

# ***PAULDING COUNTY FAMILY & CHILDREN FIRST SERVICE COORDINATION MECHANISM***

## **1. Overview and Purpose**

The purpose of the Paulding County Service Coordination Mechanism (PCSCM) is to serve Paulding County families who have children with multiple needs. The Service Coordination process is based upon the Wrap Around Model which follows a family's direction and focuses on their strengths.

The Wrap Around Service (WAS) process will work to address Ohio's Commitments to Child Well-Being as they relate to each individual family. The six commitments that will be addressed are: Expectant Parent's 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 to Adulthood.

The PCSCM was developed as a collaborative effort under the direction of the Paulding County Family & Children First Council (PCFCFC). The following systems were involved in the development of the Service Coordination Plan: Paulding County Department of Job & Family Services (JFS), Paulding County Health Department, Paulding County Board of DD, Paulding County Juvenile Court, Paulding County Help Me Grow (HMG), Paulding Exempted Village Schools, Tri-County ADAMHS Board and parents.

Agencies and others in Paulding County will be educated in the WAS process through the Wrap Around Coordinator (WAC) and PCFCFC members. Education will take place at individual council meetings and at the interagency training activities organized by the Council. The training is updated at each PCFCFC meeting. Families and direct care personnel will be educated about the availability of the PCSCM through partner agencies.

Referrals for WAS can come from agencies in Paulding County or directly from the family for children age birth to 21. Referrals will be made to the PCFCFC Office and will include the date the referral was received, contact information of the person being referred, a brief description of the problem, contact information for the person who is referring, and the outcome of the referral (See Addendum A).

## **2. Description of Statutory Components**

### **1) A procedure for referring a child and family to the Paulding County Council for WAS**

The PCSCM has focused on multi-need youth as its target population. A Paulding County Council child needs many systems for support; families with children birth through the age of 21 with multi-system needs; is at risk for institutionalization; presents as a systems' failure; and usually has multiple failures across multiple systems. Included in this population are those children whose families are voluntarily seeking services and/or those children involved with the HMG System.

The PCSCM makes the presumption that the needs of many youth and families who come into contact with the juvenile justice system, child welfare, mental health, drug/alcohol services and others, are being adequately met by those systems. It recognizes that each system has areas of responsibility and that this collaborative approach is not intended to replace the primary role of any one of these systems. This mechanism is an option when the resources of one system are not adequate to address the needs of the youth and family. This mechanism strives to ensure that the need for other interventions can be identified prior to court involvement, and that services are put in place to meet those needs, building on family strengths.

In order for any agency or family to seek WAS, they must contact the WAC. An initial assessment of a family's need for service is made by the contact agency representative.

This assessment will determine the eligibility and level of service coordination needed. An information and referral step is for those parents who are not involved in multiple agencies, yet are seeking services that they are having difficulty accessing through one agency. An information and referral step will be referred to an appropriate agency for assistance prior to WAS being considered as an option. IFT is for those children who are already multi-system involved.

If the needs of the family cannot be met through already existing collaborative efforts, the need to form an Individual Family Team (IFT) of WAS will be evaluated and initiated if appropriate. The referral will then be given to the WAC or PCFCFC Coordinator in the county.

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Family choice is emphasized in the selection and/or provision of services. Except in those cases where child or public safety is the predominate concern, families should be offered the opportunity for assistance and the opportunity to reject part or all of that assistance. It will be incumbent upon the PCFCFC to address these needs in ways, which are timely, culturally relevant, community-based, and collaborative.

### **2) Procedure for notification of all comprehensive IFT meetings**

When it is decided that the family would benefit from the formation of an IFT and the wraparound process initiated, the family will be given the opportunity to design their own family team.

The PCFCFC Coordinator will assign a WAC for the referred family. The parent and/or guardian and the agency representative will determine who should be present at an IFT meeting. The parents/family and child are integral and essential partners on convening the team. The parents/guardians decide whom they would like to have invited to their IFT. The WAC and agency representative will encourage them to invite informal supports such as:

- Family members
- Friends
- Church members
- Parent Advocate/Mentor
- And others from their neighborhood and community that they can count on for support

The WAC and agency representative will suggest that they may want to invite formal supports such as:

- Family Support Workers
- Counselors
- Teachers from the local school district or their representative
- Jobs & Family Service Personnel
- Juvenile Court
- DD
- Or others involved with their family as service providers

The WAC may also help them to consider people that don't work with their family now, but may be able to provide them with information, services, resources, or additional supports. They will also inform them that there may be people who *must be invited* because of legal reasons and are necessary to have input from if they are involved with them, (JFS or JC staff). The WAC will consider the preferences/needs of the families when setting the time and location of the IFT.

