

Harrison County Family and Children First Council  
Service Coordination Mechanism

PURPOSE/OVERVIEW:

The Harrison County Cluster was established pursuant to the ORC Section 121.37 to ensure that multi-need children, ages 0 through 21 years, and their families receive adequate and appropriate services. Cluster is a sub-committee of the Family and Children First Council in Harrison County. The purpose of the Service Coordination Mechanism is to define Service Coordination through the Harrison County Family and Children First Council's Cluster and to ensure that all Family Service Plans are developed in accordance with this mechanism. This mechanism shall be developed with the participation of Harrison County Family and Children First Council Family Representatives, Harrison County Department of Jobs and Family Services; Harrison County Department of Developmental Disabilities; Mental Health and Recovery Services Board of Harrison, Belmont, and Monroe County; Harrison Hills Schools; Harrison County Department of Health; Harrison County Juvenile Court; the Harrison County Family and Children First Council; and the Harrison County Help Me Grow County Collaborative Group. The Service Coordination Mechanism will be approved by the Harrison County Family and Children First Council. The Harrison County Cluster will monitor the effectiveness of the Service Coordination Mechanism, at least annually, and provide recommendations for enhancement to the Harrison County Family and Children's First Council for revisions.

UNDERLYING VALUES

The Harrison county Service Coordination Mechanism will support the following commitments:

- Children in Harrison County have the right to live with and be supported by their families.
- Families have the right to participate at all levels in determining the needs, priorities and resources of their family.
- Family involvement throughout all levels of planning and service provision will be respected.
- Racial, cultural and ethnic heritage of children and families will be respected while providing supports to the child and family.
- A shared responsibility among systems and families in assuring that expectant parents and newborns thrive, infants and toddlers thrive, children are ready for school, children and youth succeed in school, youth choose healthy behaviors and youth successfully transition into adulthood.
- Families have a right to individualized, family centered service coordination based on the unique strengths of the child or family.

## PROCEDURE FOR REFERRING AND CHILD AND FAMILY

Referrals for service coordination through the Harrison County Family and Children First Council's Cluster will be made to the Harrison County Family and Children First Council's Coordinator. The Coordinator shall accept referrals from parents or guardians, agencies that serve children and families within the county as well as the juvenile court of Harrison County. In order to begin this process, the council coordinator will need to have a referral from the agency that is making the referral. This form will identify the agencies that the child may be working with, as well as other individuals, and agencies that may be able to appropriately assist the child, or family with their needs. Within the referral form, the referring agency must also identify what informal, or formal, steps have been taken already in order to resolve the situation prior to a referral being made to cluster. The anticipated service needs will also be addressed at this time. The parent, or caregiver, must also sign the referral sheet in order to verify that the council coordinator is allowed to contact the identified agencies and individuals in order to develop a clinical team. Referrals must be made to the Coordinator by the 2<sup>nd</sup> Monday of each month. A referral must include:

1. Signed and dated Permission for Interagency Exchange of Information (Attachment A);
2. Referral for Service Coordination Form (Attachment B);
3. A lead agency Assessment identifying the agency representative;
4. Dates and times convenient for the family to participate Clinical Committee meetings

When a self-referral by a family is received, the Coordinator will assist the family in person to complete these forms within five (5) working days of the self referral being made. The entire cluster process will be explained and the family will be given a service coordination guide for families as well as a book that explains child's rights Family strengths, as well as the child's strengths will also be identified by completing the strength assessments. An interagency exchange of information will also be completed by the parent, or caregiver, so that the appropriate individuals can be contacted in order to develop a service coordination plan for the family. The family will be provided with a copy of the complaint resolution procedure when the interagency Exchange of Information is signed.

Appropriate referrals will be considered when the family has utilized all of the resources that they have available to them and they are still facing barriers that they are not able to overcome. Appropriate referrals will give the family the opportunity to continue working with organizations and agencies that they know, but it will also give them an opportunity to identify new agencies and services that they may not have been aware of.

Determination of appropriateness for service coordination will be based on needs of the family/child, agencies currently providing services and the least intrusive response to the family's needs. This will be discussed with the family, or caregiver, in order to determine if service coordination is appropriate for the family. During this time, a confidentiality agreement, a strengths assessment, along with an interagency exchange of information, will be completed and signed. Once the initial contact has been made, the cluster coordinator will have (7) days to contact the referring family or agency to notify them of appropriateness of service coordination.

