

ROSS COUNTY
FAMILY AND CHILDREN FIRST COUNCIL

SERVICE COORDINATION MECHANISM

Revised June 2010

Table of Contents

Introduction	3
Service Coordination – Target Population.....	3
Community Education	4
Service Coordination Process	
Intake Referral	4
Intake Needs Assessment	5
Team Development	6
Family Service Coordination Plan Development	6
Crisis and Safety Plan	8
Out-of-home Placements	8
Fiscal Strategies	9
Outcomes	9
Closure/New Plan Development	9
Dispute Resolution	10
Help Me Grow Complaint Resolution Process	11
Confidentiality	14
Quality Assurance	15

Introduction

Ross County Intersystem Collaborative for Youth (formally known as Cluster) was established pursuant to the Ohio Revised Code, sec. 121.37, to ensure that multi-need children and their families receive adequate and appropriate services. The Intersystem Collaborative Team will remain a subcommittee of the Ross County Family and Children First Council. With a strong foundation of existing collaboration, we strive to continually improve the coordination of services for youth and their families. This service coordination mechanism shall also be consistent with the laws and rules adopted by the Ohio Department of Health when serving children under the Help Me Grow program.

Target Population

Traditional services are available; however, some youth require more intensive, individualized services. The County Service Coordination Plan will designate service responsibilities among the various state and local agencies that provide services to children and their families, including children who are abused, neglected, dependent, unruly, or delinquent children under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. Ross County is strongly committed to removing barriers for multi-need children and their families who are in need of adequate and appropriate services.

Youth served will be under the age of 22. The plan will also include a service coordination process for dealing with a child who is alleged to be an unruly child and methods to divert the child from the juvenile court system. The County Service Coordination Plan will support the following:

- Ohio's commitments to Child Well-being
 - Expectant parents and newborns thrive
 - Infants and toddlers thrive
 - Children are ready for school
 - Children and youth succeed in school
 - Youth choose healthy behaviors
 - Youth successfully transition into adulthood
- Coordinated, appropriate, effective and cost efficient services for children and families
- Increased family involvement throughout the levels of planning and services
- Support early intervention families
- Encourage shared responsibility among systems serving children and families
- Be locally driven

Agencies involved in the ongoing development of the service coordination mechanism include:

- Ross County Job and Family Services
- Scioto Paint Valley Mental Health Center
- Integrated Services of Appalachian Ohio

- Chillicothe City Schools
- Ross County Educational Service Center
- Ross County Juvenile Court
- Children's Division, Ross County Job & Family Services
- Ross County Board of DD
- Family & Children First Cluster Coordinator
- Family & Children First Council Coordinator
- Paint Valley ADAMH Board
- Help Me Grow/Ross County Health District
- Adena Health System
- Child Protection Center
- Parent Representatives
- Ross County Community Action/Head Start
- Ohio Department of Youth Services

The above listed representatives meet on a monthly basis for the purpose of case consultation, service coordination planning, and sharing of information among agencies.

Community Education

Trainings are held throughout the year to train staff from Ross County agencies in how to work and understand programs within the community through the Family and Children First Council. A segment of the trainings is directed toward the Service Coordination process and how to access the services provided. Families will be educated about the availability of service coordination through partner agencies and the 211 information and referral service. Additionally, a copy of this plan will be distributed to each participating agency.

Service Coordination

Intake Referral

There are several ways to refer a child and family into service coordination. A child/family can gain access through a parent or guardian referral, self-referral, or agency referral, including Juvenile Court. Referrals will be made to the Ross County Family and Children First Office located at the Ohio University Child Development Center, 100 University Drive, Chillicothe, Ohio 45601, by phone, letter, or e-mail. The referral will include the date it 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. Upon receipt of a referral, (Addendum A) the Cluster Coordinator will establish contact with the family within 10 days. An appointment date for the initial family meeting is scheduled at this time.

At initial contact, information is gathered about the issues or concerns around the child. At this point the Cluster Coordinator will discuss the purpose of Intersystem Collaboration and explain the options available to the family and child. The Cluster Coordinator will determine if a referral is to be made into Service Coordination and assists by identifying potential additional resources that may be accessed. All case referrals must go through the Cluster Coordinator. If

an agency is making the referral, no personal identifying information can be exchanged without a release of information (Addendum B).

Parent/Guardian or Self Referral: The Cluster Coordinator will review the referral process with the individual and assist them as needed. They will receive a referral packet, which includes a release of information and a referral form. A parent, guardian or child making a referral for assistance does not need signature(s) from any agency or program. The parent, guardian or child is encouraged to invite support persons to serve as an advocate or mentor. If the family cannot identify an advocate/support person the Cluster Coordinator will provide a list of resources.

