

# Service Coordination Mechanism



**Perry County  
Family & Children First Council**

## I. Overview and Purpose

The Perry County Family and Children First Council (PCFCFC) as established under O.R.C. 121.37, "Each county shall develop a county service coordination mechanism. The county service coordination mechanism shall serve as the guiding document for coordination of services in the county." Perry County FCFC is committed to provide coordinating services to all families with children birth through age 21. Service Coordination is a process that provides individualized services and supports to families with multiple needs. Our service coordination focuses on the family and child taking their strengths and needs into account. We are committed to providing strengths-based, family centered services that recognize the family role in providing direction to their children. By partnering with parents to develop the most efficient service coordination plan, it is the hope of PCFCFC that the needs of families will be met. Our service coordination provides a means for families to adequately address their needs which may not have been met in traditional agency systems. As required in O.R.C. 121.37, PCFCFC seeks to identify and address duplication of and/or gaps in services.

The Perry County Service Coordination Mechanism (hereafter referred to as PCSCM) is a tool that will serve as the foundation for planning, coordinating, and implementing services to families seeking assistance and families with multiple agency needs. The following agencies have participated in the development of this plan/process at the Perry County FCFC meetings which occur quarterly and the monthly Service Coordination meetings: Perry County Juvenile Court, Perry County Board of DD, Perry County local schools, Muskingum Valley ESC, Perry County Department of Job and Family Services, Perry County Children Services Board, ADAMH/ CMH/ ADAS, Perry County Health Department, Thompkins Child and Adolescent Center, Six County, Inc. Hocking-Athens-Perry Community Action Head Start, Perry County Help Me Grow, Ohio Department of Youth Services, Parent Representatives, EI/ HMG Committee, Mental Health Agencies, FCFC, community partners, and families.

It is the primary goal of this PCSCM to ensure that Perry County families and children include the following components:

- Services are delivered using a family-centered approach;
- Services are responsive to the cultural, racial, and ethnic differences of the population being served;
- Service outcomes are evaluated;
- Available funding resources are fully utilized or integrated;
- Service Coordination services and community and natural family supports are utilized;
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged;
- Duplicative efforts among agencies are reduced or eliminated;
- Families are respected, are fully involved in decision-making for the children and are provided with family advocacy options.

The Perry County Service Coordination Mechanism (PCSCM) shall serve as the guiding document for coordination of services for families with children who have multiple needs. For children who also receive services under the Help Me Grow (HMG) program, the PCSCM shall be consistent with rules adopted by the Ohio Department of Health under section 3701.61 of the Ohio Revised Code (ORC). All Individual Family Service Coordination Plans (IFSCP) shall be developed in accordance with the PCSCM. When a child is involved in both HMG and service coordination through PCFCFC, the main provider of service coordination should be HMG to assure compliance with the ORC.

## II Commitment to Child Well-Being

Perry County Family and Children First Council fully endorse Ohio's Commitments to Child Well-Being:

- a. Expectant parents and newborns thrive.
- b. Infants and toddlers thrive.
- c. Children and youth are ready for school.
- d. Children and youth succeed in school
- e. Youth choose healthy behaviors.

The PCFCFC's endorsement of these commitments is demonstrated in continuing efforts to coordinate a continuum of care across age groups and service needs. These services are funded for the least duplicative and most collaborative service plans possible.

## III Identified Children

The purpose of service coordination is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems, including any multi-need child. Typically, a child receiving service coordination would be experiencing behavior problems, school-related problems, family instability, mental health, or substance abuse issues, physical/emotional abuse, neglect, or health issues. Severity of the problems a family is experiencing may threaten the ability for the family

to maintain the child in their home. The Service Coordination process is accessible to all Perry County multi-need children though 21 years of age as needed. The PCFCFC encourages early intervention, when needed, in an effort to prevent children from entering the juvenile justice system and/or from placement in and out of home settings. At all times the best interest of the child/youth and their family is the primary concern and focus in the least restrictive possible setting. The target populations for Perry County's Service Coordination Mechanism are:

- a. Children, ages 0 through 21 years who have complex, multiple needs who are referred by agencies, social service systems, or Juvenile Court whose needs are unresolved, or parents voluntarily seeking services.
- b. Children at-risk for out-of-county residential placement.
- c. Children who need intensive community-based services.
- d. Must have parent(s) or guardian(s) who are receptive to the referral process.
- e. Must have multi-systemic needs (i.e the child is not necessarily involved in two or more systems but the child's needs involve more than one system).
- f. Must display any of the following or be at risk of: abused, neglected, dependent, unruly, or delinquent.
- g. Must continue to have unresolved problems despite attempts at resolution.
- h. Must be at risk for out-of-home placement

#### **IV. Components**

In support of Ohio's commitments to child well-being, the mission of PCFCFC desires to respond to the needs of a family in the least intrusive manner. This includes using a strengths-based approach to service planning as well as utilizing natural, community-based supports and services. The PCSCM incorporates the following underlying values of Ohio Family and Children First:

- ❖ *Children have the right to live with their own family.*
- ❖ *Children have the right to be nurtured and protected in a stable family environment.*
- ❖ *When children are at risk of harm, the community has the responsibility to intervene.*
- ❖ *Families are our community's most important resources and must be respected, valued, and encouraged to build upon their strengths.*
- ❖ *The racial, cultural, and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.*
- ❖ *Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.*
- ❖ *Families have the right to an individualized service provision that addresses the multiple needs of their children.*
- ❖ *Council recognizes that all children will be provided services in the least restrictive environment.*
- ❖ *SCT will take steps for all children deemed unruly. All steps to divert them before coming to court will be taken as referrals made to local mental health agencies for case management.*

With these values in mind, the purpose of the Perry County Service Coordination Mechanism is to transform local service deliveries from child-centered systems to family and children integrated systems that support children and preserve families through inter-agency and community intervention whenever necessary. Maintaining a safe, nurturing family unit is always in the best interest of the child.