When the referral has been identified as appropriate, the cluster coordinator will contact the appropriate individuals identified on the interagency exchange of information in order to develop a clinical team. The council coordinator will also make every effort to contact the appropriate school district in order to invite a representative to serve on the clinical team as well. These efforts will include phone calls to the child's school, personal letters to school personnel and possibly even electronic mail, if necessary. During the clinical meeting, the least intrusive option will be explored with the family in order to meet the identified needs and to develop a service coordination plan.

Should service coordination be determined not appropriate, the referring agency or family will be notified as to why it was not an appropriate referral for cluster. At this time, they will also be provided with and advised of the dispute resolution process. Less intrusive options that may benefit the family will also be provided to the family as well as county referrals for additional supports that may of help to the family. These referrals will be made by the Cluster/Council Coordinator.

Appropriate referrals for service coordination will be reviewed on the 3<sup>rd</sup> Tuesday of every month at 9:00 a.m. at the Harrison County Cluster meeting.

#### EMERGENCY OUT-OF-HOME PLACEMENTS

Families and child service agencies may make a referral to the Cluster Coordinator before a non-emergency out-of-home placement. Such referrals will be exempt from the 2<sup>nd</sup> Monday of the month deadline. Also, families and agencies affected by an emergency out of home placement shall contact the Cluster Coordinator and a Clinical Committee meeting shall be held within 10 days of an emergency out of home placement. Clinical Committee meetings for a child who is in an out-of-home placement will focus on community supports for the family, as well as planning for the child's return to the community. Future focused goals will be developed to assist with a smooth transition back into the home and community.

#### SERVICE COORDINATION

Appropriate service coordination referrals will be presented to the Harrison County Cluster on the 3<sup>rd</sup> Tuesday of the month at 9:00 a.m. at the Harrison County Cluster meeting. Members of the county cluster will include those agencies that serve families and children and a parent representative. All members will sign and date a Harrison County Family and Children First Council's Cluster Confidentiality Agreement.

This agreement is protected through federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. Parts 160 and 164. These agreements will be on file at the Family and Children First Council Office. (Attachment C). They can be accessed by the state at any time that they wish to review them.

The Council/Cluster Coordinator will present each referral to the Cluster with no personally identifiable information presented. The referral presentation will include current systems utilized by the family, family strengths and a brief reason for the referral. A clinical committee will be identified from providers selected and authorized by the family and any agency that believes it may provide services and supports to the family with the family's consent. The Clinical Committee will include the family to the greatest extent possible. The parent or guardian will select the Clinical Committee leader. Clinical Committee leaders could include the parent, an advocate selected by the family, or agency representative familiar with the families strengths and challenges.

The Council/Cluster Coordinator will contact the family and all agencies to be involved in the Clinical Committee meeting within ten (10) days, preferably in writing as time permits. Families and agencies will be provided with the date, time and location of the Clinical Committee meeting. These meetings will be held at a time and location convenient for the family. Committee members will also receive copies of the Permission for Interagency Exchange of Information, Referral Form and Lead Agency Assessment.

### CLINICAL COMMITTEE

The Clinical Committee leader will facilitate the meeting. The team leader will describe the Service Coordination process to the family and provide a copy of the child's rights. The family will also be given a Service Coordination guide for families. The leader will provide a brief case history highlighting the strengths of the family/child and current presenting challenges. These strengths and challenges should be consistent with the strengths and priority areas of the needs addressed by the family/caregivers. Information will be gathered through the Child Strength Assessment and Family/Parent Strength Assessment. The team leader will facilitate a discussion to develop a goal to address identified issues consistent with the priorities identified by the family/caregiver. The clinical committee will develop strategies to accomplish goals to include "who will do what by when". A Family Service Plan will be written to include these goals and strategies. Each Family Service Plan will also include planning for short-term crisis and safety concerns. This Family Service Plan will be signed by all Clinical Committee members and a copy will be given to each member. (Attachment D)

Families will be notified that a complaint has been prepared alleging that their child is unruly, or delinquent, in order to encourage the family to engage in and comply with other methods to keep the child out of the juvenile court system. A meeting will then be held with the family, the child, and any other agencies or individuals that have an interest in the child so that a plan can be developed to keep the child out of the court

system. A plan will also be developed so that the family will have some short term respite from a crisis situation that they may be facing. The child may also be provided with a mentor and the parents or guardian will be provided with a parenting class in order to help. Children that may be truant, disruptive in school, suspended or expelled may be better suited for an alternative school program that can be worked into the plan as well. The family and children first council coordinator will also work with the family, and local agencies, in order to develop any other plans or solutions that may be needed to keep the child out of the juvenile court system.