System of Care or Provider Referral: With each agency referral, the following information is required to be submitted to the Cluster Coordinator:

- Release of information signed by the parent or guardian
- Completed Child and Family Team Referral Form
- Signatures from referring agency
- The lead agency and case manager is identified from the agencies referring the case.
- All non-emergency cases are reviewed on the third Thursday of every month. In order for a case to be reviewed in the same month of the referral, the information needs to be to the Coordinator by the second Tuesday of the month. At this time, the full Cluster Team meets and review cases; however, at any time during the month, a family may request a meeting with all or designated members of the team. The Cluster Coordinator will arrange the meeting times and a location at the convenience of the family within 5 business days to allow time for meeting notification unless an emergency situation exists.
- Emergency cases for an out-of-home placement shall have a service coordination plan meeting within ten (10) days of placement.

Intake Needs Assessment

The Cluster Coordinator will meet with the family, child and or referring agency to record the problems or concerns, the family history and to complete intake forms. The family will be encouraged to bring an advocate or support person to all meetings. The Cluster Coordinator will identify persons and agencies that should be involved in the case with the parent's approval. This information will be used to decide whether the child/family requires a service coordination plan or if the needs would be best met by referral to a single agency. The family will make the final determination about moving forward with service coordination.

a) Consultation & Referral

The Cluster Coordinator will provide consultations with agency and/or community representatives regarding the referral. A consultation will assist the provider in identifying additional resources and whether or not additional systems need to be involved.

b) Service Coordination Process

The goal of Service Coordination is to help a family navigate through multiple community systems and to develop a plan to address the needs of the child. Service Coordination is designed to identify the needs of the family and help foster collaboration between providers, however it is not meant to be a clinical or treatment provider.

Team Development

The family may select who they would like to have on their team. The family and Cluster Coordinator will use the information gathered during the Intake Needs Assessment process which agencies should be represented on the team. The family will be asked to provide the individual names to represent each agency and recommend a lead case manager for plan development. This team will work closely with the family to make sure the needs and goals are being met and to monitor the progress.

The designated parties will attend all meetings and in the event a case manager is unable to attend that representative is responsible to provide the team with any updates or pertinent information to the plan.

Notification of Meetings

The Cluster Coordinator will notify the Lead Case Manager, all participating cluster agencies, and schools of meeting dates and times. The referral source or Coordinator in the case of self-referrals is responsible to notify the families of the meeting dates and to encourage their participation. Team members will receive written notification at least one week prior to the meeting unless a special request is made. The families are responsible to notify their advocate/support person or anyone else they wish to bring to the meeting. Family needs and limitations will be priority when scheduling the time and location of all meetings.

Family Service Coordination Plan Development

The Service Coordination plan is a tool to aid in the implementation of services for families whose needs cross the boundaries of many agencies within the county. Through plan development, the process is outlined for families of how services will be coordinated to meet their specific goals and needs (Ross County Service Coordination Plan – Attachment D/E).

Ross County is located within the Appalachian region of Ohio. A majority of our families served share many common values such as being very independent and proud. Relationships are important; trust is developed slowly. It is critical for our Cluster Coordinator to be very sensitive to the needs of families during the initial intake/assessment process while focusing on the safety and well being of the children in the family.

Utilizing the completed referral form, the Cluster Coordinator talks with the family to determine their needs and offers suggestions to consider prior to the initial team meeting.

The Coordinator identifies the family's needs, strengths, and cultural discovery assessment and begins to document any identifiable gaps. Any assessments or screenings that have been previously completed will be incorporated into the assessment process and shared with the Cluster Team. Additionally, the Cluster Coordinator will utilize the questions in the tool entitled "A Roadmap for the Strengths, Needs, and Culture Discovery: Life Domains to Find Comprehensive Strengths" in Addendum D. This tool will assist the Cluster Coordinator in identifying the family's strengths, assets, and resources; help develop and strengthen the Service Coordination Plan designed with and for the family; and assist with looking ahead to determine short and long term goals associated with the plan.

Upon attending the initial team meeting, the goals and necessary action steps are discussed and documented. The process of creating a complete plan with the family may be completed in one meeting or may take several meetings depending on the complexity of the issues. The meetings are scheduled at a place and time convenient for the family and advocates.

The referring agencies and or case managers will present the current assessment of the case and reason for referral. The families are encouraged to participate and share their thoughts and concerns in this planning phase. Families and their advocates will be invited to all meetings and will be encouraged to participate but it is not mandatory.

Procedure to initiate a meeting

Meetings can be scheduled at the request of the family or any service provider that has concerns regarding any barriers or complications with a case through the Family and Children First Council, Cluster Coordinator. The Cluster Coordinator can help facilitate the meeting if needed and assist the family by inviting support persons and team members.