#### **V. Referral Procedure**

Referrals can be initiated by any agency (including Juvenile Court) or any family voluntarily seeking services. All referrals will be directed to the Perry County FCFC Coordinator. All children and families in Service Coordination receive services through the same fair, consistent procedures. The difference lies in the intensity of case monitoring or services that require special funding arrangements. The Service Coordination Team (SCT) includes representatives from community experts- local service providers, including PCFCFC mandated members and local mental health professionals. We anticipate 40-50 children/youth will meet the requirements for service coordination through PCFCFC for assistance with the SCT on an annual basis.

- a. The referring entity (which is also the lead agency—unless determined otherwise) shall provide the following to the Coordinator: Completed Referral Packet including the following assurances:
  1. The child/youth must live in Perry County and be under the age of 22 or an unborn child.
  2. The legal guardian must complete and sign the multiple agency release of information form.

3. A referral form is completed that includes but is not limited to:

- Date of referral
- Complete – current contact information
- Receipt date of referral
- Brief description of problem/issues
- Referral source and contact agency- including the signed Release of Information form
- Response or action taken from team
- All agencies to be included in the process need to be checked as to not exclude their participation unless the family wishes to exclude a particular agency.
- The Risk Assessment tool will determine if a family meeting is in order and if so—what type of family meeting should take place among levels “1”, “2”, and “3”.

- b. Completed paperwork must be provided to the PCFCF Coordinator *prior* to the initial meeting by fax, email, or mail to allow time for discussion with the SCT prior to a family meeting. Packets can also be left at the FCFC Coordinator mailbox at the Administrative Agent's offices: PCBDD, 499 North State Street, New Lexington, Ohio 43764. Emergency Service Coordination meetings should be scheduled within three (3) days if a situation warrants immediate action. If emergency services are necessary for the situation not to escalate further, the team or executive committee if the team is not available, can proceed with needed services in good faith. The family will need to attend the follow-up meeting and abide by the guidelines set forth by the team, or they may become financially responsible for emergency services awarded. under these circumstances. The Cross System Risk Screen Tool in the Referral Packet will determine which type of meeting will need to be held- if any. If \*Cross System Risk Screen Tool contains a '3'. Emergency Respite may be needed as determined by the team. Referring Agency and/or Coordinator will explain FCFC Service Coordination to family as Release of Information is signed. Family if accepting of Service Coordination, is told they may bring a friend, family member or request a Parent Advocate to attend their family meeting with them. Non-emergency Meetings should occur within fourteen (14) days of the initial referral providing the family is available to meet. A level “3” meeting will involve a full SCT.(18+ points). A Level “2” on the Cross System Risk Screen Tool indicates a family meeting is in order. also within 14 days, but FCSS funds are generally not utilized.(12-17 points) The Lead/Referring Agency and Coordinator need to be present but a full SCT is not needed. Should weather conditions or unforeseen circumstances delay a team/ family meeting; it will be rescheduled at the first available date, no later than four (4) days.

Referrals made by the guardian/ family or self-referrals are much the same as through an agency. We serve children/youth 0-21. if youth is 18 to under 22 years of age they can represent themselves as an adult. Family and self-referrals are handled the same. Should a family/ guardian or youth initiate the referral, the PCFCFC Coordinator will act as team leader if that is agreeable with the family/ youth. The family/ youth will receive a referral packet upon request and return the completed packet to the PCFCFC Coordinator. The packet must be provided to the PCFCFC Coordinator *prior* to the initial meeting by fax, email, or mail to allow time for discussion with the SCT prior to a family meeting. The PCFCFC Coordinator will assist with any questions to complete the packet. Packets can also be left at the FCFC Coordinator mailbox at the Administrative Agent's offices: PCBDD, 499 North State Street, New Lexington, Ohio 43764. Emergency Service Coordination meetings should be scheduled within three (3) days if a situation warrants immediate action. The Service Coordination Team will meet as needed or deemed appropriate. The Cross System Risk Screen Tool in the Referral Packet is used to determine which type of meeting will need to be held- if any. If the \*Cross System Risk Screen Tool contains a '3'. Emergency Respite may be needed as determined by the team. Non-emergency Meetings should occur within fourteen (14) days of the initial referral providing the family is available to meet. A '2' on the Cross System Risk Screen Tool indicates a family meeting is in order. (within 14 days). Should weather conditions or unforeseen circumstances delay a team/ family meeting; it will be rescheduled at the first available date, no later than four (4) days

- c. With results of the screening tool, the Coordinator will contact all agencies involved with the qualifying family as well as agencies offering services or knowledge in areas of concern for the family meeting. Parents will be offered a Parent Advocate if they feel that will be helpful to them. The meeting will try to be arranged to meet the scheduling of the parent/ guardian when possible. The meetings shall include the following participants: the family, the child when he/she is available, family support individuals, family Parent Advocate, involved agencies, family requested agencies, school representative(s), and the Perry County FCF Coordinator. A minimum of one week notice is required for any referrals at a Level “2”:- non-emergency meetings. All invitees will receive notice by: email, phone, fax, or mail.

Should a family/ guardian initiate the referral, if the family does not initiate the invitation to their support person(s), family advocate, or mentor they would like to attend the family meetings, the names and contact information should be given to the Coordinator at least two days prior to the meeting when possible

Respite should be approved with a provider already in the system or a delay in Respite services will result if there is not current BCI check on file (within “1” year). In order to be paid, a Respite provider needs to provide to the referring agency or Coordinator: their full legal name, address, phone, social security number, D.O.B. to be placed in the Perry County vendor database.

