wraparound. They include:

Engagement

During this phase, the groundwork for trust and shared vision among the family and wraparound team members is established, so people are prepared to come to meetings and collaborate. During this phase, the tone is set for teamwork and team interactions that are consistent with the wraparound principles, particularly through the initial conversations about strengths, needs, and culture. In addition, this phase provides an opportunity to begin to shift the family’s orientation to one in which they understand they are an integral part of the process and their preferences are prioritized. The activities of this phase should be completed relatively quickly (within 1-2 weeks if possible), so that the team can begin meeting and establish ownership of the process as soon as possible.

Initial Plan Development

During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the wraparound principles. In particular, youth and family should feel, during this phase, that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within 1-2 weeks, a rapid time frame intended to promote team cohesion and shared responsibility toward achieving the team’s mission or overarching goal. During this phase, the team shall designate the team leader upon approval of the family. The Wraparound facilitator is responsible for scheduling and notifying all appropriate parties of the Wraparound meetings. A family may initiate a meeting at any time during the process. All team members sign in at meetings on the Wraparound Team Sign-In sheet (Addendum G) which includes a confidentiality agreement.

Implementation

During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team’s mission is achieved and formal wraparound is

no longer needed.

Transition

During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities.

4. When the needs of a child/family cannot be met by increasing community support, the Wraparound team may recommend that home-based services/supports are appropriate. There are various agencies in the county that provide home-based services/supports and the most appropriate provider, as decided by the child/family and treatment team, in collaboration with the Clinical Coordinator, is chosen to work with the family. Included in the spectrum of available home-based services are home-based case management, intensive home-based therapy, and family supports, all provided by several agencies within the area. Additional support at this level may include: a mentor for the child; hourly, overnight, or weekend respite for the child; camp; or therapeutic activities.
5. The last choice of a Wraparound team is placement of the child outside of the parent/guardian's home. When evaluating this option, the Wraparound team will complete the Modified Cuyahoga Functioning Scale LOC to determine the appropriate level of care. When placement outside of the home is necessary, the least restrictive setting is considered. The Wraparound team looks at relative placement as the first option. When an appropriate relative is not available, traditional foster care and then therapeutic foster care are typically the next steps. If the child's behaviors are so severe that placement with a relative or in foster care is determined to pose a risk for the child and/or family, then group home or residential placement may be an appropriate placement.
6. Whenever a child is placed in an out of home placement, the Wraparound team works toward reunification with the child and family. When reunification is not possible and the child must remain in out of home placement, the child will remain in the least restrictive level of care that meets the child's needs.

The FCF Council shall ensure:

- That families are assigned to wraparound in a timely manner.
- That wraparound meetings occur regularly, based on family choice.
- Flexible funding is available upon request, with evidence of a distinct written need on the initial or review Wraparound Plan; and that a Pooled Funds Application is also submitted when requesting flexible funds. Pooled funds are made available for FCF use by local contributions from the Mental Health and Recovery Board, Job and Family Services, Juvenile Court, BDD, Board of County Commissioners, Clermont County Recovery Center and the General Health District.

- Monitoring of the progress of children/families involved with Wraparound. The Clinical Coordinator will present a monthly report to Council detailing Wraparound data. The FCF Program Manager will visit each child in a residential or group home placement. The visit shall include a review of the child's record prior to the visit, a record review at the provider site, and an interview with the child. The Program Manager will report to the placing agency the appropriateness of placement, progress in placement, and plans for discharge for the children in residential and group home placements.

Wraparound information obtained through the National Wraparound Initiative webpage, at <http://www.nwi.pdx.edu/>

TARGET POPULATION #3 – ALLEGED OR ADJUDICATED UNRULY YOUTH AGES 8-18, OR 8 THROUGH 21 IF REQUIRED BY STATUTE OR ADMINISTRATIVE CODE

Target Population

Clermont County residents, who are alleged to be unruly as defined in Section 2151.022 of the Ohio Revised Code, which states as follows:

As used in this chapter, “unruly child” includes any of the following:

1. Any child who does not submit to the reasonable control of the child’s parents, teachers, guardian, or custodian, by reason of being wayward or habitually disobedient;
2. Any child who is a habitual truant from school and who previously has not been adjudicated an unruly child for being a habitual truant;
3. Any child who behaves in a manner as to injure or endanger the child’s own health or morals or the health or morals of others;
4. Any child who violates a law, other than division (A) of Section 2923.211 or Section 2151.87 of the Revised Code, that is applicable only to a child.

Plan description

The Clermont County Juvenile Court will be the designated service provider for this population. The youth will be diverted from the system through several procedures.

Access to system

A. Unruly children

Procedures are as follows:

1. Parent must contact the Intake Officer at the Juvenile Court.
2. The Intake Officer will screen the complaint to assure that the behavior meets the criteria as outlined in the Revised Code. If it does, an initial appointment will be scheduled.
3. The initial appointment is held with the family to explain the legal process, what the Diversion Program does, and what steps parents may take to initiate a complaint if unruly behavior continues at home or school.
4. If unruly behavior continues following the initial appointment frequency of contact may increase, or depending on the child’s behavior, an unruly complaint may be taken. Parents must call the Diversion Officer they met with for the initial appointment to discuss filing a complaint. There is a fee for filing a Status Diversion complaint. The exception would be if a child leaves home without permission and is missing for an extended period of time. In that case, a warrant to arrest would be issued with the filing of a complaint, to return the child home. When the child is returned home the youth and family would then be referred to the Diversion Program.
5. Once a complaint is filed and referred to Diversion, the family meets with a Diversion Officer to formulate rules and a Diversion Agreement. The rules will basically be the same type of rules the family has intact in the home.
6. The Diversion case is still considered unofficial at this time, unless the case was referred as a result of a hearing.
7. The Diversion Officer may refer the child or family for counseling or to other community agencies. This is part of the Diversion Agreement and follow through is expected.

8. The Diversion Officer determines the frequency of the family's contact with the Diversion Officer.
9. The Diversion Officer's role may be one of counselor, disciplinarian, monitor, or friend, depending on each case.
10. The length of involvement with the Diversion Program varies and is at the discretion of the Diversion Officer. The basic guideline is 18 weeks for a Status Diversion case.
11. If there is not adequate improvement in the ascribed length of time, the original complaint can be referred to court for a formal hearing before the Judge, or Diversion involvement may continue, holding any official action in abeyance provided the child's behavior improves.
12. If problems continue, then the complaint is set for a court hearing and official action, which may result in any of the dispositions as established in Revised Code 2151.354 as follows:
 - a. If the **child is adjudicated an unruly child**, the court may:
 - i. Make any of the dispositions authorized under section 2151.354 of the Revised Code, which states to follow the dispositions authorized in section 2151.353:
 - Place the child on community control under any sanctions, services, and conditions that the court prescribes, as described in division (A)(3) of section 2152.19 of the Revised Code;
 - Suspend or revoke the driver's license, probationary driver's license, or temporary instruction registration of all motor vehicles registered in the name of the child. A child whose license or permit is so suspended or revoked is ineligible for issuance of a license or permit during the period of suspension or revocation. At the end of the period of suspension or revocation, the child shall not be reissued a license or permit until the child has paid any applicable reinstatement fee and complied with all requirements governing license reinstatement;
 - Commit the child to the temporary or permanent custody of the court.
 - ii. If, after making one of the above listed dispositions, the court finds upon further hearing that the child is not amenable to treatment or rehabilitation under that disposition, the court may make a disposition otherwise authorized under division (A)(1), (3), (4), and (7) of section 2152.19 of the Revised Code, except that the child may not be committed to or placed in a secure correctional facility, and commitment to or placement in a detention facility may not exceed twenty-four hours unless authorized by division (B)(3) of section 2151.312 or sections 2151.56 to 2151.61 of the Revised Code.
 - b. If a **child is adjudicated an unruly child for committing any act that, if committed by an adult, would be a drug abuse offense**, as defined in section 2925.01 of the Revised Code, or a violation of division (B) of section 2917.11 of the Revised Code, then, in addition to imposing, at its discretion, any other order of disposition authorized by this section, the court shall do both of the following:
 - i. Require the child to participate in a drug abuse or alcohol abuse counseling program;

- ii. Suspend or revoke the temporary instruction permit, probationary driver's license, or driver's license issued to the child for a period of time prescribed by the court or, at the discretion of the court, until the child attends and satisfactorily completes a drug abuse or alcohol abuse education, intervention, or treatment program specified by the court. During the time the child is attending the program, the court shall retain any temporary driver's license issued to the child and shall return the permit or license when the child satisfactorily completes the program.
- c. If a **child is adjudicated an unruly child for being a habitual truant**, in addition to or in lieu of imposing any other order of disposition authorized by this section, the court may do any of the following:
 - i. Place the child on community control under any sanctions, services, and conditions that the court prescribes;
 - ii. Suspend the temporary instruction permit, probationary driver's license, or driver's license issued to the child for a period of time prescribed by the court and/or revoke the registration to all motor vehicles registered in the child's name;
 - iii. Order the board of education of the child's school district or the governing board of the educational service center in the child's school district to require the child to attend an alternative school if an alternative school has been established pursuant to section 3313.533 of the Revised Code in the school district in which the child is entitled to attend school;
 - iv. Require the child to participate in any academic program or community service program;
 - v. Require the child to participate in a drug abuse or alcohol abuse counseling program;
 - vi. Require that the child receive appropriate medical or psychological treatment or counseling;
 - vii. Make any other order that the court finds proper to address the child's habitual truancy, including an order requiring the child to not be absent without legitimate excuse from the public school the child is supposed to attend for five or more consecutive days, seven or more school days in one school month, or twelve or more school days in a school year and including an order requiring the child to participate in a truancy prevention mediation program.
- d. If a **child is adjudicated an unruly child for being a habitual truant and the court determines that the parent, guardian, or other person having care of the child has failed to cause the child's attendance at school** in violation of section 3321.38 of the Revised Code, in addition to any order of disposition authorized by this section, all of the following apply:
 - i. The court may require the parent, guardian, or other person having care of the child to participate in any community service program, preferably a community service program that requires the involvement of the parent, guardian, or other person having care of the child in the school attended by the child.

- ii. The court may require the parent, guardian, or other person having care of the child to participate in a truancy prevention mediation program.
- iii. The court shall warn the parent, guardian, or other person having care of the child that any subsequent adjudication of the child as an unruly or delinquent child for being a habitual or chronic truant may result in a criminal charge against the parent, guardian, or other person having care of the child for a violation division (C) of section 2919.21 or section 2919.24 of the Revised Code.

B. Truant children are defined as follows:

Habitual Truant means any child of compulsory school age who is absent without legitimate excuse from school for five (5) or more consecutive days, or seven (7) days in one month, or twelve (12) days in the school year.

Chronic Truant means any child of compulsory school age who is absent without legitimate excuse from school for seven (7) consecutive days, or ten (10) or more days in a month, or fifteen (15) days in a school year.

These youth will be diverted through the following process:

1. Prior to the child reaching the 12th unexcused absence within the school year, the school will send the parent a warning letter notifying the parent that the child is truant from school.
2. If further absences are recorded, a Court Intervention shall be scheduled and notification sent to the parent.
3. If the child and parent appear for the intervention/remediation and an agreement is reached for the child to attend school, the school will monitor the child's attendance and the parent's compliance.
4. If full compliance is attained, the case is closed.
5. The following situations could result in a case being referred to Court. Court Personnel have the discretion whether or not a case should be processed for a formal Court hearing:
 - The child and parent have failed to appear for the intervention/remediation on numerous occasions.
 - When an agreement cannot be reached at the intervention/remediation.
 - When the child and/or parent do not comply with the agreement reached at the intervention/remediation.
 - When the child and/or parent partially comply with the agreement reached at the intervention/remediation.
6. A decision is then rendered at the Court hearing.
7. If the child and parent are compliant with the Court's orders the case is closed.
8. If the child and/or parent are not compliant with the Court's orders further sanctions may be imposed.