The WAC prior to the first scheduled team meeting for the family will contact all team members. The WAC will record all contacts with team members and compile a team roster for the family.

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

All families involved in IFT will be given the information on their team roster. Meetings will be regularly scheduled by the team; if however, parents feel a need to have additional meetings scheduled, they can contact the WAC for assistance in setting up the meeting. The parent will be provided with information on Parent Advocates available in the area for support on their team.

### **4) Procedure ensuring a comprehensive IFT meeting occurs before an out-of-home placement is made, or within ten (10) days after placement in the case of an emergency.**

It is the intent of the PCSCM that services for children with serious emotional disturbance should be planned and implemented to maximize the support of the family and the community to provide adequately for the safety and well-being of the child at home. The PCSCM assures that a family team meeting occurs prior to a non-emergency out-of-home placement and within 10 days of an emergency out-of-home placement. Services shall be individually planned to meet the unique needs of each child and family. The continuum of services shall be considered. All efforts will be made to provide services without requiring the parents to relinquish custody of the child. Relinquishment of custody will be considered as an avenue of last resort in order to maximize funding streams available for the needed services. Paulding County will utilize out-of-home placement only after families are provided the range of community-based therapeutic/supportive services and those services are inadequate to

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provide a reasonable level of safety and well being for the child and family, or when an emergency exists, which requires immediate intervention.

With the implementation of WAS, and the formation of IFT, it is envisioned that any recommendation for a non-emergency out-of-home placement of a child would originate from the IFT of that child. Cases in Paulding County which are a part of the WAS process will be reviewed and updated on a regular basis at the Clinical Committee meetings held monthly. With this regular review and update of cases, the Clinical Committee should be aware of any case that has the future potential to become a recommendation for residential placement.

Access to services for children with serious emotional disturbance and their families shall be voluntary whenever informed consent can be obtained. All potential and available resources for funding will be considered when calculating the financial obligation of the family. When a child is in a voluntary placement, which is funded in whole or in part by local, state, or federal funds, the IFT will review the placement every 30 days.

When a child & family's IFT Plan, which has been developed by their team, has identified services in which funding is needed, the request for funding will be presented to the PCFCFC Coordinator for review of appropriateness. The PCFCFC Coordinator will determine the appropriate resource for funding. Resources of funding may include: System of Care (SOC) funding streams, HMG, and/or Agency Shared funding. The Agency Director providing shared funding must sign off on the Funding Request Form when agreeing to share funding.

### **5) Procedure for monitoring progress and tracking outcomes of each comprehensive family service coordination plan.**

The procedure for monitoring progress and outcomes for families engaged in the Paulding County WAS process includes utilization of the IFT which includes a completion date checklist. Agency representatives, who will be acting as the lead at IFT Meetings, will be trained to use the form so that each is complete. As each family case is reviewed at the IFT meetings, the WAC will utilize those checklists to assess progress toward outcomes and measurable goals. Monitoring of progress and outcomes for children and families who are a part of the IFT will also be accomplished through the use of the Ohio Scales tool. The PCFCFC Coordinator will be updated and review each case involved in WAS on a monthly basis. Any case that is an out-of-home placement will be tracked and monitored by the PCFCFC Coordinator and IFT as stated above.

### **6) Procedure for Protecting Family Confidentiality**

All members of the IFT, Clinical and Family Teams, will begin each meeting by signing the Attendance Sheet, which details an agreement of the confidentiality of all personal family information disclosed through the IFT meetings. See Addendum B.

Services identified in the IFT will be provided in the least restrictive environment possible, considering the safety of the child, family and community. IFT will ensure that the least restrictive services are provided to the family (as the family needs them). IFT will also ensure that families at risk of out-of-home placement of children receive WAS and that all possible measures are taken prior to the out-of-home placement.