## VI. Service Coordination

- a. The Service Coordination Team (SCT) and the qualifying family will have a family meeting to discuss the Service Coordination process, family strengths and possible goals for the family within fourteen (14) days of the initial referral, should the Risk Assessment tool indicates a level "2". The referring agency and the PC FCF Coordinator will determine what SCT members need to be contacted for a family meeting. There may be discussion of the case prior to the family meeting to determine possible resources available. The family will be given access to the "Parent's Rights and Responsibilities" and the "Children's Rights" OFCFC handbooks, as well as a brief overview of PCFCFC.
- b. If the family agrees, the agency/ individual who made the initial referral will be designated as the Lead Agency—or the agency most familiar with or requested by the family. The Lead Agency or Individual will facilitate the family's meetings, fill in the 'Individual Family Service Coordination Plan' (IFSCP) evaluating family strengths with family and team input. The Lead Agency will also determine agency responsibilities for the family and determine meeting frequency—every three (3) to six (6) months—or as determined by need. The Lead Agency, family and PCFCF Coordinator will sign off on the IFSCP. A copy will be available to all involved parties. A mandatory safety/ crisis plan will be developed by the Lead Agency at this meeting as well. Parents/ guardians must be present at family meetings. Their input will be invaluable in creating the Family Service Coordination Plan. (IFSCP). This plan is the driving force of all efforts to assist the family with their needs. A form specifying utilization of FCSS dollars form will be signed by the Coordinator, referring agency, and family. Should any actions need completed after this meeting involving the usage of FCSS funds, responsibilities and limits will be listed with copies available to all three parties.  
*\* A Parent Advocate may be accessed at any time during the service coordination process. Regional FCFC Coordinator will determine availability in the South Region.*
- c. An Individualized Family Service Coordination Plan. (IFSCP) form is utilized to direct goals for the family throughout the service coordination process. The IFSCP will denote which agency involved is responsible for services provided to the family. This will be determined at the initial Service Coordination Team (SCT) meeting and then reviewed and updated at subsequent team or family meetings. When needed services and supports are not available, the SCT, along with the family will determine together which goals are to be attained.
- d. During the family/s first meeting with the full Service Coordination Team the family will select a lead agency--usually referring\ agency or one who is most familiar with the family) to track and monitor the progress of their family service coordination plan and its goals, request reviews as needed (every three months), mandatory every six months), and facilitate the family meetings. A family can choose to have the SCT meet as often as there is a need to be addressed or if the lead agency feels it would be beneficial to the family. The entire service coordination process will focus on the family's IFSCP and will be conducive to the needs and wants of each individual family and their situation. Feedback for services provided from the family is helpful to determine if goals are being attained and effectively addressing family needs to better the family.
- e. To remain responsive to the strengths and needs of the family, and to the family's culture, race, and ethnicity, the Service Coordination Team process is considered the family's process, and involves the family in providing feedback and information into the needs they may have and what will help make and keep their family unit strong. Families are encouraged to share their input with the entire team so that the plan is driven by what they see as being needed the most. The strengths and needs addressed in the IFSCP will be utilized throughout the family team process, updating it along with the goals of the family to ensure compliance and effectiveness with selected goals. Timelines for selected goals will be determined based on the goals and what will be required of the family. This time frame will be specified within the family's plan. Families are able to invite any support persons to all meetings or involve them at any time. Support persons for the family are encouraged to provide feedback as well. The Service Coordination Team will strive to provide these services in the least restrictive environment as possible while still ensuring the safety of the family.
- f. The process the Service Coordination team will follow for providing services to an unruly child is similar to that of any multi-need child. The Service Coordination Team will look towards the juvenile courts/and any other agency with knowledge of the situation to make this referral for needed services for the family and youth to the Service Coordination Team lead agency/ facilitator. The Service Coordination team will explore any and all options to insure appropriate intervention is provided to this population including but not limited to encouraging the parent to work with the Service Coordination Team so as to avoid filing of charges, providing Respite and parent education when available, and conducting a meeting with the family.
- g. Timelines for family specific goals will be specified on the IFSCP. One of the expectations of the lead agency will be to review the family's plan at maximum of 180 days or at scheduled family team meetings.

- h. To deal with short-term crisis and safety issues an emergency Service Coordination Team meeting can be held at the request of the family or the lead agency to the PCFCF Coordinator—who will contact team members. A family safety plan will be developed in a written form for each family; this will allow a plan to be in place for each family that accesses service coordination. In the event a family goes into crisis a plan will have already been developed. This plan will be reviewed at least every 180 days.
- i. Monthly service coordination meetings will be held the first Thursday of every month. Updates will be shared on out-of-home placements. Current clients will be discussed at these meetings with any updates shared by the referring/ lead agency. Agency news will also be shared. Non-Clinical In-Home Parent/Child Coaching\* reports will also be shared at these meetings by the agencies PCFCFC has contracted with.

*\*(FCFC defines this FCSS funded service as "Non-Clinical Parent/Child Coaching is a non-clinical intensive program where a parent coach works with the family in the home to improve parenting and communication skills, address specific behavior, and reduce family stress through a strengths-based, individual family-centered approach. The coach and family develop a plan together to achieve individual family goals. The Parenting Coach provides support and guidance while providing developmental stages information, observing current family functioning, modeling effective parenting and communication skills, and encouraging parents as they build skills and confidence in their parenting ability. Issues addressed may include developing positive parent/child relationships, family communication, establishing family boundaries and rules, problem solving, age appropriate/effective discipline techniques, school concerns, and managing feelings, stress, and family time.)*

**VII Ensuring a Service Coordination Meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of emergency.**

Should the family receive notification from Juvenile Court, Children Services or another placing agency, an emergency meeting will occur prior to placement or no later than ten days after placement in the case of emergency.

**VIII. Confidentiality**

Each member of the Service Coordination Team (SCT) is asked to protect the confidentiality of all personal family information disclosed during all PCFCFC, SCT meetings, or contained in the IFSCP. Members of the SCT and all members affiliated with PCFCFC will be asked to sign a confidentiality agreement at each meeting attended as they sign-in for the meeting. They are bound by confidentiality in protecting the rights of families.