The primary goal of the Court regarding Truancy and Failure to Send complaints is to assist in facilitating improved school attendance in the least restrictive environment for the student. The

hope is that the cases will be resolved prior to official Court involvement. This happens when the student and parents come into compliance with the laws regarding school attendance.

FCSS SERVICES

- The FCF Council shall work collaboratively with the agencies involved with FCSS funds. A collaborative plan shall be developed for the use of the funds.
- FCSS funds shall be targeted to multi-need children and youth with behavioral health disorders across all child-serving systems actively involved in Wraparound. The funds shall be used to provide supports to maintain the child in the community or to return a child to the community following an out of home placement.
- The Wraparound Facilitator will make a referral to determine eligibility to access FCSS supports as requested by the Wraparound Team.
- Referrals shall be given to the FCF Program Director.
- The Program Director shall make a determination of eligibility based upon the criteria provided by the State of Ohio and the level of funds available.
- The Program Director shall be responsible for the tracking of the required information by the State of Ohio.
- FCSS supports are to be approved annually by Council.

SERVICE COORDINATION MECHANISM QUALITY ASSURANCE

- The Council shall review the Service Coordination Mechanism annually when services, needs, gaps, and trends are discussed and to determine the use of Ohio Children's Trust Fund monies.
- Any member of Council may request that the Service Coordination Mechanism be reviewed prior to the scheduled time.
- The Clinical Coordinator works with the Wraparound Facilitators and the Program Director to maintain a database of Wraparound information. Information can be accessed regarding referral source, placement upon referral, diagnosis, outcome, age of children involved, and agencies involved, among other information.
- The Program Director, MHRB Executive Director, JFS Director, CPS Deputy Director, Juvenile Court Administrator, Juvenile Court Assistant Court Administrator, and others as necessary, meet monthly to discuss service gaps, cost-reduction, and how the county can address those concerns.
- A group of placing agency staff, FCF staff and other involved agencies staff participate in the monthly Clinical Review Committee meeting to discuss issues regarding children in placement, trends, and potential providers to fill service gaps.
- The FCF Program Manager audits client records at the provider agencies to ensure the appropriate services are being received.
- The Council agrees that FCF, upon request, will provide service coordination data to the state for the purpose of evaluation.

DISPUTE RESOLUTION PLAN

- FCF maintains a Dispute Resolution Policy (Addendum H). This policy clearly outlines the steps and procedures involved with the Dispute Process. FCF will provide the Juvenile Court Judge hearing the dispute information regarding the history of the dispute and any other relevant information regarding the child/family's treatment.
- Prior to the Initial Wraparound meeting, the Dispute Resolution Policy is discussed with the parent/guardian. The parent/guardian signs a form stating that they have received a copy of the Dispute Resolution Process (Addendum I). A copy of the signed Dispute Resolution Process is maintained in the child/family's FCF file.
- Upon admission, each child/family enrolled in the Help Me Grow program receives information regarding Parents' Right and the HMG Dispute Resolution Grievance Process (Addendum J). The family is then notified annually of the Process.

Service Coordination Mechanism
Addendums:

- A. Wraparound Referral form
- B. Release of Information
- C. CANS
- D. Child Behavioral Checklist
- E. Level of Care tool
- F. Initial Wraparound Plan
- G. Crisis Planning Worksheet
- H. HMG Intake form
- I. FCF Dispute Resolution Process
- J. FCF Dispute Resolution Acknowledgement
- K. HMG Dispute Resolution Process

Addendum A



**Clermont County
Community Wraparound
Referral Packet**



Date: _____

Identified Youth's Name	Date of Birth	Adopted Y or N	School	Grade	Ethnicity/Race	Gender
Education Placement (Check One)	<input type="checkbox"/> Regular School <input type="checkbox"/> Home Instruction <input type="checkbox"/> PH <input type="checkbox"/> Alternative School <input type="checkbox"/> Home Schooled <input type="checkbox"/> Drop Out <input type="checkbox"/> Hearing Impaired					

Parties Involved: BCMH Bd of Dev Disabilities Children's Services Help Me Grow
 JC- Diversion JC-Probation Mental Health School Substance Abuse Other
 Is the youth on an IEP? Yes No Preferred Language: _____

What do you hope to accomplish by making a referral to Wraparound?
 Rank all that apply in order of importance, **1** being the highest.

- Coordination of services Develop/access supports for family Improved family functioning Help in managing behaviors
 Skill-building Help with school issues Appropriate treatment for youth Linkage to resources Assessed for placement
 Safety/crisis planning Other _____

Guardian Name:	Guardian Name:
Relation: Marital Status: Date of Birth:	Relation: Marital Status: Date of Birth:
Address:	Address:
City: State:	City: State:
Zip: Home Phone:()	Zip: Home Phone:()
Employer:	Employer:
Work Phone:() Cell:()	Work Phone:() Cell:()
Email:	Email:

Is child out of the home currently (hospital, detention, treatment facility)? Yes No If yes, complete the following:

Placement:	Contact:
Address:	Phone: ()
City: State: Zip:	Email:

Other household members:	DOB	Relationship	Adopted Y or N	School	Grade
Referral by:	Agency:	Phone:	Email:		

Current Personal or Community Supports and Service Providers (Juvenile Court, Dev. Disabilities, Schools, Mental Health, Children Services, Churches, Family, Friends, Scouts, etc.)				
NAME	AGENCY/ORGANIZATION (if applicable)	ROLE- RELATIONSHIP	PHONE (ext)	EMAIL ADDRESS

Mental Health Diagnosis: Axis I _____

Axis II _____ Axis III _____

Axis IV _____ Axis V _____

Current Medications: _____

Prescribed by: Dr. _____

Primary Physicians Name: _____

Check if History of Abuse: Physical Sexual Neglect

Victimization: Reports of sexual and/or abuse of the youth, **past or present.** (Professional must follow duty to report mandate if this event has not already been reported)

Which if any of the following systems has your child been involved with in the past 12 months?

Could you briefly explain their involvement?

- JFS/ Children Services _____
- Mental Health Treatment _____
- Substance Abuse Treatment _____
- Developmental Disabilities _____
- Health Care _____
- Special and/or Alt. Education _____
- Juvenile Ct/ Law Enforcement _____

Check if the court has found the youth: Unruly Delinquent (criminal offense if an adult)

Presenting Risks that occurred in the PAST 30 DAYS.

Behavior:

- Suicidal Ideation: Youth **states, talks, or thinks about hurting or killing self.**
- Suicidal Gestures: Youth engages in **non-life threatening behavior**, concurrent with **thoughts and/or talk about suicide.**
- Suicide Attempt: Serious **life threatening attempt with clear intent and desire to commit suicide.** (attempted hanging; potentially lethal overdose; involvement of a gun)
- Self-Injurious Behaviors: Self-harming behaviors that are not life threatening and may be of a chronic nature such as: **cutting, head banging, ingestion or insertion of objects.**
- Violent Behaviors: Behaviors that cause **serious harm, injury, or damage to people, property or animals.** Example: **domestic violence, animal torture, extensive property damage with intent to harm.**
- Aggressive Behaviors (Towards people or animals etc): Youth demonstrates behaviors that are potentially **dangerous or harmful to people or animals, without serious damage.** Examples: Bullying, pushing.
- Verbal or Written Threats to Others: Youth states or writes threats of harm toward people, places, or things.
- Availability of Weapons: Youth has access to obtaining weapons through self, family, friends, or neighbors.
- Impulsive Behaviors: Youth exhibits behaviors without thought or planning that are potentially **dangerous or harmful to self or others.**
- Limited Ability to Control Anger: Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.
- Runaway: History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.
- Negative peer involvement or gang activity: Peer or gang involvement that results in negative behaviors by the youth.
- Chargeable Sex Offense: Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.
- Prejudicial thinking: Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views **pose a potential risk to others or property.**
- Known/Suspected Criminal Activity: Youth is suspected of, or admitted to, being **involved in activities that are chargeable offenses;** has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges.
- High Risk Sexual Behavior: Youth has a recent or current history of sexually active behaviors **without regard for personal safety** or negative outcomes.
- Youth uses drugs or alcohol: Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.
- Anorexia or Bulimia: Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.
- Anxiety: Youth has **intense anxiety**, avoidance, obsessions, compulsions, fearfulness or persistent and excessive worry.
- Fire Setting Behaviors: Fascination with fire, play with matches or objects that have the potential to **set fire and harm self or others.** Previous reports of fire setting or a pattern of concerns related to fire.

Family/Caregiver/Environmental

- Caregiver with chronic/acute mental illness, developmental delay, or mental retardation: Caregiver has significant mental illness, developmental disability, or mental retardation where the **disability compromises or limits his or her ability to care for the needs of youth and family**. Caregiver's disability may limit their ability to monitor and supervise the youth.
- Caregiver with Drug or Alcohol Problem: Caregiver has a substance abuse problem which **compromises or limits his or her ability to care for the needs of youth and family**. Such use may limit their ability to monitor and supervise the youth.
- Caregiver with severe chronic illness: Caregiver has significant chronic illness that is debilitating and **limits his or her ability to care for the needs of youth and family**. Caregiver's illness may limit their ability to monitor and supervise the youth.
- Resides in high crime neighborhood: Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal **daily activity and functioning is limited because of these safety concerns**.
- Unrestricted internet access: Evidence of access and/or exposure to internet sites **that pose a risk or danger to the youth**; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.
- Lack of caregiver supervision or behaviors that overwhelm caregiver resources: Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes or such severe behavior **caregiver cannot adequately address safety of youth**.
- Current Placement Suspected Child Abuse: Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.
- Acute Family Crisis: Family is experiencing a crisis, family defined, that **restricts or limits**

their resources or abilities to care for or supervise youth's safety or behaviors.

- Family Conflict: Verbal or physical family disagreements that pose a real or potential risk or **safety concern to the youth and/or family**.
- Poverty, Youth's Lack of Stable Residence/Homelessness: Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns or caregiver lacks resources to meet basic needs of youth.

Emotional Disturbances

- Limited Developmental Capacity to Maintain Personal Safety: Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.
- Severe social impairment: Youth has significant social interaction problems or misperceives social situations and **youth's behavior causes safety issues for self or others**, and/or youth has strong reaction to their environment or sensory input that **interferes with normal functioning**.
- Mood difficulties: Youth or parents state that the youth appears to be **depressed**, withdrawn, and/or shows marked diminished interest or pleasure in activities and/or period of **abnormally and persistently elevated or irritable mood**.
- Hears voices or sees things: Youth states hearing voices or seeing things that are not based in reality.

School

- Suspended, Expelled, or Dropped Out of School: Youth has **multiple suspensions from school that places him or her at risk of expulsion**, is expelled from school, or has dropped out of school.
- Held Back/Behind in Grade: Youth has been retained one or more years in school.
- Truancy: Admitted or reported failure to attend school on a regular basis, which may result in legal action.

- Emotional or Educational Disabilities: Youth has been assessed to have a **serious emotional, developmental, and/or learning disability**, which may cause functional impairment or limit daily activities, or educational progress.