## CASE REVIEW

Case reviews will be presented at the monthly Cluster meeting. No personally identifiable information will be provided to the general membership. A brief overview of systems involved, past and current treatment information and family strengths and needs will be presented. A review of the Family Service Plan and an overview of the child/family progress will be presented.

Case reviews will be held with the family and the Clinical Committee as noted on the Family Service Plan and held at a time and location convenient for the family. These reviews may be called at any time by the family or a clinical committee member as the need arises by contacting the Cluster Coordinator. The coordinator shall, with 5 days of the receipt of such notice, contact all Clinical Committee members to provide the meeting time, date and location. Families may invite any support person, advocate or mentor or become a Clinical Committee member at any time in the service coordination process. At the Clinical Committee meeting, a review of the Family Service Plan will be facilitated by the Clinical Committee Leader. This review will include a brief overview of systems involved, past and current treatment information and family strengths and presenting challenges. The Clinical Committee will address the following issues:

- Were the measurable outcomes successfully achieved?
- Was the plan to address barriers adequate?
- Are there any new barriers to achieving stated goals?
- Is there a need for new measurable outcomes?
- Were services/activities performed as expected?
- Did the service/strategy address the presenting issues/needs?
- What is the Clinical Committee's assessment of the outcomes at this time?
- Should the services/strategies be continued? End?
- What is the justification for continuing/closure?
- Were time frames met?

The council coordinator will continue to schedule case reviews on every clustered child/family within the county in order to verify that goals are being reached. This will also help the clinical committee determine if new goals need to be identified and implemented. By keeping open communication with all families, county agencies, and agencies that are on the child/family interagency exchange of information, they council

coordinator will be able to determine when clinical case reviews are needed and when emergency meetings may need to be held.

The council coordinator will also work closely with county agencies in order to help them fully understand the council referral process, what makes an appropriate referral and how to identify families that may be in need of cluster services. This open communication will help increase referrals and the number of Harrison county families that are served.

### FISCAL STRATEGIES

Strategies to support the child or family will be identified in the Family Service Plan. These strategies will be at the expense of the agency providing the service pursuant to that agency's eligibility guidelines and resources. When strategies exceed the individual agency or family resources, flexible community dollars may be utilized. The Clinical Committee will recommend accessing FCSS funding pursuant to eligibility criteria. FCSS funding will be considered for the individual family, while maximizing utilization for all families requiring service coordination. The Family and Children First Council and the Harrison County Cluster will be updated monthly on the numbers of families accessing these flexible funds and projected needs.

### COMPLIANT RESOLUTION PROCEDURE

A compliant resolution procedure is a method to resolve conflicts between parties regarding service coordination to children and their families including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. Help Me Grow families will be informed of their rights under I.D.E.A. to access compliant resolution with the Ohio Department of Health at any time in the compliant resolution process. Good faith attempts will be made by the agency/family to resolve the issues of dispute. Families will be informed of the compliant resolution procedure upon initial referral and consent for service coordination.

**Agency to Agency Disputes** - Agencies that have made referral to the Harrison county council coordinator can file a dispute if they are not satisfied with the outcome of the referral process or they do not agree with the service coordination plan that was developed for the family.

**Child/Family to Agency Disputes** – If families that were self referrals, or even referrals from other agencies, are not satisfied with the service coordination plan, or the referral outcome, they can file a compliant through the resolution process. They will be given the information related to this process when they meet with the council coordinator to

complete the referral process, or when they are notified that their referral was not appropriate.

**Child/Family to Service Coordination Plan Disputes**– Families have the option to file a dispute if they are not satisfied with the service coordination plan that was developed for them, or their child. They will be notified of the dispute resolution procedure during the initial clinical team meeting.

Families and agencies will be informed that they may access the Family and Children First Complaint Resolution Procedure at any time. An emergency dispute can be filed if the family, or child, will suffer from a decrease in services or a change in placement may occur because of the dispute. This would include children that have been alleged or adjudicated as abused, neglected, dependent, unruly or delinquent. An emergency dispute may need to be filed in order to determine what agencies are to provide services or funding for these services to the child. However, a non-emergency dispute can be filed if the family will not suffer a loss of services, or a change in placement, because of the situation.