**IX Monitoring - Evaluation – Tracking - Review**

**Monitor, Evaluate, Review Service Coordination.**

- The Lead Agency/ Referring Agency will monitor the family goals and track family success through the IFSCP.
- The Service Coordination Team will review all cases monthly to address progress or updates,
- Strengths and noting any service gaps to SCT may result in a meeting being called meeting as needed
- develop and implement services as needed per team approval
- review the structure of the Service Coordination Mechanism annually and as needed, submitting updates to OFCF for approval. .

**Tracking**

- Services provided to families through FCSS funds are tracked monthly.
- Team members will be emailed a spreadsheet monthly by the PCFCF Coordinator with detailed client data as well as budget totals.
- Files for each family are secured by the Coordinator and are available upon request by SCT at any time for review.

**X. FCSS Guidelines**

At each SCT family meeting, a FCSS form will be utilized to set limits of funds to be utilized, who will be responsible to arrange the service or item and what areas of need are being addressed. The family/guardian, referring agency, and Coordinator all sign this form and are given copies. .The Coordinator tracks usage for State reporting purposes and retains all records. Processing of invoices are conducted by the PCFCFC Administrative Agent's (PCBDD) Business Manager. Invoices are sent to the Perry County Auditor, where checks are drafted and mailed, generally a week after they are submitted. SCT has determined the current utilization of FCSS funds for PCFCFC are: Transportation (gas reimbursement and public transit), Non-Clinical In-Home Parent/Child Coaching, and Respite. Should families have needs outside of these categories, a determination is made by the SCT. The PCFCFC will be consulted as needed.

## **XI. Grievance Procedure/ Dispute Resolution**

### **STATE STATUTE REQUIREMENTS- 121.37(c)**

The Ohio Revised Code stipulates that a county Family & Children First Council's Service Coordination plan must include a dispute resolution process to serve as the process that must be used first to resolve disputes among the agencies represented on the county council concerning the provision of services to children, 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. The local dispute resolution process shall comply with section 121.38 of the Ohio Revised Code. The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. The county council shall inform the parents or custodians of their right to use the dispute resolution process. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Codes. The cabinet council shall adopt rules in accordance with Chapter 119. Of the Revised Code establishing an administrative review process to address problems that arise concerning the operation of a local dispute resolution process.

The local dispute resolution process is further discussed in section 121.38 of the ORC ("Resolution of agency dispute concerning services or funding").

A grievance or dispute resolution is a method or procedure to resolve conflict between parties. Disputes may sometimes occur between agencies when one agency disputes the service they have been charged with providing. One or more agencies may disagree on the aspects of the plan, or a family may have a dispute with the agencies.

Any one of these examples may constitute a need to file a dispute resolution with the Council's Coordinator. Council agencies agree that should there be an impasse concerning services to families, a clarification, and resolution will be initiated at the family team level prior to implementing the formal dispute resolution process, if the conflict cannot be resolved at the family team level, it will be taken to the Executive Committee where a resolution will be initiated. Failure to reach an agreement/resolution through the dispute resolution process at the PCFCFC Executive Committee, the final arbitrator of the individual case resolution will be the presiding juvenile court judge. This will be filed with the juvenile judge within 7 working days from the date of the failed dispute resolution process, and an appeal has been filed with Perry County Family and Children First Council. Families will be notified that they have access to the dispute resolution process via a statement on the release that they sign which begins the service coordination process. The dispute process does not supersede an agency grievance procedure or State hearing.

### **Procedure for Non-Emergency Dispute Resolution**

If the dispute cannot be resolved between the agency professionals, or between the agency and the parent/custodian then the party still in conflict will file a one-page complaint with Perry County Family & Children First Council.

The PCFCFC Coordinator will within 48 hours of receiving the complaint of a formal dispute and a copy of all other pertinent records will notify the Executive Committee of the Perry County Family & Children First Council. The Executive Committee will have five (5) working days to review the records and determine if the case should be mediated within their committee or directly to the juvenile court judge. If the case is to be reviewed and mediated by the Executive Committee they shall notify the parties of the time and place of the hearing and shall hear and decide the disputed matter and provide in writing a determination of its findings. Executive Committee shall mediate within ten (10) working days from the date they have received the dispute and records from the PCFCFC Coordinator. If any procedures required of any party must be completed on a day which falls on a Saturday, Sunday or legal holiday, then the party shall have until the end of the next business day to file or make any written requests. No later than sixty days after the parent or custodian initiates the dispute process, the council shall make findings regarding the dispute and issue written determination of its findings. For failed disputes mediated by Executive Committee all parties will have two (2) working days from the time of the failed dispute to file an appeal with Perry County Family & Children First Council. The Coordinator within 7 working days will inform the juvenile judge of the failed mediation and provide the judge with all the dispute documents, family case records, and any other requested pertinent documents. The Council Coordinator will notify all parties of the time and place of the hearing the judge will hear the case and render a written binding decision. In cases where the executive committee refers the case directly to the juvenile court judge, the judge will hear the case and render a written binding decision. All records of any disputes, disagreements or conflicts and the decisions made at any level of the process shall be filed to Perry County Family & Children First Council. Each agency represented on a county Family and Children First Council that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute resolution process

### **Procedures for Emergency Dispute Resolution**

If an emergency dispute arises between a family/child and agency or agency to agency Perry County Family & Children First Coordinator will be immediately notified, the party in conflict will file a one-page complaint with Perry County Family

and Children First Council. Within two business days the Coordinator will notify the Executive Committee all parties of the time and place of the hearing. The executive committee will convene and render a written decision within two (2) working days of the hearing. No later than sixty days after the parent or custodian initiates the dispute process, the council shall make findings regarding the dispute and issue written determination of its findings.

When an emergency dispute is not resolved by the executive committee, the juvenile court judge will be notified within two business days by the Coordinator. The Coordinator will notify all parties of the time and place of the hearing and provide the needed dispute records to the Juvenile Court Judge. The juvenile court judge will hear the emergency dispute and render a binding decision.