### **7) Procedure for assessing the strengths, needs and cultural discovery of the family**

As part of the referral process, the WAC will meet with the family to complete Addendum D to assess the Strengths, Needs and Cultural Discovery Information. This information will be shared with all IFT members.

Families and agencies can contact the Family & Children First Council at 419-399-4711 to discuss any possible referral. Fill out and submit Addendums A, B, C, and D.

Obtain signature of parent and client if at least 12 years of age on release

Submit forms via fax 419-399-3346 or mail to:

Paulding Co. Family & Children First Council  
202 N. Cherry St., P.O. Box 176  
Paulding, OH 45879  
ATTN: Cathy Ruiz, Coordinator

### **8) Procedure for developing a family service coordination plan**

The family will be contacted within three (3) business days and the level of intervention will be determined.

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### **Levels of Intervention:**

The level of intervention will be determined by the professional judgment of the Wrap Around Coordinator (WAC). The criteria examined will be:

- 1) Level of family involvement with child serving systems
- 2) Risk of the removal of the child from the home
- 3) The presenting issue

- A. **Information and Referral:** Predominately for families only involved in one system with low risk of child removal. The WAC or Family & Children First Coordinator will be assigned to provide information and referrals to the family. The WAC will follow up on an as needed basis to make sure the family doesn't need additional intervention.
- B. **Wrap Around:** For families dealing with multiple systems or with a low to moderate risk of having a child removed from the home. The WAC will meet with the family to conduct a strength-based assessment and set up the initial team meeting within two (2) weeks from initial contact.
- C. **Individual Family Team (IFT):** For families dealing with multiple systems or with a moderate to high risk of having a child removed from the home. The WAC will meet with the family to conduct a strength-based assessment and refer to the IFT within two (2) weeks from initial contact.

Once the level has been determined, the WAC will initiate an IFT for WAS if needed. The IFT will meet for discussion of positives, concerns, needs and goals. Addendum E documents job list of tasks to be completed, by whom, and by when.

### **9) Dispute Resolution Process**

The PCFCFC agrees that the conflict between any of the service partners and/or families must not impede the deliver of services. Therefore, the PCFCFC is committed to resolving all conflicts at the lowest possible level and in the most expedient manner. The PCFCFC recognizes the three types of conflict that are likely to occur and have addressed the process of resolution accordingly. The three anticipated scenarios for potential conflict are:

- A. The family is in disagreement with one Agency
- B. The family is in disagreement with the Service Plan
- C. One Agency is in disagreement with another Agency or the Service Plan

The process for handling each of the above situations is dependent on the premise that individuals will seek resolution through the individual agencies and/or team meetings prior to initiating the formal dispute resolution process. Emergency situations where a child is in eminent danger of abuse or neglect will be reported immediately to Children's Services and/or a local law enforcement agency. Other non-emergency situations will follow the dispute resolution process described below. Informal/formal agency grievance procedures should be utilized prior to initiating the formal dispute resolution process. If a family needs assistance in presenting their concerns within the team setting, they may request a parent advocate or agency representative to assist them in presenting their concerns.

Parents will be informed of the dispute resolution process by the WAC.

Steps to resolve the conflict at the family team level are:

1. The disputing parties will inform the WAC, in writing, of the facts of the conflict.
2. The lead case manager will call a special meeting(s) of the IFT within ten (10) working days of receipt of notification and will facilitate the dispute resolution process. The family will continue to receive services as described in the IFT Plan during this process.
3. When resolution is reached, the parents and the agency representatives will sign the revised IFT Plan to acknowledge their commitment to the Plan.
4. The WAC is responsible for the implementation of the IFT Plan.

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If this process does not resolve the dispute, the following steps will be taken:

- A. The family or agency which disagrees with the IFT Plan shall file a written objection to the Plan with the Council Chairperson or Vice-chair in the case of conflict of interest to the Chairperson.
- B. Upon receipt of the objection, or within ten (10) working days, the Chairperson shall initiate discussions with each party involved to determine the facts of the case.
- C. After determination of the facts, and sharing among agencies and families involved, the Chairperson shall schedule a meeting of the parties to the disagreement for the purpose of discussing resolution of the dispute between the two parties.
- D. If such efforts prove to be unsuccessful, the Chairperson shall cause the membership of the IFT to become aware of the facts of the case within five (5) working days. The IFT will review all the relevant information at the regularly scheduled meeting (unless an emergency meeting is needed, see below). The IFT recommendations shall be issued within five (5) working days. Any policy violation dispute not resolved will be referred to the Council Members to invite suggestions for reaching resolution of the dispute.