*Adapted from Stark County Family Council
Community Wraparound

Child's Strengths: _____

Barriers to Treatment: _____

What is the goal of this referral? What would you like to accomplish?

For FCF office use only

Accepted Declined

Assigned to: _____



RELEASE OF INFORMATION

I, _____, hereby authorize the agencies and entities, which comprise the Clermont County Family and Children First Cluster and/or wraparound team and are initialed below, to exchange information (from whatever source derived) related to both my own participation and that of my minor child(ren) in the services they provide.

I understand that the identified agencies may be contacted (please initial).

Table with 4 columns: Agency Name, Agency Address, Agency Phone, Agency Email. Rows include Clermont Recovery Center, Child Focus, Inc., Clermont County Mental Health & Recovery Board, Clermont County Developmental Disabilities, and Other.

**A SEPARATE RELEASE OF INFORMATION MUST BE SIGNED BY THE PARENT/GUARDIAN WHEN COMMUNICATION/INFORMATION IS DESIRED FROM OR WITH CLERMONT RECOVERY CENTER.

The purpose of the sharing of this information is to coordinate, plan and evaluate the services provided as part of the Individual Family Team Process of Clermont County Wraparound.

I understand the following:

- 1. The purpose of this information sharing is to facilitate the referral for and coordination of treatment services and to evaluate the effectiveness of these services for my child(ren) and family.
2. The above listed and initialed agencies and entities have agreed:
a. To share this information only with others in accordance with this authorization.
b. Not to share this information with non-affiliated agencies and entities without my written authorization unless otherwise required or authorized by law.
3. Any and all rights to confidentiality that I may have under state or federal law will continue, except for information covered by this form.
4. Any information related to the status HIV or AIDS confirmation will not be released without a written authorization to share the information specifying to whom and for what intended purpose.
5. I may revoke this Authorization at any time except related to information that has been previously exchanged.
6. This Release of Information shall not restrict the sharing of information otherwise authorized by law.
7. All reports and publications of findings related to the evaluation of services received will not reveal my name or that of my family members, and all information and results will be presented in group format.

Name of Parent/Guardian _____ Name of Parent / Guardian _____

Name of the Child _____ Date of Birth _____

Name of the Child _____ Date of Birth _____

Name of the Child _____ Date of Birth _____

Check one:

This Release of Information covers the length of my involvement and the involvement of my child(ren) with Family and Children First, without expiration.

I request that this Release of Information be reviewed and re-signed on _____ (date) or in _____ months from the original date.

Subject to applicable state and federal law, I authorize the sharing of the following information regarding my child(ren) and me:

1. Records of services provided by any of the above-mentioned agencies or entities.
2. Psychological and medical testing, including but not limited to any IQ tests or other tests of cognitive or emotional functioning or mental status, and any reports of physical tests such as X-rays, CT scans, diagnostic blood testing, or other test results.
3. Medical records including, but not limited to, results of physical and mental examinations, diagnoses of physical and mental disorders, medication history, physical and mental health status and history, summary of treatment or services received, summary of treatment plans and treatment needs, social history and financial information.
4. Drug and alcohol abuse diagnoses and treatment including, but not limited to, results of evaluations, diagnoses, treatment and services received, treatment plans and treatment needs. (This information will be disclosed ONLY IF INITIALED here to permit such release _____). *
5. Any information regarding HIV and AIDS diagnoses and treatment. (This information will be disclosed ONLY IF INITIALED here to permit such release _____). **

*Information disclosed pursuant to this authorization has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit further disclosure of alcohol or drug related diagnosis or treatment information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

**Information disclosed pursuant to 45 CFR 103 privacy rule. No information will be released regarding HIV/AIDS diagnosis and/or treatment without specific written consent to the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

AGREEMENT:

This Release of Information has been explained to me. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

Signature of Child	Effective Date
Signature of Parent/Guardian	Effective Date
Witness	Effective Date

REFUSAL:

Initial and sign below:

_____ I refuse to allow my case information to be exchanged. I understand that my signing or refusing to sign this authorization will not affect public benefits or services to which I am otherwise entitled.

Signature of Child	Effective Date
Signature of Parent/ Guardian	Effective Date
Witness	Effective Date

10/17/06

Addendum C

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

COMPREHENSIVE MULTISYSTEM ASSESSMENT

Manual

CLERMONT COUNTY VERSION

**Buddin Praed Foundation
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CHILD AND ADOLESCENT NEEDS AND STRENGTHS

A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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gbehimer.fcf@ccmhrb.org

Buddin Praed Foundation
558 Willow Road
Winnetka, Illinois 60093
buddinpraed@yahoo.com
www.buddinpraed.org

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Please check appropriate use: Initial Reassessment Date of this Assessment: _____
 Transition/Discharge

Child's Name: _____ DOB _____ Gender _____ Race/Ethnicity _____

Current Living Situation: _____

Facility Name, if appropriate: _____ Facility Phone #: _____

Facility Address: _____ City _____ State _____ Zip _____

Admission Date: _____ CANS Comprehensive Completion Date: _____

Assessor (Print Name): _____ Agency: _____

Signature of Assessor: _____ Phone: _____

KEY: 0=no evidence or no reason to believe that the rated item requires any action.
 1 =a need for watchful waiting, monitoring or possibly preventive action.
 2 =a need for action. Some strategy is needed to address the problem/need.
 3 =a need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

CHILD STRENGTHS

0=centerpiece
 1=useful
 2=identified
 3=not yet identified

	0	1	2	3		0	1	2	3
Family-nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Natural Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parental Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career/Technical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING

0=no evidence of problems
 1=history, mild
 2=moderate
 3=severe

	0	1	2	3
Family-nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING

0=no evidence of problems
 1=history, mild
 2=moderate
 3=severe

	0	1	2	3
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Child's Name: _____ Date of Birth: _____

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0=no evidence
 1=history or sub-threshold, watch/prevent
 2=causing problems, consistent with diagnosable disorder
 3=causing severe/dangerous problems

	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse/Hyperactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adj. to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS

0=no evidence
 1=history, watch/prevent
 2=recent, act
 3=acute, act immediately

	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive Beh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS

Caregiver Name: _____ Caregiver Relationship to child: _____

0=strength
 1=some need
 2=moderate need, act
 3=severe need, act immediately/intensively

0=no evidence
 1=some need, watch/prevent
 2=moderate need, act
 3=severe need, act immediately/intensively

	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0	1	2	3
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS
Coding Definitions

For **Child's Strengths** the following categories and action levels are used:

- 0 indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan.
- 1 indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2 indicates a domain where strengths have been identified but they require significant strength building efforts before they can be effectively utilized as a focus of a strength-based plan.
- 3 indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

For **Life Functioning Domains**, the following categories and symbols are used:

- 0 indicates a life domain in which the child is excelling. This is an area of considerable strength.
- 1 indicates a life domain in which the child is doing OK. This is an area of potential strength.
- 2 indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3 indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

For **Behavioral/Emotional Needs, Risk Behaviors and Caregiver Needs and Strengths** the following categories and action levels are used:

- 0 indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1 indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2 indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3 indicates a dimension that requires immediate or intensive action.

CHILD STRENGTHS

Check	FAMILY--Nuclear <i>Please rate the highest level from the past 30 days. This item refers to parents and siblings</i>
0	Nuclear family has strong relationships and excellent communication.
1	Nuclear family has some good relationships and good communication.
2	Nuclear family needs some assistance in developing relationships and/or communications.
3	Nuclear family needs significant assistance in developing relationships and communications or child has no identified family.

Check	FAMILY--Extended <i>Please rate the highest level from the past 30 days This item refers to family members besides parents and siblings</i>
0	Extended family has strong relationships and excellent communication.
1	Extended family has some good relationships and good communication.
2	Extended family needs some assistance in developing relationships and/or communications.
3	Extended family needs significant assistance in developing relationships and communications or child has no identified family.

Check	INTERPERSONAL <i>Please rate the highest level from the past 30 days</i>
0	Child has well-developed interpersonal skills and friends.
1	Child has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child needs significant help in developing interpersonal skills and healthy friendships.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	OPTIMISM <i>Please rate the highest level from the past 30 days</i>
0	Child has a strong and stable optimistic outlook on his/her life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing <i>any</i> positives about him/herself or his/her life.

Check	EDUCATIONAL <i>Please rate the highest level from the past 30 days</i>
0	School works closely with child and family to identify and successfully address child's educational needs OR child excels in school.
1	School works with child and family to identify and address child's educational needs OR child likes school.
2	School currently unable to adequately address child's needs.
3	School unable and/or unwilling to work to identify and address child's needs.

Check	CAREER/TECHNICAL <i>Please rate the highest level from the past 30 days</i>
0	Child has career/technical skills and work experience.
1	Child has some career/technical skills or work experience.
2	Child has some pre-career/technical skills.
3	Child needs significant assistance developing career/technical skills.

Check	TALENTS/INTEREST <i>Please rate the highest level from the past 30 days</i>
0	Child has a talent that provides him/her with pleasure and/or self esteem.
1	Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child has no identified talents, interests or hobbies.

Check	SPIRITUAL/RELIGIOUS <i>Please rate the highest level from the past 30 days</i>
0	Child receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has no identified religious or spiritual beliefs nor interest in these pursuits.

Check	COMMUNITY LIFE <i>Please rate the highest level from the past 30 days</i>
0	Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Child is somewhat involved with his/her community.
2	Child has an identified community but has only limited ties to that community.
3	Child has no identified community to which he/she is a member.

Check	NATURAL SUPPORTS <i>Refers to unpaid helpers in the child's natural environment.. All family members and paid caregivers are excluded.</i>
0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports who provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers).

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	PARENTAL PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.

Check	RESILIENCY <i>This item describes the child's ability to recognize his/her strengths and use them to support his/her personal growth and development.</i>
0	Child is able to identify and utilize his/her strengths.
1	Child recognizes his/her strengths but may not be able to effectively utilize them.
2	Child has some limited ability to identify his/her strengths.
3	Child is currently fails to recognize his/her strengths,

LIFE DOMAIN FUNCTIONING

Check	FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days</i>
0	Child is doing well in relationships with nuclear family members (parents and siblings).
1	Child is doing adequately in relationships with nuclear family members although some problems may exist. For example, some nuclear family members may have some problems in their relationships with child.
2	Child is having moderate problems with nuclear family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with nuclear family members. This would include problems of domestic violence, constant arguing, etc.

Check	FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days</i>
0	Child is doing well in relationships with extended family members.
1	Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.

Check	LIVING SITUATION <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior in living situation.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

Check	SOCIAL FUNCTIONING <i>Please rate the highest level from the past 30 days</i>
0	Child is functioning well socially.
1	Child is having some minor problems with his/her social functioning
2	Child is having some moderate problems with his/her social functioning.
3	Child is experiencing severe disruptions in his/her social functioning.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	LEISURE TIME <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any problems with recreational functioning. Child has access to sufficient activities that he/she enjoys.
1	Child is doing adequately with recreational activities although some problems may exist.
2	Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no developmental problems.
1	Child has some problems with immaturity or there are concerns about possible developmental delay. Child may have low IQ (IQ between 70 and 85)
2	Child has developmental delays or mild mental retardation. Child may have an IQ between 50 and 69.
3	Child has severe and pervasive developmental delays or profound mental retardation. Child may have an IQ below 50.