For HMG families the Service Coordination Team will follow the guidelines set for in the HMG grievance procedure. For a HMG family that is accessing service coordination the parent is encouraged to contact their service coordinator or HMG, if this does not resolve the issue or if they chose not to do so then they may directly contact the Bureau of Early Intervention to file a complaint. These are the procedures that will be followed for the HMG families accessing service coordination. However if the HMG families chooses to access the PCFCFC dispute process they may choose to do so.

## **Perry County Family & Children First Contact Information**

### ***Perry County***

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# Perry County

## Service Coordination Mechanism

### Referral Packet

Revised July 2014



**Perry County Family and Children First Council**  
*Together... Helping Families*

## Contents

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- d. Perry County Cross System Risk Tool
- e. Service Coordination Supports/FCSS Request
- f. Returning Family Meeting Request (*new SCM referral packet on file*)
- g. Demographics
- h. IFSCP
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- k. New Family Referral Information Sheet
- l. Non-Clinical In Home Parent Child /Coaching Forms

# PERRY COUNTY FAMILY & CHILDREN FIRST COUNCIL

## Service Coordination Family Team Referral and Service Coordination Request **(Coordinator Fills Out)** Checklist

<b>Family Name:</b>		<b>Date:</b>	
<b>Referring / Lead Contact:</b>		<b>Agency:</b>	

Required documentation to open a case with FCFC for funding: <small>(Must occur prior to funding being approved)</small>			
<input type="checkbox"/>	<b>Referral</b>		
<input type="checkbox"/>	<b>Minutes/Notes from Service Coordination Family Team Meeting</b> <small>Within the last 30-days, where service needs and coordination of services were discussed, and includes verification that the parent/youth were present. <b>(Sign-in Sheet)</b></small>		
<input type="checkbox"/>	<b>Exchange of information</b> (good for 180-days – must be updated thereafter)		
<input type="checkbox"/>	<b>Eligibility Determination Form</b> <small>(good for 180-days – must be updated thereafter)</small>		
<input type="checkbox"/>	<b>Perry County Cross System Screening Tool Score:</b> _____ <small>(good for 180-days – must be updated thereafter)</small>		
<input type="checkbox"/>	<b>Three levels of system needs <i>or</i> involvement:</b> (check which)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> IEP with this School: _____  <input type="checkbox"/> Children Services  <input type="checkbox"/> Help Me Grow  <input type="checkbox"/> MR/DD  <input type="checkbox"/> Other (describe): _____  <input type="checkbox"/> Mental Health (which agency): _____  <input type="checkbox"/> AoD Treatment (which agency): _____  <input type="checkbox"/> PCDJFS  <input type="checkbox"/> PC Health Department  <input type="checkbox"/> Other (describe): _____                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Multi Spectral Autism:Physician _____  <input type="checkbox"/> Family Physician: _____  <input type="checkbox"/> Dentist: _____  <input type="checkbox"/> Family Court (specialty docket): _____                 </td> </tr> </table>	<input type="checkbox"/> IEP with this School: _____ <input type="checkbox"/> Children Services <input type="checkbox"/> Help Me Grow <input type="checkbox"/> MR/DD <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Mental Health (which agency): _____ <input type="checkbox"/> AoD Treatment (which agency): _____ <input type="checkbox"/> PCDJFS <input type="checkbox"/> PC Health Department <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Multi Spectral Autism:Physician _____ <input type="checkbox"/> Family Physician: _____ <input type="checkbox"/> Dentist: _____ <input type="checkbox"/> Family Court (specialty docket): _____
<input type="checkbox"/> IEP with this School: _____ <input type="checkbox"/> Children Services <input type="checkbox"/> Help Me Grow <input type="checkbox"/> MR/DD <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Mental Health (which agency): _____ <input type="checkbox"/> AoD Treatment (which agency): _____ <input type="checkbox"/> PCDJFS <input type="checkbox"/> PC Health Department <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Multi Spectral Autism:Physician _____ <input type="checkbox"/> Family Physician: _____ <input type="checkbox"/> Dentist: _____ <input type="checkbox"/> Family Court (specialty docket): _____		

Required documentation to request services/funding from FCFC: <small>(Must have open case with FCFC with current paperwork – see above)</small>	
<input type="checkbox"/>	<b>Complete Referral Packet</b>
<input type="checkbox"/>	<b>Safety Plan</b>
<input type="checkbox"/>	<b>Individual Service Coordination Plan (IFSCP)</b>

**PERRY COUNTY FAMILY & CHILDREN FIRST COUNCIL**  
**Service Coordination Family Team**

REFERRAL - *Please Ensure All Areas Are Complete*

**A. REFERRAL INFORMATION**

Date of Referral: _____	Name of person making referral: _____ Agency/Relationship to Child: _____ Address: _____ Phone Number: _____
-------------------------	---

**B. CHILD/ YOUTH DEMOGRAPHICS**

1. Last Name: _____	First Name: _____	Middle: _____																																
2. DOB: _____ Age: _____	3. Gender : <input type="checkbox"/> M <input type="checkbox"/> F	4. Race/Ethnicity: _____																																
5. Current Living with: Name: _____		Relationship to Child: _____																																
6. Who has custody of the Child: _____		Relationship to Child: _____																																
7. Siblings <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Live With</u> (check)</th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Age</u></th> <th style="text-align: left;"><u>Gender</u> (M/F)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Name: _____</td><td></td><td></td></tr> </tbody> </table>		<u>Live With</u> (check)	<u>Name</u>	<u>Age</u>	<u>Gender</u> (M/F)	<input type="checkbox"/>	Name: _____			8. Child Current Address:  Parent address (if different): _____  9. Child Phone: _____ Parent Phone (if different): _____  10. Are Parents Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where: _____ Work Phone: _____																								
<u>Live With</u> (check)	<u>Name</u>	<u>Age</u>	<u>Gender</u> (M/F)																															
<input type="checkbox"/>	Name: _____																																	
<input type="checkbox"/>	Name: _____																																	
<input type="checkbox"/>	Name: _____																																	
<input type="checkbox"/>	Name: _____																																	
<input type="checkbox"/>	Name: _____																																	
<input type="checkbox"/>	Name: _____																																	
<input type="checkbox"/>	Name: _____																																	
11. School District of Residence: _____		School District of Attendance: _____ <b>Grade:</b> _____																																
12. Family Members & Close Friends to the Youth & Family																																		
<u>Name</u>	<u>Relationship</u>																																	