**Emergency Dispute Resolution:** The family or provider brings the emergency situation to the attention of the Council Chairperson (an emergency situation is defined as: disruption to an essential service provision which jeopardizes the safety and well-being of the child and/or family). The Council Chairperson will request an emergency meeting of the IFT to review the referral. The time frame for convening this meeting will vary according to situation needs response time, but will be scheduled no later than ten (10) working days. Once the immediate emergency is handled, continuing conflict will follow the outlined process.

- E. If the parties fail to reach an agreement under the procedure, the matter will be filed with the Juvenile Court within seven (7) days and processed in accordance with Ohio Revised Code 121.38.
- F. The Council Chairperson shall keep record of the results of each step of the resolution process and shall prepare an interagency assessment and a treatment information packet for the court.
- G. During the dispute resolution process, families will continue to receive services as indicated in the IFT Plan.
- H. A parent or custodian who disagrees with a decision rendered by the Council regarding services for a child, may initiate the dispute resolution process. No later than sixty (60) days after the parent or custodian initiates the dispute resolution process, the Council shall make findings, and issue a written determination of its findings.

Ohio Revised Code 121.38 requires that unresolved issues be referred to the Juvenile Court having jurisdiction of the child for resolution. It further requires that during the period of investigation of the case by the court, that any services provided by any agency prior to the filing of the dispute, be continued by the agency until the resolution process is completed. Following the decision of the Court, if the agency or agencies providing services during the processing of the complaint are found not to be responsible for providing services, the agency or agencies shall be reimbursed by the agency or agencies found to have responsibility by the Court.

Agencies adjudged to have responsibility may object to the determination of the Court within a time period prescribed by law. Such objections will be processed under circumstances and by procedures prescribed by Ohio Revised Code 121.38. When the Council participants agree by majority vote that responsibilities are not being shared by member agencies, the State appeals process may be accessed. It is understood that, upon appeal, Cabinet Council decisions may result in a redirection of state funds within a county.

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**Dispute Resolution Related to Part C Early Intervention Services-**

Purpose: Ohio Department of Health (ODH), as the lead agency, shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county Family and Children First Councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each county council shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

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

1. An individual or an organization may file a complaint with the county council regarding the provision of early intervention services within the county. The council coordinator is designated as the council's liaison for the receipt of complaints.
2. The council coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or U>S> mail or fax) within seven calendar days of the receipt of the complaint.
3. The council coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
4. The council coordinator will explain the options available for dispute resolution, which include:
  - a. Filing a complaint with the county council;
  - b. Filing a complaint with ODH
  - c. Requesting mediation;
  - d. Requesting an administrative hearing with ODH
  - e. Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints. \*
5. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
6. The council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
7. The investigation of the complaint will include at least the following:
  - a. Conducting an on-site investigation as determined necessary;
  - b. Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing;
  - c. Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing; and
  - d. Reviewing all relevant information and making a decision.
8. The council will issue a written decision to the complainant within thirty (30) calendar days from the receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH.  
\*\*
9. The council will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

\* If the provider has a resolution process for complaints, the provider of Part C services must notify ODH and the county council of the complaint in writing (via email or U>S> mail or fax) within 7 calendar days of receipt of the complaint. The provider of Part C services must issue a written decision to the complainant, the county council, and ODH with thirty (30) calendar days from the receipt of the complaint.

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

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1. To have ODH investigate the complaint in accordance with Rule 3701-8-08 (C) (4). If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the county council or provider received the complaint; and
2. To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (C) (3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.