Check	LEGAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

Check	ACCULTURATION <i>This item includes both spoken and sign language.</i>
0	Child and family are acculturated.
1	Child and/or family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges.
2	Child and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems.
3	Child and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family.

Check	MEDICAL <i>Please rate the highest level from the past 30 days</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

Check	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that do not result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

Check	SLEEP <i>Please rate the highest level from the past 30 days</i>
0	Child gets a full night of sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night of sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep
3	Child is generally sleep deprived. Sleeping is difficult for the child and he/she is not able to get a full night of sleep.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	SEXUALITY <i>Please rate the highest level from the past 30 days</i>
0	Child has healthy sexual development.
1	Child has some issues with sexual development but these do not interfere with his/her functioning in other life domains.
2	Child has problems with sexual development that interfere with his/her functioning in other life domains.
3	Child has severe problems with sexual development.

Check	SCHOOL ATTENDANCE <i>Please rate the highest level from the past 30 days</i>
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school. May miss up to two days in the past month OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least one day each week on average.
3	Child is generally truant or refusing to go to school.

Check	SCHOOL BEHAVIOR <i>Please rate the highest level from the past 30 days</i>
0	Child is behaving well in school.
1	Child is behaving adequately in school although some behavior problems exist.
2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

Check	SCHOOL ACHIEVEMENT <i>Please rate the highest level from the past 30 days</i>
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.

Check	JOB FUNCTIONING <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any problems in work environment.
1	Youth has some mild problems work (e.g. tardiness, conflict).
2	Youth has problems at work.
3	Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost job. Youth may have interest in getting a job but difficulties finding one.
NA	Not applicable. Youth is not currently or recently employed

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Check	PSYCHOSIS <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	IMPULSIVITY/HYPERACTIVITY <i>Please rate based on the past 30 days</i>
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

Check	DEPRESSION <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

Check	ANXIETY <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Check	OPPOSITIONAL <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

Check	CONDUCT <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problem as described above that places the child or community at significant risk of physical harm due to these behaviors.

Check	ADJUSTMENT TO TRAUMA <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with traumatic life event/s.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	ATTACHMENT <i>Please rate the highest level from the past 30 days</i>
0	No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
1	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
3	Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

Check	ANGER CONTROL <i>Please rate based on the past 30 days</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of substance use.
2	Clear evidence of substance abuse that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

CHILD RISK BEHAVIORS

Check	SUICIDE RISK <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History but no recent ideation or gesture.
2	Recent ideation or gesture but not in past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.

Check	SELF-MUTILATION <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of self-mutilation.
2	Engaged in self-mutilation that does not require medical attention.
3	Engaged in self-mutilation that requires medical attention.

Check	OTHER SELF HARM <i>Please rate the highest level from the past 30 days</i>
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	DANGER TO OTHERS <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm.

Check	RUNAWAY <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
2	Recent runaway behavior or ideation but not in past 7 days.
3	Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR child is currently a runaway.

Check	DELINQUENT BEHAVIOR <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of criminal behavior but none in past 30 days or current status offenses.
2	Recent criminal behavior.
3	Severe criminal behavior that places others at risk of significant loss or injury or places child at risk of adult sanctions.

Check	SOCIAL BEHAVIOR <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

Check	SEXUALLY REACTIVE BEHAVIOR <i>Please rate using time frames provided in the anchors</i>
0	Child has not engaged in any sexual behavior that appears to be imitating previous sexual abuse.
1	Child has history of sexual abuse that places him/her at risk of sexually reactive behavior or has a history of sexual behavior that appears to imitate/mirror prior abuse but has not engaged in such behavior for more than one year.
2	Child engages in sexual behavior that imitates/mirrors or is related to previous sexual abuse in the past year.
3	Child engages in sexual behavior that mirrors or is related to previous sexual abuse that places either the child or others in significant danger of harm in the past year.

Check	SEXUAL AGGRESSION <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
2	Child has engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually aggressive behavior in the past 30 days.

Check	BULLYING
0	Child has never engaged in bullying at school or in the community.
1	Child has been involved with groups that have bullied other children either in school or the community; however, child has not had a leadership role in these groups.
2	Child has bullied other children in school or community. Child has either bullied the other children individually or led a group that bullied children.
3	Child has repeatedly utilized threats or actual violence to bully children in school and/or community.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

CAREGIVER STRENGTHS & NEEDS

Check	SUPERVISION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Check	INVOLVEMENT <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is able to act as an effective advocate for child.
1	Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care.

Check	KNOWLEDGE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Check	ORGANIZATION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

Check	SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has significant family and friend social network that actively helps with raising the child (e.g. child rearing).
1	Caregiver has some family or friend social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or friend social network that may be able to help with raising the child (e.g. child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

Check	RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

Check	TRANSPORTION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has access to sufficient transportation to meet family's needs.
1	Caregiver has occasional transportation needs.
2	Caregiver has trouble providing consistent transportation to meet family's needs.
3	Caregiver has no access to transportation.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Check	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Check	MENTAL HEALTH <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Check	SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood who might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

Check	PARENTAL CRIMINAL BEHAVIOR <i>This item rates the criminal behavior of both biological and stepparents.</i>
0	There is no evidence that child's parents have ever engaged in criminal behavior.
1	One of child's parents has history of criminal behavior but child has not been in contact with this parent for at least one year.
2	One of child's parents has history of criminal behavior resulting in incarceration and child has been in contact with this parent in the past year.
3	Both of child's parents have history of criminal behavior resulting in incarceration



Addendum D

Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only ID #

Form header section containing fields for CHILD'S FULL NAME (First, Middle, Last), CHILD'S GENDER, CHILD'S AGE, CHILD'S ETHNIC GROUP OR RACE, PARENTS' USUAL TYPE OF WORK, TODAY'S DATE, CHILD'S BIRTHDATE, GRADE IN SCHOOL, and relationship information.

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

- a.
b.
c.

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average, Average, More Than Average, Don't Know

- Rating boxes for items a, b, and c.

Compared to others of the same age, how well does he/she do each one?

Below Average, Average, Above Average, Don't Know

- Rating boxes for items a, b, and c.

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.)

None

- a.
b.
c.

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average, Average, More Than Average, Don't Know

- Rating boxes for items a, b, and c.

Compared to others of the same age, how well does he/she do each one?

Below Average, Average, Above Average, Don't Know

- Rating boxes for items a, b, and c.

III. Please list any organizations, clubs, teams, or groups your child belongs to.

None

- a.
b.
c.

Compared to others of the same age, how active is he/she in each?

Less Active, Average, More Active, Don't Know

- Rating boxes for items a, b, and c.

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

- a.
b.
c.

Compared to others of the same age, how well does he/she carry them out?

Below Average, Average, Above Average, Don't Know

- Rating boxes for items a, b, and c.

Be sure you answered all items. Then see other side.



Please print. Be sure to answer all items.

V. 1. About how many close friends does your child have? (Do not include brothers & sisters)
 None 1 2 or 3 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?
(Do not include brothers & sisters) Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Behave with his/her parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Play and work alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1. Performance in academic subjects. Does not attend school because _____

Check a box for each subject that child takes		Failing	Below Average	Average	Above Average
Other academic subjects—for example: computer courses, foreign language, business. Do <i>not</i> include gym, shop, driver's ed., or other nonacademic subjects.	a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child receive special education or remedial services or attend a special class or special school?
 No Yes—kind of services, class, or school:

3. Has your child repeated any grades? No Yes—grades and reasons:

4. Has your child had any academic or other problems in school? No Yes—please describe:

When did these problems start? _____

Have these problems ended? No Yes—when?

Does your child have any illness or disability (either physical or mental)? No Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please circle the **2** if the item is *very true or often true* of your child. Circle the **1** if the item is *somewhat or sometimes true* of your child. If the item is *not true* of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect	
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her	
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her	
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior	
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone	
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights	
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot	
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble	
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____	
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking	
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others	
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating	
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails	
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense	
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____	
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares	
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids	
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels	
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious	
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded	
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty	
0	1	2	22. Disobedient at home	0	1	2	53. Overeating	
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason	
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight	
0	1	2	25. Doesn't get along with other kids	56. Physical problems <i>without known medical cause</i> :				
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains (<i>not</i> stomach or headaches)	
0	1	2	27. Easily jealous	0	1	2	b. Headaches	
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick	
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes (<i>not</i> if corrected by glasses) (describe): _____	
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems	
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches	
				0	1	2	g. Vomiting, throwing up	
				0	1	2	h. Other (describe): _____	

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body
(describe): _____

- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over;
compulsions (describe): _____

- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____

- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or
night (describe): _____

- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need
(describe): _____

- 0 1 2 84. Strange behavior (describe): _____

- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't*
include alcohol or tobacco) (describe): _____

- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 0 1 2 113. Please write in any problems your child has that
were not listed above:
0 1 2 _____
0 1 2 _____
0 1 2 _____



Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID # _____

YOUR FULL NAME
First Middle Last

YOUR GENDER Boy Girl
YOUR AGE _____
YOUR ETHNIC GROUP OR RACE _____

TODAY'S DATE Mo. _____ Date _____ Yr. _____
YOUR BIRTHDATE Mo. _____ Date _____ Yr. _____

GRADE IN SCHOOL _____
IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK: _____
NOT ATTENDING SCHOOL

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK _____
MOTHER'S TYPE OF WORK _____

Please fill out this form to reflect *your* views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. **Be sure to answer all items.**

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, cars, computers, crafts, etc. (Do **not** include listening to radio or watching TV.)

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups you belong to.

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, how active are you in each?

Less Active	Average	More Active
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores you have. For example: paper route, babysitting, making bed, working in store, etc. (Include **both** paid and unpaid jobs and chores.)

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, how well do you carry them out?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.



Please print. Be sure to answer all items.

V. 1. About how many close friends do you have? (Do not include brothers & sisters)

None 1 2 or 3 4 or more

2. About how many times a week do you do things with any friends outside of regular school hours?

(Do not include brothers & sisters) Less than 1 1 or 2 3 or more

VI. Compared to others of your age, how well do you:

	Worse	Average	Better	
a. Get along with your brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I have no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Get along with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do things by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1. Performance in academic subjects.

I do not attend school because _____

Check a box for each subject that you take		Failing	Below Average	Average	Above Average
Other academic subjects—for example: computer courses, foreign language, business. Do <i>not</i> include gym, shop, driver's ed., or other nonacademic subjects.	a. English or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any illness, disability, or handicap? No Yes—please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you *now or within the past 6 months*, please circle the **2** if the item is *very true or often true* of you. Circle the **1** if the item is *somewhat or sometimes true* of you. If the item is *not true* of you, circle the **0**.