The Cluster Coordinator reserves the right to request and/or schedule a special meeting on any referred case. Team meetings will be held at a convenient handicapped-accessible location and times amenable to all parties.

The Team will identify strengths and needs of the child and family unit based reports from the child, family, and provider agencies. The case review will identify previous and current agency and/or system involvement. The team will identify any additional assessments and referrals that may be beneficial to the child and family. The Family Service Coordination Plan goals will be based on the identified strengths, needs, family culture, race, and ethnic group.

Progress toward the goals of the Family Service Coordination Plan will be monitored and documented regularly. The Team will receive updates and address any concerns that arise around the case on an ongoing basis. Agency representatives can contact the Intersystem Coordinator to address any concerns on the case or facilitate any linkage to additional systems. The team will identify the time frame for the services to address the goals of the plan. Barriers will be monitored and addressed by the Ross County Family & Children First Council.

The Cluster Coordinator and team representatives will specify and document the services to be delivered. These services could include but not limited to mental health diagnostic assessments, psychiatric evaluations, DD evaluations, school psychological, and substance abuse evaluations. In the event that a gap exists and there is no appropriate agency to provide the identified services, the Cluster Coordinator and team representatives will collaboratively work to find an appropriate solution. All services shall be provided in the least restrictive environment. The Cluster Coordinator and team representatives will designate the appropriate agencies and request they arrange the identified services.

Short Term Crisis and Safety Plan

All Family Service Coordination Plans will include short-term crisis and safety contact information that is available 24 hours a day, 7 days a week (Ross County Service Coordination Crisis Plan –Addendum F). Plans will be completed at the initial meeting.

The plan will outline the steps a family should follow in the event of a crisis. A contact person will be designated for the family and a plan set into place with the goal of minimizing the crisis and keeping the family together if possible.

If a child is alleged to be unruly, it will be designated in the assessment process. With parental approval, a representative from the Juvenile Probation department will be invited to be part of the team and the unruly behavior will be a priority in the plan in order to divert the child from further court involvement. Additionally, the family will be informed with information on how to access the Crisis Response Team. The Crisis Response Team responds to domestic dispute calls involving youth when a officer from the Ross County Sheriff's Department needs assistance with more difficult cases to de-escalate the situation. This process can divert the youth from court charges and increase family stability.

The Cluster Coordinator shall work with the family to identify a lead case manager to track the progress; schedule reviews, and facilitate the Family Service Coordination Plan meeting process. The identified case manager and lead agency will communicate with the appropriate systems and the family regarding appointment time, medication changes or any barriers the family may encounter. The identified lead agency and/or case manager will be responsible for assuring that all Releases of Information are up to date and will obtain new releases as needed.

Out-of-home placements

If a situation arises where a child involved in Service Coordination requires an out-of-home placement, the following procedure will be followed:

If the out-of-home placement is not an emergency, a team meeting will take place before the placement occurs. If the placement is an emergency, a team meeting will occur within 10 days of the Cluster Coordinator being notified of the placement.

When a child or youth is referred to an out-of-home placement, the lead case manager will monitor the placement and maintain contact with the facility service providers, child/youth and the family. The systems involved are to maintain contact with the Intersystem Team and develop discharge plans on how to integrate the identified child/youth back into the family.

Fiscal Strategies

The Family Service Coordination Plan shall detail payment arrangements for those services identified. Payment for services will be shared funding and decided upon a case by case basis. The FCFC has identified and utilizes local pooled dollars and FCSS funds. The team will determine the utilization of these funds and seek approval from the Family and Children Coordinator if necessary.

The FCFC has several funding options available to augment service delivery systems in Ross County including access to funding for treatment supports. The FCFC will work collaboratively with the local funding agencies to develop plans and identify needs, gaps, and service recommendations for new funding opportunities.

The FCFC will annually evaluate and prioritize services, fill service gaps where possible, invent new approaches to achieve better results for families and children, and develop or seek funding options for these approaches.

Outcomes

Team members from Scioto Paint Valley Mental Health Center and Integrated Services of Appalachian Ohio both administer the Ohio Scales upon intake. The Ohio Scales are culturally and racially appropriate for Ross County. The results of the scales will be incorporated in the planning process. The Intersystem Collaborative will regularly review progress toward goals quarterly and update or change the plan as needed. A team member will be assigned to schedule and facilitate meetings. The family will be involved in all phases of the plan implementation and progress review. The final Ohio Scales will be administered at discharge.

The aggregate results will be presented to the Ross County Family & Children First Council at regularly scheduled meetings. Confidentiality of the families in the Service Coordination process will be protected at all times. No family identifying information will be shared.