**C. CHILD & FAMILY TEAM INFORMATION**

1. Who is the Referring Agency/Contact Person) for the Service Coordination Family Team?		
Name: _____	Agency: _____	Phone: _____
2. Best time/method to meet/reach family?		

4. What agencies are currently involved with the family? Please check all that apply:

<u>Name of Agency</u>	<u>Contact Person</u>
<input type="checkbox"/> Mental Health with Six County, Inc.:	
<input type="checkbox"/> Mental Health with Thompkins CAS.:	
<input type="checkbox"/> Perry County Help Me Grow/ EI:	
<input type="checkbox"/> Perry County Board of DD	
<input type="checkbox"/> Perry County Juvenile Court:	
<input type="checkbox"/> Perry County Behavioral Health Services:	
<input type="checkbox"/> Perry County Job & Family Services	
<input type="checkbox"/> Ohio Department of Youth Services	
<input type="checkbox"/> Perry County Health District	
<input type="checkbox"/> Head Start HAPCAA	
<input type="checkbox"/> Perry County Children Services	
<input type="checkbox"/> Perry Links:	
<input type="checkbox"/> School IEP at:	
<input type="checkbox"/> Other:	

**D. PRESENTING NEEDS**

1. Briefly describe the presenting problem or areas of need (include length of time the problem has been occurring):

2. Explain what community resources have been exhausted to ensure least restrictive service implementation:

3. Identify the end goal or mission of the family & agencies involved:

**FCFC use only**

Date referral received \_\_\_\_\_ Person receiving referral: \_\_\_\_\_  
 Date Family Contacted w/outcome: \_\_\_\_\_ Outcome of referral: \_\_\_\_\_  
 Risk Assessment Score: \_\_\_\_\_ Did youth score any "3"(Emergency meeting to be held) Yes No



# Perry County Cross System Risk Screen Tool

<b>Family Name:</b>	<b>Date:</b>
<b>Referring Individual:</b>	<b>Agency:</b>

**Current Youth Involvement or Need** (Last 30 days)

<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> IEP	<input type="checkbox"/> Health District (WIC, BCMH)	<input type="checkbox"/> Youth Group
<input type="checkbox"/> Children's Services	<input type="checkbox"/> Perry Links	<input type="checkbox"/> Head Start (HAPCAP)	<input type="checkbox"/> PCBDD
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Probation/Parole	<input type="checkbox"/> Help Me Grow	<input type="checkbox"/> Other list below
<input type="checkbox"/> Six County, Inc.	<input type="checkbox"/> Psych/Hospitalization	<input type="checkbox"/> Parenting Classes	<input type="checkbox"/>
<input type="checkbox"/> PCBHS	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Preschool/Daycare	<input type="checkbox"/>
<input type="checkbox"/> PCDJFS	<input type="checkbox"/> SSI Benefits	<input type="checkbox"/> P.C. Housing Coalition	<input type="checkbox"/>

**Known Presenting Risks to Child/Youth** (in last 30-days unless specified):

<input type="checkbox"/> <b>Suicidal Ideation, Gestures, Attempts (3 pts) Emergency Meeting</b>	<input type="checkbox"/> <b>Violent Behaviors (toward others, animals, property) (3 pts) Emergency Meeting</b>	<input type="checkbox"/> <b>Chargeable for Sex Offense (3 pts) Emergency Meeting</b>
<input type="checkbox"/> Self Injurious Behavior (2 pts)	<input type="checkbox"/> Hears voices/Sees things (2 pts)	<input type="checkbox"/> Fire Setting – Current or History (2 pts)
<input type="checkbox"/> Acute Family Crisis (2 pts)	<input type="checkbox"/> Victimization: Physical, Emotional or Sexual (2 pts)	<input type="checkbox"/> Verbal/Written Threats to Others (2 pts)
<input type="checkbox"/> Runaway – Current or History (2 pts)	<input type="checkbox"/> Youth/Family's Lack of Stable residence/homelessness (2 pts)	<input type="checkbox"/> Suspected Abuse in current placement (2 pts)
<input type="checkbox"/> Availability of Weapons (2 pts)	<input type="checkbox"/> Parent w/Severe Chronic Illness (2 pts)	<input type="checkbox"/> Parent w/ Drug or Alcohol Problem (2 pts)
<input type="checkbox"/> Limited Development Capacity to maintain personal safety (2pts)	<input type="checkbox"/> Sexual Acting Out/Impulsivity – Current or History (2 pts)	<input type="checkbox"/> Parent w/ Chronic/Acute Mental Ill, Dev. Delay, MR (2 pts)
<input type="checkbox"/> Aggressive Behaviors (toward others, animals, property) (1 pt)	<input type="checkbox"/> Drug/Alcohol Use (1 pt)	<input type="checkbox"/> Lack of Caregiver Supervision and/or Monitoring (1 pt)
<input type="checkbox"/> Resides in High Crime Neighborhood (1 pt)	<input type="checkbox"/> Negative Peer Involvement and/or Gang activity (1 pt)	<input type="checkbox"/> Anorexia/Bulimia (1pt)
<input type="checkbox"/> Suspended, Expelled, Dropped Out of School (1 pt)	<input type="checkbox"/> Family Conflict (1 pt)	<input type="checkbox"/> Truancy (1 pt)
<input type="checkbox"/> Known/Suspected Criminal Activity (1 pt)	<input type="checkbox"/> Prejudicial Thinking/Ideation (1 pt)	<input type="checkbox"/> Limited Ability to Control Anger (1 pt)
<input type="checkbox"/> Unrestricted Internet Access (1 pt)	<input type="checkbox"/> Impulsive Behavior (1 pt)	<input type="checkbox"/> Emotional/Educational Disabilities (1 pt)
<input type="checkbox"/> Depression – Current or History (1 pt)	<input type="checkbox"/> Held Back/Behind in Grade level (1 pt)	<input type="checkbox"/> Difficulty Accepting Supervision/Instruction (1 pt)
<input type="checkbox"/> Youth with severe chronic illness (1 pt)	<input type="checkbox"/> Youth with chronic/acute Mental Ill, Dev. Delay, MR (1 pt)	<input type="checkbox"/> Other (describe): _____ (1 pt)