**Level I** A complaint may be filed in writing to the Harrison County Family and Children First Council Coordinator at 115 West Warren, Cadiz, Ohio 43907, (740) 942-2622, email [fcfclp@eohio.net](mailto:fcfclp@eohio.net), , fax: (740) 942-1342. The Coordinator shall convene a meeting within ten (10) working days of the receipt of the complaint. The meeting shall include representatives of the involved agencies/family for the following purposes: to clarify and resolve the issue(s) of dispute; to review the appropriate courses of action; to review agency responsibilities; and to review type, amount, and appropriateness of services and/or funds for services not otherwise available. The issues shall be identified and resolved within five (5) working days of the meeting date. The deadline may be extended upon mutual agreement of all parties to the dispute. No existing services shall be discontinued and no new services shall be commenced during this period unless that service is unrelated to the issue of dispute.

**Level II** If the issue remains unresolved; the Chairperson of the Family and Children's First Council shall be notified by the coordinator. The Chairperson of Council shall convene a meeting of the representative agency directors/family within ten (10) working days of notification. The purpose of this meeting is to develop a resolution. If the Chairperson is also a party in the dispute, the Coordinator shall convene the meeting within ten (10) working days of notification. Unless agreed to by the agencies/family involved, no existing services shall be discontinued and no new service shall be commenced during this period unless that service is unrelated to the issue of dispute. Parties to the dispute will be notified of the resolution within five (5) working days of the meeting.

**Level III** Should the agency directors/family be unable to resolve the issue at Level II, the issue shall be referred to the Family and Children First Council. This meeting shall be convened within ten (10) working days from the date of resolution in a Level II dispute. In the event that the Chairperson and the Vice-Chairperson are parties to the

dispute, the Chairman of the Harrison County Board of County Commissioners or his/her designee shall convene the meeting within ten working days and preside. The council shall make every effort to make a final negotiated resolution. Unless agreed to by the agencies/parties involved, no existing services shall be discontinued and no new service shall be commenced during this period unless that service is unrelated to the issue of dispute. Parties to the dispute will be notified of the resolution within five (5) working days of the meeting. This notification shall occur not later than sixty (60) days after the initial complaint is received.

At the completion of the dispute resolution process Level II or Level III, the presiding officer shall issue a written determination identifying appropriate agencies represented on the Council to provide services and funding for the child. The determination will include a plan of care based on the evidence presented during the local dispute resolution process. The presiding officer shall require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency or meets eligibility criteria.

**Level IV** Should the Council be unable to resolve the matter, the presiding officer shall file a motion with the Juvenile Court within five (5) working days asking for a hearing on the matter. The Cluster Coordinator shall present interagency assessments and treatment information to the Juvenile Court. The Juvenile Court of Harrison County shall hold a hearing on the motion to determine which agencies are to provide services or funding following the guidance provided in O.R.C. Section 128.38. Unless agreed to by the agencies/family involved, no existing services shall be discontinued and no new service shall be commenced during this period unless that service is unrelated to the issue of dispute.

An agency/family may seek legal relief, independently, if it is convinced that such decision should be overturned by law. Such legal action lies exclusively at the initiative of the agency/family in disagreement. The decision of the Juvenile Court of Harrison County at Level IV would remain in effect until overturned in a higher court of competent jurisdiction.

Nothing in this complaint resolution process shall be interpreted as overriding or affecting the decision of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

#### STATE EVALUATIONS

The Harrison County Council Coordinator will take all steps necessary to provide service coordination data to the state of Ohio at any time that they wish to review the family and child first council.

## Harrison County Family and Children First Council

### Public Awareness Strategy

The Harrison County Family and Children First Council Coordinator will meet with local agencies in order to discuss the focus of the Family and Children First Council. During this overview, the referral process will also be discussed with the professionals. This will be completed in order to help increase appropriate referrals that are brought to the Council so that Harrison County children can be served to the best of the Council's ability.

The Council Coordinator will also attempt to attend the teachers meetings, and school meetings, in order to help county educators identify a possible referral to the council. Again, the referral process will be explained and blank referrals, along with the coordinator's contact information, will be given to school officials so that they know they are able to contact the Council Coordinator at any time with questions or concerns.