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True			
0	1	2	1.	I act too young for my age	0	1	2	33.	I feel that no one loves me
0	1	2	2.	I drink alcohol without my parents' approval (describe): _____	0	1	2	34.	I feel that others are out to get me
0	1	2	3.	I argue a lot	0	1	2	35.	I feel worthless or inferior
0	1	2	4.	I fail to finish things that I start	0	1	2	36.	I accidentally get hurt a lot
0	1	2	5.	There is very little that I enjoy	0	1	2	37.	I get in many fights
0	1	2	6.	I like animals	0	1	2	38.	I get teased a lot
0	1	2	7.	I brag	0	1	2	39.	I hang around with kids who get in trouble
0	1	2	8.	I have trouble concentrating or paying attention	0	1	2	40.	I hear sounds or voices that other people think aren't there (describe): _____
0	1	2	9.	I can't get my mind off certain thoughts; (describe): _____	0	1	2	41.	I act without stopping to think
0	1	2	10.	I have trouble sitting still	0	1	2	42.	I would rather be alone than with others
0	1	2	11.	I'm too dependent on adults	0	1	2	43.	I lie or cheat
0	1	2	12.	I feel lonely	0	1	2	44.	I bite my fingernails
0	1	2	13.	I feel confused or in a fog	0	1	2	45.	I am nervous or tense
0	1	2	14.	I cry a lot	0	1	2	46.	Parts of my body twitch or make nervous movements (describe): _____
0	1	2	15.	I am pretty honest	0	1	2	47.	I have nightmares
0	1	2	16.	I am mean to others	0	1	2	48.	I am not liked by other kids
0	1	2	17.	I daydream a lot	0	1	2	49.	I can do certain things better than most kids
0	1	2	18.	I deliberately try to hurt or kill myself	0	1	2	50.	I am too fearful or anxious
0	1	2	19.	I try to get a lot of attention	0	1	2	51.	I feel dizzy or lightheaded
0	1	2	20.	I destroy my own things	0	1	2	52.	I feel too guilty
0	1	2	21.	I destroy things belonging to others	0	1	2	53.	I eat too much
0	1	2	22.	I disobey my parents	0	1	2	54.	I feel overtired without good reason
0	1	2	23.	I disobey at school	0	1	2	55.	I am overweight
0	1	2	24.	I don't eat as well as I should	0	1	2	56.	Physical problems <i>without known medical cause:</i>
0	1	2	25.	I don't get along with other kids	0	1	2	a.	Aches or pains (<i>not</i> stomach or headaches)
0	1	2	26.	I don't feel guilty after doing something I shouldn't	0	1	2	b.	Headaches
0	1	2	27.	I am jealous of others	0	1	2	c.	Nausea, feel sick
0	1	2	28.	I break rules at home, school, or elsewhere	0	1	2	d.	Problems with eyes (<i>not</i> if corrected by glasses) (describe): _____
0	1	2	29.	I am afraid of certain animals, situations, or places, other than school (describe): _____	0	1	2	e.	Rashes or other skin problems
0	1	2	30.	I am afraid of going to school	0	1	2	f.	Stomachaches
0	1	2	31.	I am afraid I might think or do something bad	0	1	2	g.	Vomiting, throwing up
0	1	2	32.	I feel that I have to be perfect	0	1	2	h.	Other (describe): _____

Please print. Be sure to answer all items.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2	57. I physically attack people	0	1	2	84. I do things other people think are strange (describe): _____
0	1	2	58. I pick my skin or other parts of my body (describe): _____	0	1	2	85. I have thoughts that other people would think are strange (describe): _____
0	1	2	59. I can be pretty friendly	0	1	2	86. I am stubborn
0	1	2	60. I like to try new things	0	1	2	87. My moods or feelings change suddenly
0	1	2	61. My school work is poor	0	1	2	88. I enjoy being with people
0	1	2	62. I am poorly coordinated or clumsy	0	1	2	89. I am suspicious
0	1	2	63. I would rather be with older kids than kids my own age	0	1	2	90. I swear or use dirty language
0	1	2	64. I would rather be with younger kids than kids my own age	0	1	2	91. I think about killing myself
0	1	2	65. I refuse to talk	0	1	2	92. I like to make others laugh
0	1	2	66. I repeat certain acts over and over (describe): _____	0	1	2	93. I talk too much
0	1	2	67. I run away from home	0	1	2	94. I tease others a lot
0	1	2	68. I scream a lot	0	1	2	95. I have a hot temper
0	1	2	69. I am secretive or keep things to myself	0	1	2	96. I think about sex too much
0	1	2	70. I see things that other people think aren't there (describe): _____	0	1	2	97. I threaten to hurt people
0	1	2	71. I am self-conscious or easily embarrassed	0	1	2	98. I like to help others
0	1	2	72. I set fires	0	1	2	99. I smoke, chew, or sniff tobacco
0	1	2	73. I can work well with my hands	0	1	2	100. I have trouble sleeping (describe): _____
0	1	2	74. I show off or clown	0	1	2	101. I cut classes or skip school
0	1	2	75. I am too shy or timid	0	1	2	102. I don't have much energy
0	1	2	76. I sleep less than most kids	0	1	2	103. I am unhappy, sad, or depressed
0	1	2	77. I sleep more than most kids during day and/or night (describe): _____	0	1	2	104. I am louder than other kids
0	1	2	78. I am inattentive or easily distracted	0	1	2	105. I use drugs for nonmedical purposes (<i>don't</i> include alcohol or tobacco) (describe): _____
0	1	2	79. I have a speech problem (describe): _____	0	1	2	106. I like to be fair to others
0	1	2	80. I stand up for my rights	0	1	2	107. I enjoy a good joke
0	1	2	81. I steal at home	0	1	2	108. I like to take life easy
0	1	2	82. I steal from places other than home	0	1	2	109. I try to help other people when I can
0	1	2	83. I store up too many things I don't need (describe): _____	0	1	2	110. I wish I were of the opposite sex
				0	1	2	111. I keep from getting involved with others
				0	1	2	112. I worry a lot

Please be sure you answered all items.

Please write down anything else that describes your feelings, behavior, or interests:

Addendum E

Child's Name _____

Date: _____

Age: _____

Provider Network: _____

Current LOC: _____

Modified Cuyahoga Functioning Scale (for children 5 and older): June 2009 Edition for South West Ohio Levels of Care

This scale is adopted from the Modified Cuyahoga Functioning Scale (by the same author who first pioneered the scale in North Carolina in 1993 as part of a research project funded by the North Carolina Department of Social Services). The current revisions have incorporated suggestions from urban and rural county users in Ohio. The total score from the scale should be used in combination with Family and Environment rating table to determine appropriate level of care; see the grid chart for guidelines.

Points	1. School Adjustment
0	Child seems reasonably well adjusted in school, does not cause problem.
1	Occasional problems in accepting school rules or discipline and/or attendance problems.
2	Disrupted behaviors in school that require intervention; grades unsatisfactory.
3	School attendance is poor; grades are poor and near failing, constant worry for teachers and/or family or caregivers.
2. Peer Relations	
0	Child is relatively comfortable with peer group
1	Child has some difficulty forming close relationship, but has peers to share activities.
2	Child has frequent fights and disruptive behaviors, complaints from others, or child seems to be picked on, or has few friends.
3	Child seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers.
3. Acceptance of Adult Supervision	
0	Child may need some reminders but is usually able to follow adult instructions, or has some difficulty accepting adult instructions, which creates some problems at home and at school.
1	Child has recurring problems of following adult instructions, has difficulty accepting responsibilities.
2	Child is a discipline problem with unacceptable behaviors a constant problem, including AWOL with risky behavior.
3	Child is out of control and openly defiant of adult instructions, in need of immediate intensive interventions.
4. Anger Management	
0	Child does not have any problem with anger tolerance or management.
1	Child may have occasional problems with Behavioral outbursts, which do not affect functioning.
2	Child has occasional or frequent behavioral outbursts with destructive results that affect functioning.
3	Child has chaotic and poor control of anger toward self and others with frequency and intensity that needs attention.
5	Child's anger is totally out of control and needs immediate attention and intervention.
5. Emotional Stability	
0	No problems with moods or temperament.

1	Occasional emotional outbursts and mood swings.
2	Frequent emotional outbursts and mood swings.
3	Uncontrollable emotional outbursts and mood swings.
6. Harm to Others (Non-sexual)	
0	Child does not appear to have aggressive tendencies toward others.
1	Child has been frequently assaultive; no major injuries, minor property damage; problem of violence or aggressiveness toward others prior to 2 years ago.
2	Child has a history of assaultive behavior within the last 2 years; documented injuries to others and property; but no problems within last 6 months; risk of physical assault exists.
3	Child is in serious danger of harming others unless service intervention is provided; has not responded to help from others; frequent and persistent reports of aggressive or assaultive behaviors are a major concern.
5	Child is extremely violent, combative, and out of control; needs intensive intervention.
7. Fire setting	
0	Child has no fire setting tendencies.
1	Child talks about fires, but is not known to have been involved in fire setting; or was around when one fire began but involvement is unclear; or has history of fire setting more than 2 years ago.
2	Within last 2 years, child seems to be around when fires (more than one) begin, although his or her direct involvement is unclear.
3	Within the last 2 years, child has been an active participant in fire setting that has put people or property at risk.
5	Child's fire setting behavior has recently (within last 6 months) put people or property at serious risk and is an immediate concern.
8. Animal Cruelty (Do not include isolated incidents of meanness toward animals, which may be done in anger, unless serious injury to the animal resulted)	
0	Child is not known to have participated in or considered any cruelty toward animals.
1	Child has been suspected of cruelty toward animals in the past, but there have been no incidents in the last 2 years.
2	Child has been known to be cruel toward animals in the past, but there have been no incidents in the last two years.
3	Within the last two years, the child seems to be around when others have been cruel toward animals, and is suspected of having been involved.
5	Within the last 2 years, child has intentionally and maliciously been cruel to animals.
9. Criminal Activity	
0	Child adheres to the laws and has no criminal activity.
1	Child has occasional run-ins with the law, but no pattern of criminal activity, or no activity within last 2 years.
1	Child has been adjudicated unruly within the last 2 years.
1	Child involved in isolated delinquent activity within the last 2 years.
2	Child has had recurring involvement with the legal system, including repeated offenses, crimes against property, or fighting with peers, no use of firearms.
4	Child has had recurring involvement with the legal system with increasing seriousness of offenses and history of incarcerations, may have had crimes against people, or crimes with firearms.
10. Inappropriate Peer Involvement	

0	Child is not known to be involved with any peers who have antisocial tendencies or behaviors.
1	Child is gravitated toward peers that have had antisocial behaviors (destruction of properties, truancy, runaway, theft, etc.) but is not an active member of the group
1	Child hangs around a gang, seems to emulate the lifestyle, is a gang "wannabe," or tolerates the gang for protection of self or family, associates with some gang members, but is not believed to be a gang member.
2	Child is suspected of being a gang member, but doesn't admit to it, or is involved with a gang as a means of protection for self or family.
2	Child is involved with peers that have had negative influence on child, resulting in antisocial behaviors in the community.
4	Child identifies with gang, wears gang colors or has gang tattoos, carries gang literature, is or may be involved in gang activities.
11. Harm to Self	
0	Child has no indication of self-harm.
1	Child has some depressive mood, may have some non-lethal injury, or suicidal ideation, but no history of any suicide attempt, no plans toward suicide.
2	Child has had suicide attempt during the last 3 years, but depression is now under control.
2	Child has a chronic pattern of self-mutilation, but not resulting in serious injury.
3	Child has a chronic pattern of self-mutilation, often resulting in serious injury.
3	Child has had suicide attempt during the last 3 years, and depression <u>not</u> under control; child is depressed but not suicidal.
4	Child has had suicide attempt during the last year, has been hospitalized before for attempts, another attempt possible.
5	Child has had suicide attempt during the last year; has definite plan for harming self; has been hospitalized before for attempts, another attempt possible.
6	Child is currently at risk of suicide; child has definite plan, another attempt likely, child needs intensive intervention.
12. Cognitive Functioning	
0	Child exercises age-appropriate thinking; no thought disorder reported, no delusions or hallucinations.
1	Child has had difficulty in thought process, but can still function in school and at home.
2	Child has diagnosable thought disorder, such as delusions or hallucinations, which affects functioning in school and at home, but seems manageable and mostly under control.
3	Child has serious thought disorder, which affects functioning in school and at home, and is not totally under control.
4	Child has moderate to severe MRDD condition that affects functioning in school and at home, and is not cooperative with service interventions.
5	Child has serious thought disorder, which affects functioning in school and at home, and is not stable, or child is uncooperative about, or non-complaint with, taking psychotropic medications.
13. Alcohol-Drug Use	
0	There is no indication of any drug or alcohol use.
1	Child uses alcohol or drugs occasionally, but use does not interfere with daily activities.
2	Child binges on alcohol or drugs occasionally, but use does not usually interfere with daily activities.
3	Frequent drinking or drug use has resulted in disciplinary or judicial actions in the past; child