### **3. Description of Statutory Components**

#### **1) Description of the process and individual components of the IFT**

##### **a. Admission Criteria**

- i. Child/Youth is from birth to the age of 21.
- ii. Child/Youth must be a Paulding County resident. (Note: All service providers do not need to be located in Paulding County.)
- iii. The family is in need of a coordinated inter-disciplinary plan for addressing their unique needs.
- iv. Family is requesting WAS
- v. There is a team of professionals collaborating with other agencies to assist the family in creating a unified plan.
- vi. Cross-system involvement of the family with at least two of the following services:
  1. Board of DD
  2. Children's Services Board
  3. Mental Health Services
  4. AoD Treatment
  5. Department of Job & Family Services
  6. Health District (BCMH; not WIC or other open services)
  7. Individual Education Plan with school district
  8. Family Court (Diversion, Probation, Treatment Court)
  9. Help Me Grow

##### **b. Criteria for Continued WAS**

- i. The child/youth is under the age of 22
- ii. The family is an active team participant
- iii. The team continues to make progress towards the family's mission statement or goal
- iv. The child/youth remains involved with two or more systems

##### **c. Criteria for Transitioning out of WAS**

- i. The family is no longer requesting WAS
- ii. The child is over the age of 21
- iii. Goals have been met, and the team agrees that the family has stabilized
- iv. The child/youth is involved with only one system
- v. The team decides that, after 6 months, WAS is making no progress

#### **2) Description of the method for selecting the family team member to track progress, schedule meetings and facilitate meetings.**

The WAC will track the progress of the IFT Plan, schedule reviews as necessary and facilitate the team meetings. In most cases this will be the responsibility of the WAC unless the family would prefer the job done by someone else on the team.

**IDENTIFICATION OF A TEAM FACILITATOR OR LEAD AGENCY WORKER:** The agency representative, who refers the family for a team, will serve as the facilitator for the initial team meeting. The on-going team facilitator will be the WAC.

#### **FACILITATOR RESPONSIBILITIES**

- a. Serve as single point of contact for the family and team;
- b. Identify team members with the family;
- c. Call the meetings/send invitation;

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- d. Arrange transportation to the meeting if it is a barrier for the family attending IFT meetings or make the location of the meeting accessible to the family;
- e. Facilitate meetings – setting an agenda and completing minutes;
- f. Develop a IFT Plan;
- g. Monitor and review the IFT Plan with team members;
- h. Ensure a Safety Plan is developed;
- i. Coordinate a Crisis Plan;
- j. Coordinate a transition plan when Service Coordination is no longer needed;
- k. Oversee outcome and evaluation of the IFT;
- l. Keep an Exchange of Information current;
- m. Make contact with family within one week of assignment;
- n. Conduct immediate Safety/Crisis plan within two (2) business days if needed;
- o. Hold first team meeting within three (3) weeks of assignment;
- p. Assure the completion of the Strengths, Needs, and Cultural Discovery with the family;
- q. Complete a Risk Screen and;
- r. Complete the Ohio Scales

Families will identify and prioritize their needs with the assistance of the WAC and the IFT. The family and the IFT will determine long range goals and initial short range goals. Copies of all forms must be submitted to the PCFCFC office for data tracking purposes.

The PCSCM will submit service coordination data upon request.

### **3) Description of how plans will ensure services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment.**

The IFT Plan will clearly identify the action steps towards accomplishment of the short range goals and the team member responsible for each step. Responsibility for funding of services for each step will be agreed upon in the IFT Plan

- a. The action steps and services designated in the IFT Plan will be responsive to the strengths, needs, and culture of the family. The team will refer to the Referral Form to help determine the action steps.
- b. The family will be fully involved in choosing appropriate services and service providers.
- c. Services will be provided in the least restrictive environment possible. The team will attempt to provide supports and services to the family while maintaining the children in the home as long as it is safe for the children and the community.

### **4) Description of how alleged unruly children will be dealt with using service coordination**

If a child is alleged to be unruly this will be designated in the assessment process. With parental approval, the Juvenile Probation department will be invited to be a part of the team and the unruly behavior will be a focus of the IFT Plan in order to divert the youth from further court involvement.

### **5) Description of how timelines will be established for completing family team goals**

Time lines to accomplish each short term goal will be established in the IFT Plan and agreed upon by the team. The IFT Plan will be reviewed quarterly.

### **6) Description of how crisis and safety plans will be included in the IFT (Addendum F)**

The WAC will initiate an IFT to help the lead agency and family complete the crisis planning worksheet. This process allows the IFT to discuss prevention strategies, early intervention, and development management steps. All families with an IFT will have a crisis and safety plan developed as part of the family team planning process.