HARRISON COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
CLUSTER/CLINICAL COMMITTEE  
REFERRAL

Name \_\_\_\_\_ Date \_\_\_\_\_

School District \_\_\_\_\_ Placement/Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Custody \_\_\_\_\_ yes \_\_\_\_\_ no

Address \_\_\_\_\_

Phone \_\_\_\_\_ Employment \_\_\_\_\_

Father's Name \_\_\_\_\_ Custody \_\_\_\_\_ yes \_\_\_\_\_ no

Address \_\_\_\_\_

Phone \_\_\_\_\_ Employment \_\_\_\_\_

Legal Custodian (if different from parents) \_\_\_\_\_

Foster Placement \_\_\_\_\_ yes \_\_\_\_\_ no Relative \_\_\_\_\_ yes \_\_\_\_\_ no Permanent \_\_\_\_\_ yes \_\_\_\_\_ no

Address \_\_\_\_\_ Phone \_\_\_\_\_

Referring Professional/Parent \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Referral

Explain what informal or informal steps have been taken to resolve the situation prior to referring to Cluster, along with anticipated service needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Child/Family strengths/needs/concerns

Include any support systems, formal or informal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is at least one parent/custodian willing to be a Clinical Committee Team Member? \_\_\_\_\_ yes \_\_\_\_\_ no

Most convenient meeting dates \_\_\_\_\_

Appropriateness of referral \_\_\_\_\_ yes \_\_\_\_\_ no

Recommendations and referrals made by council coordinator \_\_\_\_\_

Please submit completed form, Lead Agency Assessment and Permission for Interagency Exchange of Information to the Family and Children's First Council, 115 West Warren Street, Cadiz, OH 43907 (fax) 740-942-1342 by the second Tuesday of the month.

Harrison County Family and Children First Council

Permission for Interagency Exchange of Information

I hereby give permission for the following local agencies, collectively working together as the Harrison County Cluster, through their designated representatives, to exchange information regarding \_\_\_\_\_, whose date of birth is \_\_\_\_\_ for whom I have legal authority to act:

- Harrison County Department of Jobs and Family Services
- Harrison County Health Department
- Harrison County Board of Mental Retardation & Developmental Disabilities
- Harrison County Juvenile Court
- Harrison Hills Schools
- Conotton Valley Schools
- Mental Health and Recovery Services Board
- Tri-County Help Center
- Community Parent Representative
- Harrison County Family & Children First Council
- Crossroads Counseling Center
- Harcatus
- Community Mental Health
- North Point Consulting
- New Horizon Youth Center
- Harrison County Help Me Grow
- Other \_\_\_\_\_

This information \_\_\_\_\_ does or \_\_\_\_\_ does not pertain to substance abuse.

It is my understanding that the sole purpose of this exchange of information is to develop a coordinated Family Service Plan for \_\_\_\_\_ and that I will be involved in the process.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

THIS CONSENT TO DISCLOSE MAY BE REVOKED BY ME IN WRITING AT ANY TIME EXCEPT FOR INFORMATION THAT HAS ALREADY BEEN RELEASED IN ACCORDANCE WITH THIS AUTHORIZATION. THE CONSENT (UNLESS EXPRESSLY REVOKED EARLIER) EXPIRES 180 DAYS FROM THE DATE OF MY SIGNATURE.

Harrison County Family and Children First Council

Permission for Interagency Exchange of Information

I hereby give permission for the following local agencies, collectively working together as the Harrison County Cluster, through their designated representatives, to exchange information regarding \_\_\_\_\_, whose date of birth is \_\_\_\_\_ for whom I have legal authority to act:

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- Harcatus
- Community Mental Health
- North Point Consulting
- New Horizon Youth Center
- Harrison County Help Me Grow
- Other \_\_\_\_\_

This information \_\_\_\_\_ does or \_\_\_\_\_ does not pertain to substance abuse.

It is my understanding that the sole purpose of this exchange of information is to develop a coordinated Family Service Plan for \_\_\_\_\_ and that I will be involved in the process.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**THIS CONSENT TO DISCLOSE MAY BE REVOKED BY ME IN WRITING AT ANY TIME EXCEPT FOR INFORMATION THAT HAS ALREADY BEEN RELEASED IN ACCORDANCE WITH THIS AUTHORIZATION. THE CONSENT (UNLESS EXPRESSLY REVOKED EARLIER) EXPIRES 180 DAYS FROM THE DATE OF MY SIGNATURE.**

HARRISON COUNTY FAMILY & CHILDREN FIRST COUNCIL  
CLUSTER CONFIDENTIALITY AGREEMENT

As a member of the Harrison County Cluster, I understand that I hold a position of trust relative to information obtained through this committee.