5	has been treated and is in recovery. Frequent drinking or drug use has resulted in disciplinary or judicial actions; child has not been treated or not treated successfully.
14. Sexual Behaviors	
0	Child has no inappropriate sexual behaviors.
1	Child behaves in seductive manner, and is inappropriate for age.
1	Child has had a history of being sexually abused
2	Child sexually acts out (e.g., frequent masturbation in public, exposing or frequent touching of genitals, etc.).
3	Child sexually acts out with or against others
2	Child is suspected in prostitution.
5	Child has been involved in prostitution or high risk sexual behaviors.
4	Child is a substantiated or adjudicated sexual perpetrator who has successfully completed treatment and poses low risk
5	Child is a substantiated or adjudicated sexual perpetrator who has not been treated or not treated successfully.
Total:	Comments by rater:

ENVIRONMENT STRENGTHS (Check all that apply)

High	Moderate	Low
<input type="checkbox"/> Family motivated for treatment and services <input type="checkbox"/> Social support (available family, relatives for child caring, church and civic group support) <input type="checkbox"/> Stable housing and safe living environment	<input type="checkbox"/> Family/caretaker* motivated for treatment w/ assistance <input type="checkbox"/> some social support available at home or in the community for emergencies only <input type="checkbox"/> Unstable housing and unsafe environment without immediate intervention	<input type="checkbox"/> Negative experience in seeking help from others <input type="checkbox"/> Absence of any social support in time of need <input type="checkbox"/> Inability to function in the home or community <input type="checkbox"/> Chaotic living situation

Family/caregiver includes surrogate family, relatives, or adopted family.

Overall rating on environment strengths: High Moderate Low

Comments on the family/environment strengths:

(Appendix A)

Criteria for UM Decisions (Southwest Ohio Level of Care)

Level	Admission	Continued Stay	Discharge
I. Basic	--25 to 10 on scale --Low in F/E strengths	-- Review progress every 6 months	Has functioning scale shown improvement or lack of upon discharge? Or at time of tool being re-done? Any transitioning planning?
II. Therapeutic Low	--26 to 17 on scale --Low in F/E strengths	-- Review progress every 3 months	Has functioning scale shown improvement or lack of upon discharge? Or at time of tool being re-done? Any transitioning planning?
III. Therapeutic High	--26 to 21 on scale --Low in F/E strengths	-- Review progress every 3 months	Has functioning scale shown improvement or lack of upon discharge? Or at time of tool being re-done? Any transitioning planning?
IV. Group Home	--27 to 23 on scale --Low to Moderate in F/E strengths --Moderate to High in PD and ID	-- Review progress monthly	Has functioning scale shown improvement or lack of upon discharge? Any transitioning planning?
V. Crisis Stabilization	--29 to 30 or more on scale --Exacerbated and/or acute symptoms	--Review tool as needed/necessary--- (Observable improvement or deterioration of symptoms)	Has functioning scale shown improvement or lack of upon discharge? Any transitioning planning?
V. Residential Treatment (Open and Locked)	--30 or more --Low in F/E strengths	--Review progress reports, assessments, medical changes and incident reports --Review Progress monthly	Has functioning scale shown improvement or lack of upon discharge? Any transitioning planning?

Additional Reviewer Comments:



Addendum F

Initial Wraparound Plan Document



Family Name	Date of First Plan Completion	Date of Next Team Meeting
Review SNCD		
Team Mission Statement:		
Prioritization of Needs		
<p>Life Domain</p> <p>Prioritized Needs Statement</p> <p>Actions Planned and Person Responsible for Each Action</p>		
<p>Life Domain</p> <p>Prioritized Needs Statement</p> <p>Actions Planned and Person Responsible for Each Action</p>		

Life Domain

Prioritized Needs Statement

Actions Planned and Person Responsible for Each Action

Life Domain

Prioritized Needs Statement

Actions Planned and Person Responsible for Each Action

Life Domain

Prioritized Needs Statement

Actions Planned and Person Responsible for Each Action

– Crisis Planning Worksheet –	
Family Name:	Date:
Child's Name:	
Predicted Crisis: (what is likely to happen and when).	
Who will be involved?	
What is the intent of the crisis/behaviors? (Is it to get attention, control or avoidance of an issue?)	
What happens as a result of the crisis? (Natural, Negative & Positive)	
Triggers (environmental, behavioral, physiological?)	
Physical signs of stress occurring:	
<i>When, where and with whom</i> does the crisis <u>MOST</u> likely occur?	<i>When, where and with whom</i> does the crisis <u>LEAST</u> likely occur?
Prevention	
What do we know works?	What else can we try?



- Crisis Planning Worksheet -	
Family Name:	Date:
Child's Name:	
Early Intervention	
What do we know works?	What else can we try?
What do we know DOESN'T work? What may intensify the crisis?	
Management Steps	
1.	
2.	
3.	
4.	
5.	
_____ Parent or Guardian Signature	_____ Date
_____ Client Signature	_____ Date
_____ Wraparound Facilitator Signature	_____ Date



Help me grow of Clermont County

Home
About Us
Services
Other Resources
Calendar/Newsletter
Contact Us/Referral

Contact Us & Referral Form

Clermont Help Me Grow
 Central Intake and Coordinating Site
 P.O. Box 8
 Owensville, Ohio 45160
 513-732-5030
 513-732-5031 (fax)

Ron Halcomb, Project Director
 Clermont Help Me Grow
 P.O. Box 8
 Owensville, Ohio 45160
 513-732-5033
 513-732-5031
rhalcomb@clermonthelpmegrow.com

If you are referring a child please click [here](#).

For more information about Ohio Help Me Grow:
 1-800-755-GROW (4769)
www.ohiohelpmegrow.org

Contact Form:

Thank you for visiting **Help Me Grow of Clermont County**. Please take a moment to fill out the information below so we may better assist you.

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Comments or Questions:

Referral Form:

Help Me Grow of Clermont County has two convenient ways of referring a child:

-  Complete the online form below or,
-  Download, complete and mail or fax the completed form to our office.
(Adobe Acrobat Reader is needed to view the document)

Child's Full Name:

Sex: Male or Female

Child's SS#:

Date of Birth: (Example: 01/01/2002)

Parent/Guardian Name:

Single Parent:

Address:

City:

State:

Zip:

Responsible School District:

Daytime Phone:

Home Phone:

Best Time to Call:

Caller or Referral Source Name:

Caller or Referral Source Affiliation: Parent/Caregiver or Agency:

Agency Address:

Agency City:

Agency State:

Agency Zip:

Agency Phone:

Agency Fax:

Describe the major concerns at this time. Include services requested or needed. Please be as specific as possible:

Is the parent aware of this referral to HMG? Yes No

Does parent agree to referral to another HMG agency? Yes No

Is the parent receiving service from any other agency? Yes No

If so, list Agency:

Previous EI:

Prenatal Due Date:

When did prenatal care begin:

Gestation:

Birth Weight:

Gravida: (# of pregnancies)

Para: (# of live births)

Names and ages of siblings:

1)

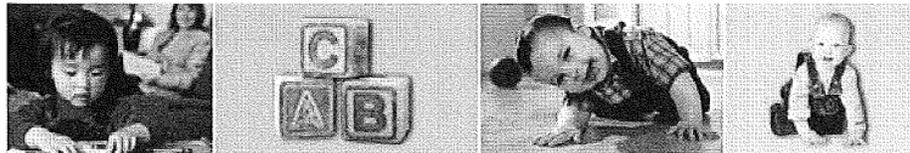
2)

3)

Person completing this form:

Referred to :

Date:



[Home](#) | [About Us](#) | [Services](#) | [Other Resources](#) | [Calendar/Newsletter](#) | [Contact Us](#)

Clermont Help Me Grow
P.O. Box 8
Owensville, Ohio 45160
E-mail Address: info@clermonthelpmegrow.com

Site Development: [Websites Express](#)



Addendum J

POLICY AND PROCEDURE

Policy Name:	Dispute Resolution Process
Policy Number:	1.03.01
Effective Date:	6/11/04
Revised:	8/8/08, 9/11/09, 9/10/10

Karen Scherra
Co-Chairperson

_____ Date

Marty Lambert
Co-Chairperson

_____ Date

Clermont County Family and Children First Council

Cross Reference

N/A

Policy Statement

It is the policy of the Clermont County Family and Children First Council (Council) to resolve any dispute as defined by ORC 121.37 within and regarding the Council, a Family and Children First (FCF) representative or a FCF funded program in a timely manner.

Purpose

To define the process of dispute resolution to be followed by the Council when agreement cannot be reached or concerns arise.

Key Terms

Complainant – the person(s) who is in disagreement with a decision or has a concern regarding the Council, a FCF representative or a FCF funded program and follows the dispute resolution process.

Dispute Resolution Committee (DRC): The DRC reviews all complaints received by FCF and works to develop a plan consistent with the child’s needs and meeting the concerns of each system responsible for providing services and/or funding. DRC members are the FCF Program Manager, one Co-Chair of FCF Council, a parent representative, and two other FCF Council members as voted on by FCF Council. DRC membership continues until a member requests to be removed from the DRC.

Procedure

- I. The complainant will state his/her disagreement or concern either verbally or in writing to the FCF Program Manager.
 - A. Parents and children (when age appropriate) must have access to the dispute resolution process.
 - B. All agencies involved with FCF or the family must have access to the dispute resolution process.
 - C. All Council members and FCF staff must have access to the dispute resolution process.
- II. For routine (non-emergent) situations:

Clermont County Family and Children First Council

- A. The FCF Program Manager will gather all relevant information from the complainant and other involved individuals/agencies. This includes recommendations proposed and alternatives developed or considered by the Cluster/Wraparound Team, the FCF Clinical Coordinator and/or providers.
- B. The FCF Program Manager will schedule a meeting or conference call with the Council's Dispute Resolution Committee (DRC) within ten (10) business days of receipt of the complaint.
- C. The DRC shall make a good faith effort to develop a plan consistent with the child's needs and meeting the concerns of each system responsible for providing services and/or funding.
- D. The DRC shall attempt to develop a consensus, but shall proceed by majority vote as may be necessary to formulate a recommended resolution.
- E. The FCF Program Manager will communicate the recommended resolution of the DRC to the complainant in writing within five (5) business days of the decision, which shall be no later than 30 calendar days from the receipt of the complaint.

III. For emergent situations:

- A. The FCF Program Manager will gather all relevant information from the complainant and other involved individuals/agencies. This includes recommendations proposed and alternatives developed or considered by the Cluster team, the FCF Clinical Coordinator and/or providers.
- B. The FCF Program Manager will schedule a meeting or conference call with the Council's DRC within one (1) business day of receipt of the complaint.
- C. The DRC shall make a good faith effort to develop a plan consistent with the child's needs and meeting the concerns of each system responsible for providing services and/or funding.
- D. The DRC shall attempt to develop a consensus, but shall proceed by majority vote as may be necessary to formulate a recommended resolution.