## **4. Description of fiscal strategies for Supporting FCFC WAS**

PCFCFC continues to explore the maximizing of available local, state, and federal funds. With shared funding agreements utilized for specific children, we are moving away from discussions of "who's kid is this?" and moving more toward a planning and utilization of resources based on the needs and requests of the child and family. Whenever a child is eligible to receive Children's Community Behavioral Health or Family Centered Services and Supports Funds, the appropriate forms will be completed by the IFT and submitted to the PCFCFC Coordinator to be reviewed and approved for funding if applicable. A shared funding agreement may also be utilized to help in funding of plans for youth. The team will write the shared funding agreement with the assistance of the PCFCFC

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Coordinator. This shared funding agreement will utilize all funding sources available to the youth and family and must be agreed upon by all systems that will provide funding.

**5. QUALITY ASSURANCE OF THE PCSCM**

This PCSCM and the process of implementation will be reviewed annually by all members of the PCFCFC. Through the IFT process, the above outcomes are measured and evaluated. Evaluation procedures will include consumer satisfaction surveys that will be distributed and evaluated by the PCFCFC. There will be ongoing output from families during the planning, implementation, and evaluation process developed to measure results and key indicators for progress through informal and formal meetings.

# PAULDING COUNTY SERVICE COORDINATION REFERRAL FORM



Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Level of Referral:  Crisis  Needs Information Only  Single Issue/Specific Service Referral  
 Multiple/Complex Needs OR Service Specialized Single Need -  
 REFERRAL TO SERVICE COORDINATOR IS REQUIRED

School District: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip County

Child's Diagnosis: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # (opt.): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: \_\_\_\_ Marital Status: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_

Source of Income for Household: \_\_\_\_\_ Phone: \_\_\_\_\_

Source of Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Family Physician: \_\_\_\_\_

Others in Household	Date of Birth	Relationship to Applicant
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Services needed/types of referrals made (N=need, R=referral)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1) Basic needs          | <input type="checkbox"/> 6) Educational     | <input type="checkbox"/> 14) Protection/Legal  |
| <input type="checkbox"/> a. food                 | <input type="checkbox"/> 7) Employment      | <input type="checkbox"/> 15) Nutrition         |
| <input type="checkbox"/> b. clothing             | <input type="checkbox"/> 8) Equipment       | <input type="checkbox"/> 16) Recreation/Social |
| <input type="checkbox"/> c. shelter              | <input type="checkbox"/> 9) Parenting       | <input type="checkbox"/> 17) Rehabilitation    |
| <input type="checkbox"/> 2) Child Care           | <input type="checkbox"/> 10) Financial      | <input type="checkbox"/> 18) Support/Self-Help |
| <input type="checkbox"/> 3) Service Coordination | <input type="checkbox"/> 11) Health/Medical | <input type="checkbox"/> 19) Transportation    |
| <input type="checkbox"/> 4) Drug/Alcohol         | <input type="checkbox"/> 12) Housing        | <input type="checkbox"/> 20) Respite           |
| <input type="checkbox"/> 5) Early Intervention   | <input type="checkbox"/> 13) Mental Health  | <input type="checkbox"/> 21) Residential       |
|  |   | <input type="checkbox"/> 22) Other             |

**Referrals made to the following Service Providers:**

**Date:**

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# PAULDING COUNTY SERVICE COORDINATION REFERRAL FORM



Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Present Services Being Used** – Indicate the services presently received by this child/family.

## DEPARTMENT OF JOB & FAMILY SERVICES

- \_\_\_\_\_ TANF
- \_\_\_\_\_ Disability Assistance
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ PRC
- \_\_\_\_\_ Food Stamps
- \_\_\_\_\_ Job Opportunity and Basic Skills
- \_\_\_\_\_ SSI/Social Security

## GOVERNMENT PROGRAMS

- |   |   |
|---|---|
| _____ Women, Infants, & Children Program (WIC)    | _____ Worker's Compensation                 |
| _____ Veteran's Benefits                          | _____ Visiting Nurses                       |
| _____ Unemployment Compensation                   | _____ Home Health Aide                      |
| _____ Head Start                                  | _____ Ohio State Extension Services         |
| _____ NW Ohio Community Action Commission (NOCAC) | _____ Private Council Workforce Development |
| _____ Bureau of Children with Medical Handicaps   | _____ Accent/Job Center                     |
| _____ Vocational Rehabilitation                   |   |