Upon request the aggregate outcome data will be supplied the State of Ohio for the purpose of evaluation.

Closure/New Plan Development

Once the goals of the Service Coordination Plan have been met the case may be closed or a new plan may be developed with new goals. If the team including the family and child are satisfied with the actions and outcomes of the plan, the case will be closed and the

outcomes will be reported to the Council. If the team is not satisfied with the outcomes of the identified goals, a new plan may be developed or the current plan could be revised. The decision about developing a new plan versus a revision to the current plan will be based on how well the current plan has addressed the strengths and concerns of the child and family. The decision will be made by the Cluster Coordinator about whether to revise or develop a new plan.

Dispute Resolution

The local dispute resolution process shall be used to resolve disputes when a family is in disagreement with the service plan; when a family is in disagreement with one of the agencies providing services; or when one agency is in disagreement with another.

Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. In addition, children and families eligible for Help Me Grow, but not eligible for Part C Early Intervention services, may file a complaint through the Ross County Family and Children First Council's dispute resolution process.

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

1. The Cluster Coordinator is designated as the liaison for the receipt of complaints regarding service coordination. The Cluster Coordinator will ensure that the procedure is followed and resolved within a sixty (60) day time period.
2. Parents or custodians shall be informed of their right to use the dispute resolution process at intake.
 - a. Those parents or custodians who are denied access to the service coordination process at the point of referral will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
 - b. During intake, parents or custodians will be informed of their right to use the dispute resolution process and will be provided a written copy of the council's dispute resolution process.
 - c. Any member of the service coordination team or any member of council who receives a complaint from a parent or custodian regarding service coordination will inform the complainant of their right to use the council's dispute resolution process and provide the complainant with the contact information for filing a complaint.
 - d. The Cluster Coordinator will provide a copy of the dispute resolution process to the parent or custodian filing a complaint.

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

plan. If the complaint is regarding the identified plan then all agencies involved with the case will be called to a meeting to discuss the concerns of the family and modify the plan as needed. The Cluster Coordinator facilitates problem solving and will schedule to meet with all parties involved within 5 business days.

- a. A written report will be forwarded to the parent/guardian and a copy provided to all agencies involved within seven (7) calendar days.
- b. Every attempt will be made to resolve the conflict with the parent/professional service coordination team; however, if the service coordination team cannot resolve the conflict and the parent/guardian still has a complaint about the plan, a member of the agency team or family member may file a formal statement of dispute.

4. The Cluster Coordinator will assist the family in completing a formal grievance to the Ross County Family and Children First Council. On the day the formal complaint is received, it will become the official date and begins the time line for the dispute resolution process. Any statements or supporting evidence should be sent to the Cluster Coordinator.

- The Cluster Coordinator will notify the Council Coordinator, Council Chair and administrative agent of the complaint within 7 calendar days.
- The team will reach a working agreement so that services are not interrupted during the dispute resolution process.
- The Executive Committee of Council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
- The investigation of the complaint will include at least the following:
 - a. Conducting an on-site investigation as determined necessary;
 - b. Interviewing the parent or custodian and giving the parent or custodian 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.
 - e. The Council Chair will issue a written decision to the parent or custodian within thirty (30) calendar days from receipt of the complaint. The written decision will address each allegation and include findings of facts and conclusions and the reasons for the council's decision.
- When the provision of service or funding cannot be resolved through the designated dispute resolution process, the final arbitrator will be the presiding juvenile court judge. The Cluster Coordinator and the Council Coordinator will assist the parent or custodian in filing the case with the juvenile court within 7 days of the failed dispute resolution process. The Cluster Coordinator will assist the family in providing all pertinent information for the court. The Court shall hold the hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. The Court shall issue an order directing one or more agencies represented on the Cluster Team to provide

funding for services to the child. The order will include a plan of care governing the manner in which the services are to be provided based on the service coordination plan. The decision of the court is final and binding.

Disputes Between Agencies

If a disagreement arises between agencies as to the services or funding determined a child and/or family is to receive, any agency on the Cluster Team may initiate the local dispute resolution process. The disputing agency must submit a letter to the Family and Children First Council Coordinator of the intent to utilize the dispute resolution process. Supporting documentation should be included with the request.

Upon receipt of the request, a meeting between the Cluster Team and the disputing agency will be held within fourteen 14 calendar days. The disputing agency will prepare a presentation regarding the nature of the dispute, issues to be resolved, and a proposed solution. The Family and Children First Council Chair shall preside over the meeting and will issue a response to all agencies involved within seven (7) calendar days.