Clermont County Family and Children First Council

- E. The FCF Program Manager will communicate the recommended resolution of the DRC to the complainant verbally within two (2) hours of the decision. The recommended resolution will also be sent to the Complainant in writing within two (2) business days of the decision of the DRC, which shall be no more than 30 calendar days from the receipt of the complaint.
- IV. The child and/or family will receive necessary services while the dispute is being resolved.
- V. All parties shall make a good faith effort to work with the recommended resolution to the extent that it is not contradictory to legal responsibilities and fiscal capabilities.
- VI. If the complainant is not satisfied with the recommended resolution of the DRC or the DRC cannot reach consensus, the complainant has the option of filing with the Juvenile Court within 7 days of a failed dispute resolution process. FCF will provide all interagency assessment and treatment information to the court. The presiding Juvenile Court Judge will make the final decision. The Judge has agreed to hear the case within seven (7) court days.
- VII. The FCF Program Manager shall record all disputes/concerns on a Dispute Resolution Form (see attached).
- VIII. The completed Dispute Resolution Form and the written recommended resolution of the dispute/concern will be maintained in the FCF Program Manager's office.
- IX. The FCF Council's DRC will review all disputes/concerns at least annually to determine trends and/or service areas for improvement.
- X. If a complaint or concern is regarding the FCF Program Manager or an agency sitting on the committee, a substitute member will be asked to sit on the committee in that person's place.
- XI. All FCF agencies shall have their own complaint/concern policy or procedure. The FCF Dispute Resolution Committee will be used secondary to that agency's policy or procedure and in regard to FCF functions and decisions.
- XII. The complainant may choose to ask Ohio Family & Children First (OFCF) staff and the OFCF Cabinet Council to do an administrative review of a service coordination or Help Me Grow complaint. The required process for an administrative review by OFCF is attached. An OFCF administrative review must be requested prior to filing with the county Juvenile Court Judge for resolution as the final arbiter.

Clermont County Family and Children First Council

Associated Forms & Attachments

Clermont County FCF Dispute Resolution Form
OFCF Dispute Resolution Review Process
OFCF Service Coordination Dispute Referral form
OFCF Administrative Review – Dispute Resolution Referral Checklist
OFCF County FCFC Authorization to Request an Administrative Review

#

Clermont County Family and Children First Council



DISPUTE RESOLUTION FORM

Name of Complainant: _____ Date: _____ Time: _____

Complainant is a:

- Parent
- Child
- Guardian
- Agency representative
- FCF Council member
- FCF staff

Dispute/Concern is:

- Routine
- Emergent

Nature of dispute/concern:

Received by _____ Date _____ Time _____
FCF Program Director

Meeting/conference call with Dispute Resolution Committee:

Date _____ Time _____

Dispute Resolution Committee members participating:

_____	_____
_____	_____
_____	_____

Decision of Dispute Resolution Committee

Communicated to Complainant:

- Verbally (if emergent only) _____
Date _____ Time _____

- In writing _____
Date _____ Time _____

Attach written response to dispute/concern to this form. Form to be maintained in dispute/concern file in FCF Program Director's office.



Ohio Family and Children First Service Coordination Committee

Dispute Resolution Review Process

OFCF Staff and SC Committee's Roles and Responsibilities

1. OFCF Staff will make sure that the dispute packet is complete, including release of information signed by parent and authorization and verification form signed by appropriate council members.
2. OFCF Staff will request missing documents or information from county council.
3. Committee will identify a Service Coordination Committee member as point lead for the review.
4. Service Coordination Committee will review dispute referral packet.

The review process will include:

- a) Review the Family Service Coordination Plan.
- b) Identify the parties involved in the dispute.
- c) Review the issues that are causing the dispute.
- d) Review the child's and parents'/ legal custodian's position regarding the dispute.
- e) Review each party's position regarding the dispute, including the county council.
- f) Review the interventions being provided.
- g) Consider whether services and supports are being provided in the least restrictive environment possible.
- h) Consider whether natural supports and creative options are being utilized.
- i) Consider the preferences of the parents'/legal custodian's and child.
- j) Consider other services/supports that could be implemented to resolve the dispute.
- k) Consider process difficulties/concerns that may be preventing the family's needs from being met?
- l) Identify other existing funding sources that may not have been considered by county.

Service Coordination Committee members present will review findings and make recommendations. Recommendations will be forwarded to the OFCF Cabinet Council.

Revised February 17, 2009

1



Service Coordination Dispute Referral

Child's Name	DOB	Sex	Race/Ethnicity	
County of Residence		Current Living Arrangement		
Parent(s), Guardian, Legal Custodian				
Street Address		City and Zip		
FCF Council Coordinator/Director Name		Phone Number and Email		
Service Coordinator Name	Affiliation	Phone Number and Email		
FCF Council Chair	Agency/Family Representative	Phone Number and Email		
Eligibility <input type="checkbox"/> Healthy Start <input type="checkbox"/> TANF <input type="checkbox"/> IV-E <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> PASS <input type="checkbox"/> Insurance <input type="checkbox"/> BCMH <input type="checkbox"/> Help Me Grow <input type="checkbox"/> IV-B (Ed) <input type="checkbox"/> Other				
<u>Identify Residents of child's home by Name</u>	<u>Relationship to child</u>	<u>Gender of individual</u>	<u>Age of individual</u>	
1.	(legal custodian)			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Please check yes or no for each question and attach requested documentation.			Yes	No
Is there an FCF Council Family Service Coordination Plan for this family? (If yes, please attach plan.)			<input type="checkbox"/>	<input type="checkbox"/>
Has family been a participant in the development and on-going implementation of its Family Service Coordination Plan?			<input type="checkbox"/>	<input type="checkbox"/>
Has a family strengths, needs and cultural discovery assessment been completed? (If yes, please attach results showing family strengths and needs.)			<input type="checkbox"/>	<input type="checkbox"/>
Crisis/safety plan developed? (If, yes please attach plan.)			<input type="checkbox"/>	<input type="checkbox"/>
Family advocate? (Has advocate been requested and is a participating member of the family team?)			<input type="checkbox"/>	<input type="checkbox"/>

Agencies Involved with Child/Family	Providing Services/Supports to Child/Family (check those that apply)	Representative On Team (check those that apply)	Agencies Involved with Child/Family	Providing Services/Supports to Child/Family (check those that apply)	Representative On Team (check those that apply)
Children's Services	<input type="checkbox"/>	<input type="checkbox"/>	MR/DD	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Court	<input type="checkbox"/>	<input type="checkbox"/>
AOD Provider	<input type="checkbox"/>	<input type="checkbox"/>	Educational Service Center	<input type="checkbox"/>	<input type="checkbox"/>
LEA/School System	<input type="checkbox"/>	<input type="checkbox"/>	County/City Health Department	<input type="checkbox"/>	<input type="checkbox"/>
Faith-Based Organization/Church	<input type="checkbox"/>	<input type="checkbox"/>	Family support/advocacy agency	<input type="checkbox"/>	<input type="checkbox"/>
BVR	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services Commission	<input type="checkbox"/>	<input type="checkbox"/>
Private Physician/Health Provider	<input type="checkbox"/>	<input type="checkbox"/>	CDJFS	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	ODYS	<input type="checkbox"/>	<input type="checkbox"/>
Other:					
Describe or list the reason for the involvement of each agency checked in the above chart. (Space will expand to accommodate response.)					
List or describe (in chronological order) the service and supports (including medications) related to this request that have been provided to date for this child and family, and indicate whether each has been successful or unsuccessful in leading to positive outcomes for the family. (Space will expand to accommodate response.)					
List the funding sources and amounts of funding related to this request that have been utilized to pay for services and supports provided to this family. (Space will expand to accommodate response.)					

Describe (in detail) the unresolved dispute, including the position and the rationale for the position of each party with an opposing position. Opposing parties in the dispute may attach their own statements of their positions to this document. Please attach a statement from the parents/legal guardian that explains their position and feelings about the dispute. (Space will expand to accommodate response.)

Describe the position of the council regarding this case as determined through the council dispute resolution process.



Administrative Review – Dispute Resolution Referral Checklist

- Complete the Dispute Resolution Review Referral Form.
- Attach the individual Family Service Coordination Plan developed by the family team.
- Attach the results of the strengths, needs and cultural discovery assessment that was completed for this family.
- Attach the crisis/safety plan for this family.
- Attach rules of probation or parole, if applicable.
- Attach a release of information signed by this family to share personal information with the OFCF State Service Coordination Committee and Cabinet Council.
- Attach a written statement from the parents/legal guardian that explains their positions and feelings about the dispute.
- Attach the signed council authorization to request the administrative dispute review.
- Mail or email referral packet to your OFCF Regional Coordinator.

Scanned signed documents may be emailed for electronic submission. If you have a question regarding this process, please contact your regional coordinator. If you do not know who your regional coordinator is, please refer to the regional map included in this packet. You will receive a response from the Committee within 30 days of the Committee's receipt of your request.

East Central Region

Janice Houchins
OSU Extension
1680 Madison Ave.
Wooster, OH 44691
330-263-3632 (office)
330-466-0577 (cell)
330-263-3667 (fax)
jhouchins@ag.osu.edu

South Central Region

Joyce Calland
OSU Extension
1512 South US Hwy 68
Urbana, OH 43078
(937)484-1526 (office)
(937) 232-4255 (cell)
(937)484-1540 (fax)
jcalland@postoffice.ag.ohio-state.edu

North Central Region

Teresa Reed-McGlashan
OSU Extension
240 W. Lake St., Unit C
Oak Harbor, OH 43449
(419)579-4397 (cell)
(419) 898-3631 (ph)
(419) 898-3232 (fax)
trmcglash@postoffice.ag.ohio-state.edu



County FCFC Authorization to Request an Administrative Review

County FCFC:

Child/Family Name:

Council Coordinator/Director:

Phone:

Email:

Family SC Team Facilitator (if different than above):

Phone:

Email:

The County Family and Children First Council is requesting the following Administrative Review: (Please Check One)

Individual Family Plan Administrative Review

Dispute Resolution Administrative Review

The FCFC Chair and FCFC Coordinator/Director have signed below authorizing this request for an Administrative Review of the type checked above on behalf of the County Family and Children First Council. In authorizing this request, we verify that the type of review being requested meets the requirements outlined in the Ohio Family and Children First's Administrative Review Guidelines.

FCFC Chair

Date

FCFC Coordinator/Director

Date

In addition, the parent/s or legal guardian/s of the involved child/youth and the youth give their approval of this request and give permission to have personal family information contained in the family service coordination plan shared with the Ohio Family and Children First State Service Coordination Committee and Cabinet Council.

Parent/Legal Guardian

Date

Parent /Legal Guardian

Date

Child/Youth's Signature

Date

Submit referral packet along with this authorization and the Family Release of Information to the county's OFCF Regional Coordinator.