I understand that information obtained through this Committee is confidential and must not be shared with anyone that is not part of the Cluster process.

Information received through this Committee is also protected through federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996(HIPAA), 45 C.F.R. Parts 160 and 164.

Cluster Committee Member

\_\_\_\_\_  
Print Name / Agency/Parent Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Harrison County Family & Children First Council  
Parent/Family Strength Assessment

Date of Interview \_\_\_/\_\_\_/\_\_\_

Date of Referral \_\_\_/\_\_\_/\_\_\_

IDENTIFYING DATA

Family Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_

Mother's education \_\_\_\_\_ Father's education \_\_\_\_\_

Number of moves in last 5 years \_\_\_\_\_ Birth order of child \_\_\_\_\_

PARTICIPANTS TO ASSESSMENT

Name of respondent \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Relationship \_\_\_\_\_

Name of other participants \_\_\_\_\_

1. The things I like most about my child(ren) are:
  
2. My life would really be better in six months from now if:
  
3. My family's life would really be better six months from now if:
  
4. The most important thing I have ever done is:
  
5. I am happiest when:
  
6. The best times we have had as a family are:
  
7. Name some special rules that your family has:

8. Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Who do you feel you can trust to be there when you need them?

9. What activities do you and your family enjoy together? What do you enjoy most about yourself?

10. What are your family traditions? In which cultural events does your family participate?

11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additions:

Interviewer's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
HCFCFC 07/2009

Harrison County Family & Children First Council  
Child Strength Assessment Form

Name:

Age:

Date:

1. The things I like to do after school are:
2. If I had ten dollars I would
3. My favorite TV programs are
4. My favorite game at school is
5. My best friends are
6. My favorite CD/music is
7. My favorite toy is
8. My favorite subject at school is
9. My favorite time of day is
10. I like to read books about
11. The places I'd like to go in town are
12. My favorite foods are
13. My favorite inside activities are
14. My favorite outside activities are
15. My hobbies are
16. My favorite animals are
17. The three things I like to do most are

Add anything additional that you really enjoy and other things that you are good at: \_\_\_\_\_



Harrison County Family & Children First Council  
CLUSTER Family Service Plan

Child(ren)'s Name: \_\_\_\_\_ Cluster Case # \_\_\_\_\_

Date of Meeting \_\_\_\_\_ Review Date \_\_\_\_\_

Team Leader \_\_\_\_\_ Agency \_\_\_\_\_

**I agree with the terms of this plan:**

Name (Print)	Signature	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I disagree with the terms of this plan:**

Name (Print)	Signature	Relationship
_____	_____	_____
_____	_____	_____

Comments: \_\_\_\_\_



# Harrison County Family & Children First Council Safety Plan

Child(ren)'s Name: \_\_\_\_\_ Cluster Case # \_\_\_\_\_

Date of Meeting \_\_\_\_\_ Review Date \_\_\_\_\_

Team Leader \_\_\_\_\_ Agency \_\_\_\_\_

### I agree with the terms of this plan:

Name (Print)	Signature	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### I disagree with the terms of this plan:

Name (Print)	Signature	Relationship
_____	_____	_____
_____	_____	_____

Comments: \_\_\_\_\_

Harrison County Family & Children First Council  
Cluster/Clinical Committee Meeting Notes:

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CASE NUMBER	TEAM LEADER	DATE
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Team Members Present	Team Members Absent
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DISCUSSION:

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Steps needed to achieve Family Service Plan Goals	By Whom:	When:
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NEXT MEETING DATE:	TIME:	LOCATION:
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hfcfc 02/04



Harrison County Family & Children First Council  
100 West Market Street, Cadiz, OH 43907 Ph: (740) 942-3430 Fax (740) 942-4090

### Cluster Agreement for Case Closure

As the parent(s)/Legal Guardian of \_\_\_\_\_, I am in agreement with the members of my family's Clinical Committee Team that the initial reason for referral has been resolved and services are no longer required of Cluster. I am signing this agreement with the understanding that if my family should need services at a later date, I may make a referral to have my team reassembled.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member