If the dispute cannot be resolved, then a request shall be made to the Executive Committee of the Ross County Family and Children First Council. The Executive Committee may request additional information and conduct interviews in order to make a recommendation. The recommendation will be conveyed to all agencies involved in the dispute with twenty-one (21) calendar days.

Should the disputing agency disagree with the decision of the Executive Committee of Council, the disputing agency has the right to request a review by the Juvenile Court Judge. This request must be made in writing within seven (7) calendar days from the time the recommendation was presented. Upon the request, the Family and Children First Coordinator will provide the Juvenile Court Judge with any relevant information. The Court shall hold the hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. The Court shall issue an order directing one or more agencies represented on the Cluster Team to provide funding for services to the child. The order will include a plan of care governing the manner in which the services are to be provided based on the service coordination plan. The decision of the court is final and binding.

Dispute Resolution Related to Part C Early Intervention Services

Children and their families eligible for the HMG home visiting program may file a complaint through the Ross County Family and Children First Council's dispute resolution process as required by section 121.37 of the Revised Code.

Families can receive support for this process through a Parent Advocate supplied through the Help Me Grow program, Family and Children First, or other advocate of the family's choice.

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 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 Ross County Family & Children Council regarding the provision of early intervention services within the county. The Coordinator is designated as the liaison for the receipt of complaints. Contact information:

FCFC Coordinator
475 Western Avenue Suite B
Chillicothe, Ohio 45601
740-773-2651

2) The Coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or U.S. mail or fax) within seven (7) calendar days of receipt of the complaint.

3) The Coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.

4) The Coordinator will explain the options available for dispute resolution, which include:

- Filing a complaint with the county council;
- Filing a complaint with ODH;
- Requesting mediation;
- Requesting an administrative hearing with ODH;
- Filing a complaint with the provider of Part C service, 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's Executive Committee will investigate the complaint. The assigned individuals will not have a direct interest in the matter. In the event that a member of the Council's Executive Committee has a direct interest in the matter, the Council Chairperson will appoint another member of the Council to serve in that person's stead.

7) The investigation of the complaint will include at least the following:

Conducting an on-site investigation as determined necessary;
Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing;
Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing;
Reviewing all relevant information and making a decision.

8) The Council's Executive Committee will issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The written decision must address each allegation and include finding 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 Coordinator will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

Note:

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

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

1) To have ODH investigate the complaint in accordance with Rule 3701-8-08(c)
(4). If this option is 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 complain; 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 (30) days from receipt of the request for mediation and/or administrative hearing.

A copy of the brochure explaining rights to parents and contact information is attached (Addendum G).

Confidentiality

Confidential information shall include all protected health information including but not limited to name, address, phone, and social security number, diagnosis, presenting problem, history of treatment, history of agency involvement with child and family, and family financial information. A release of confidential information release must be signed by the parent or

guardian and shall be given to the Cluster Coordinator prior to intake for plan development. The release shall state the information that may be shared with the team and agencies (Addendum C – Confidentiality Statement).

Quality Assurance

FCFC members will review the Service Coordination Mechanism annually. A committee will be established to make recommended changes and refer to Council for approval. The aggregate outcomes from the Ohio Scales will be used to determine the effectiveness of programming.

Diagnosis:
Medications:

Psychiatrist:
Therapist:
Case Manager:

Psychiatric Hospitalizations in the past year? Yes No Dates and Location:

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

Name of Agency	Contact Person and phone number
<input type="checkbox"/> Ross County Juvenile Court	
<input type="checkbox"/> AoD Treatment	
<input type="checkbox"/> Ross County Board of DD	
<input type="checkbox"/> Ross County Job and Family Services	
<input type="checkbox"/> Ross County Health District	
<input type="checkbox"/> Ohio Department of Youth Services	
<input type="checkbox"/> Help Me Glow-Ross County	
<input type="checkbox"/> Children's Services	
<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:		Outcome of referral:	

Addendum B – Release of Information

FCFC RELEASE OF INFORMATION

Ross County Children and Family First Council/Cluster is authorized to exchange the following (initialed) information regarding _____ (DOB: ____/____/____)
(Name of Individual)

with the Party/Parties (initialed) below in order to review the case:

(Name of Child or Adult)

Information Covered:

- _____ Mental Health Evaluations/Diagnosis
- _____ Psychological Test Reports
- _____ Education Documents
- _____ Treatment Plan
- _____ Medication Records
- _____ Physical Examination/Diagnosis
- _____ Attendance Summary
- _____ Urinalysis Report
- _____ Progress Notes/Reports
- _____ Discharge Summary
- _____ Other (please specify) _____
- _____

Parties Covered:

- _____ Ross County Juvenile Court
- _____ Alcohol/ Drug Assessment/Diagnosis
- _____ Adena Health Systems
- _____ Ross Co. Board of DD
- _____ Ross Co. Job & Family Services
- _____ OSU Extension Services
- _____ Ross Co. Health District
- _____ School _____
- _____ Ross Co. Educational Service Center
- _____ Ross Co. Family & Children First
- _____ Paint Valley ADAMH Board
- _____ Ohio Dept of Youth Services
- _____ Integrated Services of Appalachian Ohio
- _____ Help Me Grow – Ross Co.
- _____ Ross Co. Metropolitan Housing Authority
- _____ Ross Co. Head Start
- _____ Ross County Prosecutor
- _____ Scioto Paint Valley Mental Health Center
- _____ Family Health Care
- _____ Other _____

I recognize the importance of a team approach to the care of my family listed in the assessment sheet. I understand that it is important for agency representatives/services to share written records and information to assist in planning my family's care.

I acknowledge this process and give my consent for agencies listed above to share pertinent written records and information regarding history, testing, assessment, recommendations, evaluations, and treatment about myself/my family in preparing my family assessment of needs. Written records and information will NOT be disclosed to any other party without prior written consent give by me.

I authorize a release of mental health and drug or alcohol abuse records for myself/my family listed in this assessment only to those agencies as set out above. I understand that federal guidelines restrict any use of disclosed drug or alcohol information to criminally investigate or prosecute me/my family listed in the assessment. I acknowledge that I have read this document. I also understand that this authorization shall remain in effect for six (6) months or until I revoke it in writing.

Signature of Individual Date

Witness

Date

Signature of FCFC Cluster Coordinator

Date

Date Individual received _____, declined _____ a copy of this form.

Addendum C – Confidentiality Statement

Ross County Confidentiality Statement

**Ross County Family and Children First Council
Cluster/Service Coordination Team**

As a member of the Ross Cluster/Service Coordination Team, I recognize the importance of respecting families and children and protecting their privacy. Therefore, I will not discuss matters brought to this group with others beyond those listed by the family for information-sharing purposes.

Signature

Date

Agency

Information shared outside the family team meetings is subject to HIPPA regulations and is the responsibility of the separate agencies represented.

Ross County Service Coordination Plan -Addendum D

Ross County Service Coordination Plan

Family Name	Date:
Team Members:	
Areas of Need: <input type="checkbox"/> Family <input type="checkbox"/> Social <input type="checkbox"/> Residence/Neighborhood <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Vocational <input type="checkbox"/> Educational <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Other:	
Identified Need:	
Identified Gaps:	
Strengths:	
Goals:	
Action Step:	Tasks (Who, What, When):Include timelines:
Action Step:	Tasks (Who, What, When):Include timelines:

Parent Signature: _____ Date: _____

Lead Case Manager Signature _____ Date: _____

FCFC Cluster Coordinator Signature _____ Date: _____

SERVICE COORDINATION PLANNING TOOL

Family and Family Culture:

Family. Who is in this family by their definition? Do all family members have appropriate access to each other? What do the members of the family need to stay together or in touch with each other? Are there serious, unmet needs for any family members that impair family functioning? The facilitator needs to learn about the youth and family's culture. Some examples of family culture follow:

Dress
Rituals
Preferences

Language
Rules
Ways

Habits
Assumptions/Beliefs

Family and Family Culture Cont:

- What is your best quality as a parent? _____
- What do you like most about your son/daughter? _____
- What are the best things about yourself? _____
- Your family? _____
- What were you like as a kid? _____
- Tell me about how you were raised. Give me an example of something you learned from your parents?

- Are you similar or different as a parent than your parents? _____
- In what ways? _____
- Describe your parenting style. _____
- Tell me about the rules in your family. How do they work? _____
- Describe for me the pace of how your family operates? Very fast? Slower than most?
- Do you like it that way? No Yes. Is this similar to how you were raised? _____
- I see from your file you are (Native American; African American; Chinese-American, etc). Could you tell me about how being (Race) has affected you in a positive way?
- Does your family celebrate holidays? No Yes. Which ones? _____
- In what way? _____
- I find that most parents have dreams about their youth. What would you like their lives to be like at 21 years old? _____
- 40? _____
- Do you have a long range vision for your family? _____
- What or who has been the most influential in your life? _____
- Do you have any heroes? _____ Why are they your heroes? _____
- Out of your favorite relatives, who would you like on your team? _____
- *(To the youth) I like your (hair, make-up, clothes, etc) Did you come up with that yourself?*

Social/Friends/Fun

Do family members have friends and access to their friends? Does this family have the opportunity to socialize with each other? Do individuals socialize outside the family? Do they have any fun? Do they have any way to relax?