## EDUCATIONAL SERVICES

- \_\_\_\_\_ Early Intervention Program
- \_\_\_\_\_ Parc Lane Training Center
- \_\_\_\_\_ Special Education in local school at \_\_\_\_\_ School
- \_\_\_\_\_ Other educational placement – specify \_\_\_\_\_
- \_\_\_\_\_ PC Workshop

## JUDICIAL SERVICES

- \_\_\_\_\_ Juvenile Probation
- \_\_\_\_\_ Division of Youth Services Parole Officer
- \_\_\_\_\_ Adult Program

## OTHER AGENCIES AND SERVICES

- \_\_\_\_\_ Paulding Co. Society for Crippled Children and Adults

\_\_\_\_\_ Westwood Behavioral North Campus

\_\_\_\_\_ Help Me Grow

\_\_\_\_\_ School Outreach Program

\_\_\_\_\_ Salvation Army

\_\_\_\_\_ Other – specify \_\_\_\_\_

# PAULDING COUNTY SERVICE COORDINATION REFERRAL FORM



Youth's Name: \_\_\_\_\_

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

List professionals who have been involved with this child. Attach additional pages if necessary; also attach reports for which you have obtained releases of information. Include in this section, physicians, psychiatrists, psychologists, social workers, nurses, counselors, probation officers, and so on.

Name/Agency: \_\_\_\_\_

Date last seen: \_\_\_\_\_

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

Release signed? \_\_\_\_\_

Phone: \_\_\_\_\_

Report attached? \_\_\_\_\_

Pertinent Issues:

Name/Agency: \_\_\_\_\_

Date last seen: \_\_\_\_\_

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

Release signed? \_\_\_\_\_

Phone: \_\_\_\_\_

Report attached? \_\_\_\_\_

Pertinent Issues:

Name/Agency: \_\_\_\_\_

Date last seen: \_\_\_\_\_

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

Release signed? \_\_\_\_\_

Phone: \_\_\_\_\_

Report attached? \_\_\_\_\_

Pertinent Issues:

Name/Agency: \_\_\_\_\_

Date last seen: \_\_\_\_\_

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

Release signed? \_\_\_\_\_

Phone: \_\_\_\_\_

Report attached? \_\_\_\_\_

Pertinent Issues:

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

Name/Agency: \_\_\_\_\_

Date last seen: \_\_\_\_\_

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

Release signed? \_\_\_\_\_

Phone: \_\_\_\_\_

Report attached? \_\_\_\_\_

Pertinent Issues:

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



# Paulding County Service Coordination Permission for Interagency Exchange of Information



I hereby give permission for local public agencies participating in Paulding County Service Coordination to exchange information regarding the listed parties for whom I have legal authority to act.

I understand that designated representatives from the following agencies may attend the Paulding County Service Coordination meetings, and/or IFT Meetings, and by their participation have access to private health information regarding the listed parties:

Printed Name	DOB	SS#

I understand that all participating representatives are required to sign a Confidentiality of Protected Health Information Agreement. Also, I understand that Paulding County Wrap Around Service Coordination and the IFT may include some or all of the following:

Adriel Foster Care Agency	Paulding County Juvenile Probation
Antwerp Local Schools	Paulding County Local Schools
Ohio Department of Youth Services	The Marsh Foundation
Parent Advocacy Connection	The Resource Center
Paulding County Board of DD	Tri-County ADAMs Board
Paulding County Family and Children First Council	Wayne Trace Local Schools
Paulding County Health Department	Western Buckeye ESC
Paulding County Help Me Grow	Westwood Behavioral Health Center
Paulding County Job & Family Services	

**Authorization**

By signing this authorization form, I authorize the Paulding County Wrap Around Service Coordination to exchange information in the manner described below. I understand that I am under no obligation to sign this authorization form. I have signed this form voluntarily in order to document my wishes regarding the use and/or disclosure of the information described below. I authorize the above listed organizations to exchange information for the sole purpose of the development of an interagency plan or to obtain funding for services. I understand that I may be involved in the process at the Paulding County Wrap Around Service Coordination IFT meetings. I understand that I have the right to 1) Revoke or restrict the authorization in writing at anytime, and that that revocation will be effective except to the extent that Paulding County Service Coordination or the IFT has already taken certain actions in reliance on my authorization, 2) The right to inspect or copy the health information to be used or disclosed, 3) the right to receive a copy of this authorization. I have had the opportunity to review this authorization form, and understand its contents. By signing this form, I am confirming that it accurately reflects my wishes. This authorization will remain in effect for 180 days, unless I revoke it in writing prior to the 180-day term.