\_\_\_\_\_  
Date

Harrison County Family & Children First Council  
Cluster/Clinical Committee Meeting Notes  
*Discharge Summary*

Has the Clinical Committee met with the family and determined it was time for the case to be closed? \_\_\_\_\_ yes \_\_\_\_\_ no

Is closure due to goals being met and progress made? \_\_\_\_\_

Please provide a brief description/summary of family's progress while involved with Cluster \_\_\_\_\_

Please provide a brief description/summary if closure is due to lack of progress or lack of involvement \_\_\_\_\_

Were any referrals or recommendations made upon closure? Was the family open to these recommendations? \_\_\_\_\_

Has the Cluster Agreement for Case Closure been completed? \_\_\_\_\_

Any additional information? \_\_\_\_\_

Harrison County Family & Children First Council  
Cluster/Clinical Committee  
Case Presentation Outline (15-20 minutes)

**NEW CASES (Monthly Cluster meetings)**

1. Present new referral using to identify possible Clinical Committee team members. This presentation should briefly identify current systems utilized by the family, family strengths and reason for the referral.
2. Facilitate development of a Clinical Committee team. Identify Clinical Committee Team Leader.

Note: The family is not present at this meeting.

**CLINICAL COMMITTEE (Clinical Committee Leader)**

1. Brief overview of systems involvement, past and current treatment information, family history/background information including diagnostic assessment information (5 minutes)
2. Summary of family/child strengths
3. Summary of presenting issues/needs (should be consistent with priority areas of need addressed by the family/caregivers.)
4. Facilitate discussion to develop a goal to address identified issues consistent with the priorities identified by the family/caregiver.
5. Facilitate development of strategies to accomplish goals to include "*who will do what by when.*"

Note: The family is present at this meeting.

**CASE REVIEWS (Monthly Cluster meetings) Clinical Committee Leader**

1. Brief overview of systems involvement, past and current treatment information, and family strengths/needs.
  2. Review of the Family Service Plan.
  3. Overview of child/family progress related to the Family Service Plan.
- Were the measurable outcomes successfully achieved?

## STEP 5

### Subsequent Clinical Committee Meetings:

- Notes are optional for the initial Clinical Committee meeting, but then required for all other meetings taken by the Clinical Team Leader. These notes must include: team members present/absent, discussion regarding what took place at the meeting, issues presenting a challenge for the family, goals to address those issues and strategies to be completed by when and who is responsible, and the date time and location of the next Clinical Committee Team meeting.

Please submit the above information/paperwork to the FCFC office as soon as possible for distribution to team members.

## HARRISON COUNTY FAMILY & CHILDREN FIRST COUNCIL CLUSTER GUIDELINES

Listed below are steps for the "paperwork trail" for Cluster. It also explains what should happen at the initial Clinical Committee meeting where the referral is presented.

### STEP 1

Complete and submit to FCFC office:

- Referral for service coordination form
- Signed and dated Permission for Interagency Exchange of Information
- Lead Agency Assessment where agency representative is identified
- Dates the family would be available for a Clinical Committee meeting

### STEP 2

- The referral will be reviewed at the monthly Cluster meeting.
- A Clinical Committee will be identified with the referring agency as Clinical Committee Leader. This Committee shall include the family to the greatest extent possible.

### STEP 3

- After the Clinical Committee has been identified, the FCFC office will contact the family and all agencies to be involved in the Clinical Committee. Families and agencies will be provided with the date, time, and location of the Clinical Committee meeting. They will also receive copies of the Referral Form and the Permission for Interagency Exchange of Information and the Lead Agency Assessment.

### STEP 4

At the initial Clinical Committee meeting the following will be facilitated by the Clinical Committee Team Leader:

- A brief case history is presented highlighting the current presenting challenges
- Identify the strengths and needs of the family
- Identify the current concerns.
- Identify goals and strategies.
- This must be completed within 10 days of the date of the initial Clinical Committee Meeting and forwarded to all team members.

- Was the plan to address barriers adequate?
- Are there any new barriers to achieving stated goals?
- Is there need for new measurable outcomes?
- Were services/activities performed as expected?
- Did the service/activity address the presenting issues/needs?
- What is the Clinical Committee's assessment of the outcomes at this time?
- Should the services be continued? End?
- What is the justification for continuing/closure?
- Were the time frames met?

Note: The family is not present at this review