<b>Total :</b>	<b>Completed By:</b>
<b>Information Source:</b>	<b>Relation to Child/Youth:</b>

# Cross System Risk Screen Tool Interpretation

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Score of:

Results in following action:

**Any "3" point item      An Emergency Service Coordination Family Team meeting will be held within 36 hours.**

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**Level 3**

18+       FCFC Referring Agency/ Lead is assigned when informal case is requesting more support (3-system involvement required) or

**Level 3**

Agency Lead and FCFC Coordinator will coordinate the child and family team.  
*Meeting to be held within 14 days*

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12-17      INFORMAL CFT  
Agency lead / FCFC Coordinator to facilitate a child & family team.

**Level 2**

*Meeting to be held within 14 days- Discuss community resources available*

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1-11      INFORMATION & REFERRAL  
Family will be linked up with existing services with Referring Agency/Lead. A Service Coordination Family Team is not indicated. Individual will take normal action per their agency to continue providing services for the child, youth, and/or family.

**Level 1**

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**Perry County Family & Children First Council Service Coordination Family Teams**  
**Service Coordination Supports/ FCSS Request Form (Coordinator Fills Out)**

<b>Child Name:</b>	<b>Child D.O.B.:</b>
<b>Referring Agency:</b>	<b>Contact:</b>
Identified unmet need by Service Coordination Family Team (justification of need):	
List other services/Resources exhausted:	

<b>Need Determined</b>	<b>Solution To Need</b>	<b>Responsibility</b>	<b>Cost Estimation</b>

***All Awarded Services Contingent Upon Available Funds***

FCFC Coord. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Agency Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Member Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Member Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# Perry County Service Coordination Returning Family Meeting Request

Please Fax to Kendra Warthman at 740-380-9035, drop off for mailbox at: 499 North State Street, New Lexington, Ohio 43764

Email at: [perrycofcfc@aol.com](mailto:perrycofcfc@aol.com), or mail to: P.O. Box 895, Logan, Oh 43138

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Date of Request: \_\_\_\_\_

Is the Family or Agency/ Lead Making This Family Meeting Request? (Circle One)

Referring Contact Person: \_\_\_\_\_

Phone: (If not already available) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age and D.O.B.: \_\_\_\_\_

Has the Family Phone/ Cell changed? (If so, please provide) \_\_\_\_\_

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What Family Needs or Circumstances Necessitate This Family Meeting?

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***\*This Form Is Only to Be Utilized For Those Families Already in Service Coordination through PCFCFC who have submitted a current referral packet***

**FCSS Service Coordination Demographic/ Needs Checklist for FCSS Tracking (F)**

Name of Child	Client	Sibling	Sibling	Sibling
<b>Check if pertains to child</b>				
Developmental Disability				
Mental Health				
Special Education				
Child Abuse				
Alcohol/Drug				
Physical Health				
HMG				
Child Neglect				
Poverty				
Unruly				
Delinquent				
Multi Spectral Autism				
Physician				
Dentist				
Age 0-2				
Age 3-9				
Age 10-18				
Age 19-21				

**FCFC Coordinator fill-on this section: Total number of times each service or support was written into IFSCP's and accessed by using FCSS funds for 6 month period (Please enter a positive number, if NA, leave blank):**

Parenting Classes Parent Education				
Transportation-Gas Reimbursement				
Public Transit				
Non-Clinical In-Home PCC				
Respite (Incl Camp)				
Other-				
Service Coordination				

### Individual Family Service Coordination Plan- IFSCP

Family/Child	Date:			
Strengths	Goals	Services	Time Frame	Responsible
<input type="checkbox"/> Maintain In The Home	<input type="checkbox"/> Develop And Identify Eligible Services And Support	<input type="checkbox"/> Respite - Duration: _____ Limit Set: \$ _____	1. This Month 2. Over The Next 3 Mo. 3. Other	Please Initial Box
<input type="checkbox"/> Attending School		<input type="checkbox"/> Camp	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No Court Action	<input type="checkbox"/> Link Services And Agencies		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attending Counseling			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keep All Appointments (last 30 days)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Working With Case Manager	<input type="checkbox"/> Prevent Removal		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Following Case Plan			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Following Probation Rules	<input type="checkbox"/> Have No Court Filings	<b>Transportation</b>		
<input type="checkbox"/> Doing Better In School		<input type="checkbox"/> Gas Reimb. \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doing Better In Social Activities		<input type="checkbox"/> Transit \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Following Directions Better	<input type="checkbox"/> Strengthen Existing Capacity of Family		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Hygiene			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Treat Siblings Better	<input type="checkbox"/> Treatment Successful	<input type="checkbox"/> Non-Clinical In Parent/Child Coach	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improvement In Grades & Attendance		Duration _____ Amount _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parenting Classes Attended	<input type="checkbox"/> Meet Family's Needs	Months _____ Set _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attending Anger Management Classes			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Taking Proper Medication	<input type="checkbox"/> Improve Family Functioning	<input type="checkbox"/> Safety And Adaptive Equipment		
<input type="checkbox"/> Drug & Alcohol Program		<input type="checkbox"/> Parent Education Or Mentoring		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Ensure Safety and Well-Being of Each Family Member	<input type="checkbox"/> Non-Clinical Parent Support Groups		
<input type="checkbox"/> Keeping Children Safe		<input type="checkbox"/> Social/Recreational Activities		<input type="checkbox"/>
<input type="checkbox"/> Parent Advocacy		<input type="checkbox"/> Structured Activities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attending Afterschool Programs	<input type="checkbox"/> Continue Social Activities		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Engaged In Sports/Activity	<input type="checkbox"/> Continue Activity	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> No Child Abuse or Neglect	_____	<input type="checkbox"/>	<input type="checkbox"/>