- How does your family have fun? _____
- When is the last time you did that? _____
- (To the youth) What are your favorite things to do? _____
- Why do you like them? _____
- What is your favorite time of the day? _____ Year? _____ Why? _____

- When do you have the most enjoyable times with your family? _____
- How do you relax or what do you do to "blow off steam"? _____
- Do you have people over to your home frequently? No Yes
- Who were the last three visitors to your home? _____
- (To the youth) What is your favorite color/musician/sport? _____
- (To the youth) Who do hang around with? _____
- Who would you like to hang around with? _____
- (To the youth) Do your parents like your friends? _____
- (To the youth) What do you value most in a friendship? (loyalty, fun, what?) _____
- (To the youth) Who is your favorite person or who is your best friend? _____
- (To the youth) Who is the coolest person you know? _____
- What is cool about this person? _____
- (To the Parents) Who are your close friends? _____
- Why are they special to you? _____

Additional Notes:

Residence/Neighborhood

Residence. Do the current living arrangements meet the family's needs? No Yes

- Tell me a little about your home. _____
- Do the kids/parents share bedrooms? _____
- Do the kids and parents have places to go for quiet? _____
- Is there a place to enjoy outdoor activities? _____
- What is your neighborhood like? _____
- Do you feel safe in your neighborhood? _____
- What kinds of things do you do with your neighbors? _____
- Who in your neighborhood helps you out? _____
In what way? _____
- What do you like best about your neighborhood? _____

- What do you like about your current living arrangements? _____
- What things don't you like about your current living situation? _____

Additional Notes: _____

Financial

Is the family able to meet basic needs? Are they eligible for entitlements?

- Is anyone in your home employed?
- (If appropriate) Is anyone in the home on Social Security, cash assistance, food stamps?
SSI Cash assistance Food Stamps
- Are you able to meet your monthly financial obligations at this time? No Yes
- Do you often encounter a lot of unexpected bills/expenses? No Yes
- What do you want to happen regarding your financial situation? _____
- What was the most satisfying time in your life regarding your financial circumstances? _____

Vocational

Do older children have access to employment opportunities? No Yes

For what sort of future are they being prepared? _____

YOUTH

- Do you have or have you ever had a part time job? No Yes
- What would be your ideal job at this time? _____
- "What do you want to be when you grow up?" _____
- What kinds of things do you do that make you feel good about yourself, or give you a sense of accomplishment? _____

ADULTS

- Is anyone in the home working at this time? Full time Part time
- Describe where you work and what you do at your company.
Employer: _____
Job Duties: _____
- If you are not working at this time, is that something you would like to do? No Yes
- What kinds of things do you do that make you feel good about yourself, or give you a sense of accomplishment? _____
- Are there people at work that you can talk to about your problems? _____
- What would your ideal job be? _____
- Do you wish you had more education and/or training to help you get a different job? No Yes
What would you like and enjoy doing? _____

Additional Notes:

Education

What will it take to ensure a viable education for the children, particularly the identified client? For what sort of future are they being prepared? Are their rights intact?

- Who at your child's school do you like and trust? _____
- What have they done which has been most helpful? _____
- (To the youth) What is your favorite subject in school? _____
- Who is your favorite teacher? _____
- What you like best about school? _____
- What was the best year in school for you and why? _____

- How could school be a better place for you? _____
- Are there programs at school that you enjoy that you would like to do outside of school (shop class, auto repair, etc.) _____

Additional Notes:

Legal

Are any family members involved in the judicial system, on probation or parole? Do they have representation? Are there issues around custody?

- (If applicable) Who has custody of the children? _____
- Is anyone involved with the court system or on probation? _____
- Who gives you legal advice? _____
- Have you worked with any attorneys in the past? _____

Additional Notes:

Spiritual

Are family spiritual needs being met?

- What does a typical Sunday morning look like in their family (or other day that a family may have for attendance at their faith community)? _____
Was that what it looked like when you were growing up? _____
- Are you or is your family part of a faith community? _____
- Have you or your family ever been part of a faith community? _____
- What do you enjoy about your faith? _____
- Is your family in the same faith? _____
- Is there someone from your faith community who you would like on the child and family team?

-
- How does your family express their spirituality? _____
 - What do holidays look like with your family? _____
 - What is your favorite holiday and why? _____
 - Is your family new to this faith community? _____
 - Are there special persons in your faith community who mean a great deal to you or your family?

What do they do to support your family? _____

- What do you feel you need to be able to participate in your faith community again?
-
-
-

Behavioral/Emotional/Psychological

Are any problem behaviors blocking a family member's chances of having a good life? Does the referred individual have any unmet needs in these areas? Do any other family members have unmet needs in this area? Are there unresolved issues that impede normal interactions within the family or in the community?