I have been offered Parent Advocacy Services:  Accept  Decline \_\_\_\_\_  
(parent initials)

\_\_\_\_\_  
(Signature/Relationship)      (Printed Name)      (Witness)      (Date)

**PAULDING COUNTY FAMILY AND CHILDREN  
FIRST COUNCIL  
SERVICE COORDINATION**



Today's Date: \_\_\_\_\_

ATTN: \_\_\_\_\_  
(Name of Parents/Guardians)

This letter is to inform you that your child \_\_\_\_\_ is  
being exited from the Paulding County Service Coordination program as of  
\_\_\_\_\_.

The reason for the exit is:

\_\_\_\_\_ Goals have been met and the team agrees that the family has stabilized.

\_\_\_\_\_ The child is now over the age of 21.

\_\_\_\_\_ The child is involved with only one system.

\_\_\_\_\_ The team has decided that, after 6 months, Service Coordination is not  
making adequate progress.

\_\_\_\_\_ The Service Coordinator has not been able to make successful contact  
within the past 90 days or greater.

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

Your child's Paulding County Service Coordination records will be retained at the Western Buckeye Educational Service Center located at 202 N. Cherry St. Paulding, OH 45879. If you have any questions, or if you are interested in possibly receiving supports and services through Services Coordination at a later time, please don't hesitate to contact Cathy Ruiz, Service Coordinator, at 419-399-4711 , 419-203-7364, or email [cruiz@wb.noacsc.org](mailto:cruiz@wb.noacsc.org).

Sincerely,

\_\_\_\_\_  
FCF Service Coordinator      Date

**Western Buckeye Educational Service Center  
Family and Children First Council  
Service Coordination**



**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

Grade \_\_\_\_\_ School District \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

**PERMISSION TO SHARE INFORMATION**

I give my permission for \_\_\_\_\_

to provide \_\_\_\_\_

I further give permission for information from \_\_\_\_\_

to be released to Paulding County Family and Children First Service Coordination.

This release shall be valid for ninety (90) days from the date signed and may be revoked by me at any time by submitting a written request for revocation.

\_\_\_\_\_  
Individual or Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness Signature/Title Position

\_\_\_\_\_  
Date Signed



**PAULDING COUNTY SERVICE COORDINATION FORM  
Strengths, Needs and Cultural Discovery Information**



Youth's Name: \_\_\_\_\_

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

**Please identify and describe your child's strengths:**

**Please identify and describe your family's strengths:**

**What are some important rules in your family?**

**Please identify and describe your child's needs:**

**Please identify and describe your family's needs:**

**What are some family traditions that your family enjoys?**

**Does your family have any special values or beliefs taught to you by your parent or other people who are important to you?**

**What activities does your family participate in together to have fun?**

**Who do you call when you need help or want to talk?**

**Does your family belong to a church or faith-based group?**

Addendum D

Please list any special cultural/religious issues that you feel will affect our working with or treating your child or family:

\_\_\_\_\_  
Interviewer Title/Position

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

**PERMISSION TO SHARE INFORMATION**

I have received information on the referrals listed above and authorize this agency and the agencies listed within this packet that may participate in service coordination, follow-up and assessment of the problems indicated above.

This release shall be valid for ninety (90) days from the date signed and may be revoked by me at any time by submitting a written request for revocation.

\_\_\_\_\_  
Individual or Parent/Guardian Signature Date Signed

\_\_\_\_\_  
Witness Signature Date Signed



**- Crisis Planning Worksheet -**

**Family Name:**

**Date:**

**Predicted Crisis:**

**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:**

**Prevention**

**What do we know works?**

**What else can we try?**

**- Crisis Planning Worksheet -**

**Family Name:**

**Date:**

**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.