Revised February 17, 2009



DISPUTE RESOLUTION PROCESS

Parents, custodians, legal guardians, foster parents, kinship care providers, adoptive applicants, adoptive parents, and children may initiate the dispute resolution process when he/she is not in agreement with a decision regarding the child that included Family and Children First and/or FAST TRAC representation. The following gives an overview of the process:

- The complaint may be reported verbally or in writing. Please include your name and phone number when reporting a complaint.
- The FCF Program Manager will oversee the process once the complaint is received. The Program Manager may request additional information from you or others.
- The complaint is then reviewed by a Dispute Resolution Committee (DRC). The DRC is made up of the Program Manager, the FAST TRAC Project Director and FCF Council members.
- The complaint is reviewed within 10 business days if the complaint is determined to be routine. If the complaint is determined to be emergent by the Program Manager, the complaint will be reviewed within 1 business day.
- The DRC will review the complaint and make a good faith effort to develop a plan for the child that is consistent with the child’s needs and meeting the concerns of each system responsible for providing services and/or funding.
- The DRC’s recommended resolution will then be communicated to the complainant.
- The child will receive necessary services while the dispute is being resolved. Necessary services are those services which the child was receiving prior to the dispute resolution process being accessed.
- All parties are to make a good faith effort to work with the recommended resolution to the extent that it is not contradictory to legal responsibilities and fiscal capabilities.
- If the complainant is not satisfied with the DRC’s recommended resolution, the presiding Juvenile Court Judge will make the final decision.

PLEASE CALL 732-5400 IF YOU HAVE ANY QUESTIONS REGARDING THE PROCESS OR TO FILE A COMPLAINT.

I, _____, acknowledge that I have received a copy of the Dispute Resolution Process.

Signature

Relationship to Child

Date



Addendum K

POLICY AND PROCEDURE

Policy Name:	Dispute Resolution Process (Help Me Grow)
Policy Number:	1.03.02
Effective Date:	6/11/04
Revised:	2/10/06, 8/8/08, 9/16/10

Karen Scherra
Co-Chairperson

_____ Date

Marty Lambert
Co-Chairperson

_____ Date

Clermont County Family and Children First Council

Policy Statement

The Clermont Help Me Grow (HMG) program has a dispute resolution process specific to the program. Filing a complaint with Clermont County Family & Children First (FCF) is part of the HMG dispute resolution process.

Purpose

To define the process of dispute resolution to be followed by HMG contracted agencies, HMG subcontracted agencies and FCF when HMG concerns arise.

Procedure

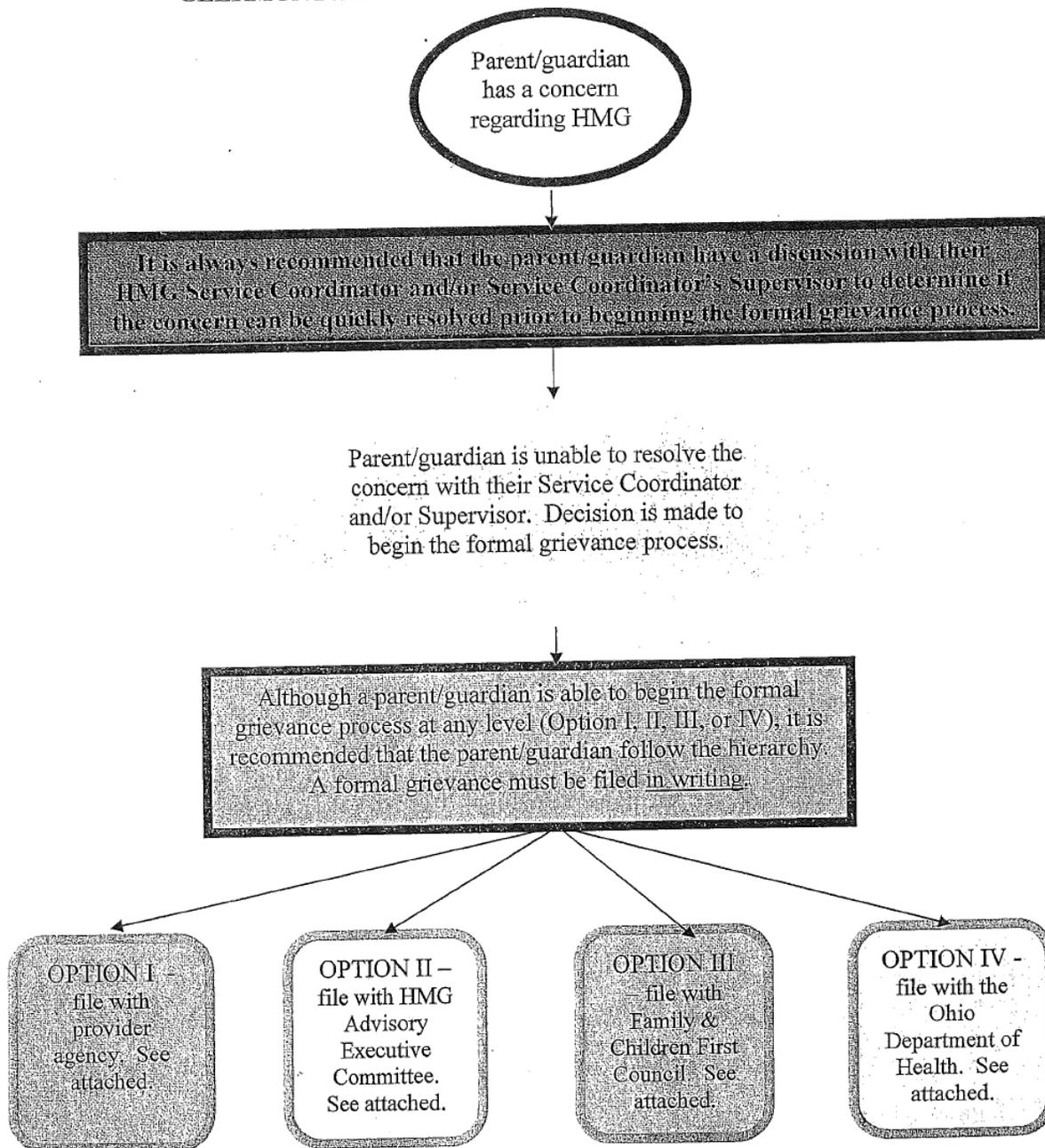
See attached form

Associated Forms & Attachments

Clermont Help Me Grow Dispute Resolution Process
Clermont Help Me Grow Grievance Process
Clermont County Help Me Grow Dispute Form



CLERMONT HELP ME GROW DISPUTE RESOLUTION PROCESS





Clermont Help Me Grow Grievance Process

Your Help Me Grow Service Coordinator or Home Visitor is _____
 He/she can be reached at _____
 He/she is employed by _____

His/her supervisor is _____ who can be reached at _____.

Please feel free to contact your service coordinator listed above and/or his/her supervisor should you have any questions or concerns about your Help Me Grow services. In the event that your question or concern cannot be answered or resolved with your service coordinator/Home Visitor, or his/her supervisor, you have the following options for pursuing further resolution on behalf of you and your child: Filing a complaint with Clermont County Family & Children First Council, filing a complaint with Ohio Department of Health, requesting a mediation, requesting an administrative hearing with ODH, or filing a complaint with the specific service provider.

****Please note that you may request a change in Service Coordinators at any time.**

OPTION I

Grievance to Provider Agency:

1. Parents/guardians who have a grievance regarding any of the services received through the Clermont HMG program, may submit their grievance in writing to the Clermont HMG agency that provides their service coordination/Home Visitation. The Clermont HMG provider agency will provide a copy of the grievance to the Clermont HMG Project Director, who will share the grievance with Family & Children First Council, and the Ohio Department of Health within 7 calendar days upon receipt.
2. The Clermont HMG Provider is required to have an internal process for responding to grievances. All HMG parents/guardians should be advised of the provider's policy upon enrollment into the HMG program. All parents/guardians must also receive a copy of the dispute resolution policy for the Clermont HMG program and a copy of the Parents' Rights Brochure for HMG.
3. The Clermont HMG provider is responsible for addressing the grievance and making efforts to resolve the dispute presented by the parents/guardians.
4. The Clermont HMG provider shall issue a written decision to the complainant and ODH within 30 calendar days from receipt of the complaint.

Mail an Option I grievance to:

The Clermont HMG agency providing service coordination (YWCA, Child Focus, Beech Acres, CCBDD, et.)

OPTION II

Grievance to Clermont HMG Advisory Executive Committee:

1. If the parents/guardians and the Clermont HMG provider are unable to resolve the grievance in good faith effort, or if the parents/guardians make the decision to forego Option I, the parents/guardians may submit their grievance in writing to the Clermont HMG Advisory Executive Committee. **The HMG Advisory Executive Committee has oversight of the HMG program and is comprised of management level people from HMG agencies.**
2. The grievance should be accompanied by the written decision from the Clermont HMG provider, when applicable, and include a statement from the parents/guardians as to why the decision is not acceptable.
3. The parents/guardians submitting the grievance will be notified in writing by the Clermont HMG Project Director of the date the grievance was received. The Clermont HMG Project Director, will share the grievance with Family & Children First Council, and the Ohio Department of Health within 7 calendar days upon receipt.
4. The Clermont HMG Advisory Executive Committee will review the Option II grievance and shall issue a written decision to the parents/guardians within 30 calendar days from receipt of the complaint.

Revised 2/6/06

Mail an Option II grievance to:
Clermont HMG Advisory Executive Committee-Appeal
P.O. Box 8
Owensville, Ohio 45160

OPTION III

Grievance to Clermont County Family & Children First (FCF):

1. If the parents/guardians are not satisfied with the decision of the Option II grievance, or the parents/guardians make the decision to forego Option I and/or Option II, a grievance may be filed with FCF. The grievance should be accompanied by the written decision of the Clermont HMG Advisory Executive Committee, when applicable, and include a statement from the parents/guardians as to why the decision is not acceptable. **The HMG program is an initiative of Ohio Family & Children First. Clermont FCF has oversight of the HMG Program and the HMG Advisory Executive Committee. FCF will notify the Ohio Department of Health ODH of the grievance within 7 calendar days upon receipt.**
2. The parents/guardians submitting the grievance will be notified in writing by FCF of the date the Option III grievance was received.
3. The FCF will review the Option III grievance and issue a written decision to the parents/guardians within 30 calendar days from receipt of the complaint.

Mail an Option III grievance to:
Clermont County Family & Children First
2337 Clermont Center Drive
Batavia, Ohio 45103

OPTION IV

Grievance to the Ohio Department of Health, Bureau of Early Intervention Services (ODH/BEIS):

1. If the parents/guardians are not satisfied with the decision of the Option III grievance, or the parents/guardians make the decision to forego Option I, Option II, and/or Option III, a grievance may be filed with the ODH/BEIS. The grievance should be accompanied by the written decision from FCF, when applicable, and include a statement from the parents/guardians as to why the decision is not acceptable.
2. **Note: parents/guardians may file a grievance with the ODH/BEIS at any time.**

Mail an Option IV grievance to:
ODH/BEIS
Attn: HMG Program
246 North High Street
P.O. Box 118
Columbus, Ohio 43216

Or e-mail: beis@gw.odh.state.oh.us

Or phone: (614) 644-8389

Clermont Help Me Grow
Central Intake and Coordinating Site
P.O. Box 8
Owensville, Ohio 45160

(513) 732-5030
(513) 732-5031 (fax)
www.clermonthelpmegrow.com

I acknowledge that I received a copy of the brochure titled "Parents' Rights In Help Me Grow" and that my Service Coordinator explained the Clermont Help Me Grow Dispute Resolution Process and Formal Grievance Process to me to my satisfaction.

Signature: _____

Date: _____

Revised 2/6/06

Action Taken:

Concern or Grievance Resolution:

Further Action Required if Any:

Project Director Signature & Date: _____
(11/05)