- Who do you call when times are tough?

- If you could do anything different with your life, what would it be? _____

- Do you have any immediate goals for your family? _____

- When ___ happened, who did you call? _____

- Who seem to be good candidates to be on the child and family team? _____

- What are ways that family members of your family help to make you feel happy and good about yourself? _____

- Does _____ have a friend or other peer s/he listens to? _____

Could that person be on the team? _____ Does your child turn to the parents of any friends for advice and would they be helpful? _____

- What do you do when you are feeling sad and lonely? _____

Are there people you call upon to help you feel better? _____

- (To the *youth*) What about your personality? Are you (quiet, boisterous, private, outgoing, loyal)?

- (To the *youth*) If you could say one good thing about yourself, what would it be? _____

- Was there a professional you worked with who you really felt helped in other situations? _____

Would that person be someone you want to have on the team? _____

Why? _____

- What do you daydream about? _____

Safety/Crisis Intervention.

Is everybody in the family safe? Are there dangers to individual family members? Is anybody potentially dangerous to themselves or to the community?

- How are you in a crisis? _____
Could you give an example? _____

- Are there any dangers to having everyone living together in the same household?

- What are some things you have done to keep your family safe during crisis times?

- Are there any firearms in the home -- do the children have access to them?

- (If appropriate) Are medications locked away? What about the youth's access to alcohol in the home?

Developing a long range vision and Short Term Goals

A long range vision statements can be elicited by asking,:

- "Life would be better in the housing domain if...?"

Examples:

A long range vision for me and/or my family is: (this can be any area of personal or work life), for example, "I want to complete my Master's degree."

A short term goal that would help me move toward the long range vision is: for example, "I need to research schools with the degree program I am interested in, so I know the details of their program, the cost, and the application procedures."

Addendum F
 Ross County Service Coordination Crisis Plan

Family Name:		Date:
Predicted Crisis:		
Environmental Triggers:	Psychological Triggers:	Behavioral Triggers:
Steps to prevent crisis: 1. 2. 3. 4. 5.		
Possible outcomes:		

Parent Signature: _____ Date: _____

Lead Case Manager Signature _____ Date: _____

FCFC Cluster Coordinator Signature _____ Date: _____

Addendum G -HELP ME GROW BROCHURE EXPLANATION OF DISPUTE PROCESS

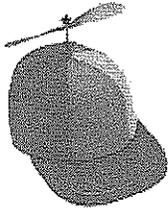
PARENTS RIGHTS IN HELP ME GROW



When your child who is birth through age two receives services from the Help Me Grow program, you receive certain rights.

Your rights include:

- ☉ The right to accept or decline some or all services from Help Me Grow program
- ☉ The right to be informed of your rights
- ☉ The right to provide informed written consent before any information about your child or family is shared between service providers and before evaluation and services begin
- ☉ All information about you and your records are kept private and confidential
- ☉ The right to review and make changes to records about your child and family at any time
- ☉ The right to request, be present at and take part in meetings about your child and family
- ☉ The right to make a formal complaint about services for your child
- ☉ The right to know to whom to make a written complaint and then get an answer to that complaint within 30 days
- ☉ Assessment of the strengths and needs of your family
- ☉ Service Coordination
- ☉ Help with writing and updating the Individualized Family Service Plan (IFSP)



PARENTS RIGHTS OF CHILDREN WITH A DEVELOPMENTAL DELAY OR DISABILITY

Parents of children with a developmental delay or disability have special rights stated in the federal law called Individuals with Disabilities Education Act (IDEA). If your child has a delay or disability, your rights include:

The right to the following services at no cost to you:

- ☉ Developmental evaluation to determine eligibility
- ☉ Help with transition planning before your child turns three
- ☉ The right to have an advocate, friend or interpreter present at any or all contacts with service providers
- ☉ The right to receive written notice before there is a change in services. The written notice should include what and why the change is being proposed or denied



Addendum G – HELP ME GROW BROCHURE
PAGE 2

There are two ways to make a complaint—

- ☒ Contact your local Help Me Grow program or
- ☒ Contact the Bureau of Early Intervention Services at the Ohio Department of Health,
 - by phone (614-644-8389);
 - by email (beis@odh.ohio.gov);
 - or by mail to:
Ohio Department of Health
Bureau of Early Intervention Services
ATTN: Help Me Grow Program
246 N High, PO Box 118
Columbus, Ohio 43216-0118
www.ohiohelpmegrow.org

In Ross County contact:

Help Me Grow Program
Cordy Boedeker, Project Director
740-775-3598
Or
Family & Children First Council
Teresa Juenger
740-772-7625



An Equal Opportunity Employer/Provider
Ohio Department of Health | 10/2016