Parent Signature: \_\_\_\_\_ Coordinator Signature: \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Agency Signature: \_\_\_\_\_

H



## **Safety and Crisis Planning**

### **1. Basic procedure for safety crisis intervention in Wraparound planning:**

- Anticipated crisis are defined and clarified in the Family Team meeting with input from all members noted
- A Safety and Crisis plan is developed with the family in the meeting (see below)
- Safety and Crisis plans are proactive and reactive
- Families and teams are instructed to practice with dry runs

### **Crisis Definition and Clarification**

1. Each member of the entire Service Coordination Team (SCT), put his/her concerns on the table regarding what could go wrong.
2. There is a review of history because most crises have happened before.
3. The team should identify where its plans seem most vulnerable and what the possible consequences would be if the plan does not function.
4. Alternative strategies will need to be thought through as plan "B".
5. Proactive plans include tangible or intangible supports that are expected to prevent a targeted crisis from happening.
6. Reactive plans are developed by the SCT to prepare for what action they will take if the crisis actually occurs.
7. After each crisis occurs, the team should convene to determine:
  - a. whether or not the plan worked
  - b. was the plan effective
  - c. does the plan need modification
8. All changes to the plan need to be team-driven- any changes should be reported to any team members not present so everyone remains informed.

## Safety and Crisis Plan

Child/ Youth Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Family Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Agency and contact person: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Anticipated Crisis	Intervention Plan
1.	
2.	
3.	
4.	
5.	

Strengths of Child/ Youth
1.
2.
3.
4.
5.

SCT Members of Family			
Name	Agency	Contact Phone	Notes



## What Is Perry County Family & Children First?

The purpose of Ohio Family and Children First is to help families seeking government services by streamlining and coordinating services, resources, and systems.

### Vision

Ohio's children and families thrive and succeed within healthy communities.

### Mission

OFCF is a partnership of state and local government, communities and families that enhance the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging and empowering families. For more information, please access the State website (<http://www.fcf.ohio.gov/>) and click on 'Perry County' on the State map for additional information, including a referral packet. You'll also find many helpful informative links including links to:

- Service Coordination Guide for Families
- Children's Rights Guide
- Overview and History of Service Coordination
- Service Coordination Matrix for Perry County

### History

Ohio Family and Children First (OFCF) is statutorily defined as the Governor's Cabinet for children and families that was established in 1993 by Section 121.37 of the Ohio Revised Code. The OFCF Cabinet Council is comprised of the directors from eleven state agencies (ODA, ODADAS, ODODD, ODE, ODH, ODJFS, ODMH, ODRC, ODYS, ORSC, and OBM) and the Governor's Office. The Governor or his designee chairs the OFCF Cabinet Council. Locally, the county commissioners regulate the 88 county Family and Children First Councils. The current Administrative Agent for Perry County is the Perry County Board of DD, David Couch Supt. We hold most meetings at the administrative offices at: PCBDD, 499 North State Street in New Lexington.

*Want to contact someone regarding service coordination?*

Kendra Warthman, Perry County Coordinator Family & Children First

[perrycofcdc@aol.com](mailto:perrycofcdc@aol.com)

(740) 409-3780

(740) 380- 9035 (fax)

P.O. Box 895

Logan, Ohio 43138

K

**SFY15 Perry County Family & Children First -- NCIHPCC Request**

**Client:** \_\_\_\_\_ **D.O. B.:** \_\_\_\_\_

**NCIHPCC team Goal:**

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

**NCIHPCC Approved Weekly Hours with Team and Family:**

- 1 hour per week                       2 hours per week                       3 hours per week
- 4 hours per week                       5 hours per week                       6 hours per week
- other \_\_\_\_\_

**NCIHPCC Approved Service Delivery Days Preferred With Family:**

- Monday       Tuesday       Wednesday       Thursday       Friday

**Month NCIHPCC will start:**

- January    February    March    April    May    June
- July    August    September    October    November    December

**Total Monthly Hours to be delivered by Provider:**

- Six County, Inc. and/or    Thompkins (TCAS)

\_\_\_\_\_ hour(s) per full month      \_\_\_\_\_ hour(s) starting month

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**NCIHPCC Approved by Perry County Family & Children First**

**Service Coordination Team on:** \_\_\_\_\_

**Client:** \_\_\_\_\_

**Team Members Signatures:**

**Agency Represented**


L



**SFY15 NCIHPCC Monthly Report to Perry County Family & Children First**

*(Due by the first Thursday of month-* for agency to report on NCIHPC/C to Service Coordination team PCFCFC)

**Client** for (SCI)/ (TCAS) Circle One: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Reporting SFY15 Month:  January  February  March  April  May  June  
 July  August  September  October  November  December

Goals for Family: \_\_\_\_\_

Dates of Service for Client and summary of NCIHPCC:

Date: \_\_\_\_\_ Summary of visit: \_\_\_\_\_

Progression of Goals: \_\_\_\_\_

**Family Would Like NCIHPCC Continued For Next Month** :  Yes  No