

**HAMILTON COUNTY
FAMILY AND CHILDREN FIRST COUNCIL
SERVICE COORDINATION MECHANISM
UPDATED OCTOBER 1, 2011**

Overview of Hamilton County Service Coordination

There are multiple agencies and programs in Hamilton County that serve youth who are in need of service coordination. As most youth and their families do not have “single system” issues, almost all of the youth served require some type of service coordination and virtually all of the providers have become adept at working with other agencies and systems. The Hamilton County Family and Children First Council (FCFC) emphasizes service coordination for families by providing an annual Inter System Training. For the past 17 years, FCFC has developed an educational training day specifically targeted at “front-line” staff. Hundreds of caseworkers, counselors, and supervisors receive instruction on how to work with and understand programs from other systems. Inter system collaboration and service coordination is strongly encouraged by funders (and is sometimes mandated) and is programmatically institutionalized in many of the services offered throughout Hamilton County. On October 1, 2011, one of the Hamilton County entities for service coordination changed from Ohio Choices, Inc. to Central Clinic HOPE for Children and Families.

Target Population

Eligibility for Hamilton County’s Service Coordination mechanisms is targeted at youth who have multi system needs and will benefit from a formalized service coordination mechanism. These youth with multiple problems typically cannot benefit from traditional services in isolation and require more coordinated, specialized interventions than the traditional service providers can offer.

Criteria for FCFC Service Coordination Recipients

The criteria indicating need for FCFC Service Coordination within Hamilton County include the following:

1. Hamilton County resident
2. Youth ages 0 to 22
3. Multi-system involvement or cross-system needs
4. Service and support needs are not adequately met
5. Higher level or specialized care is indicated
6. At risk for out-of-home or emergency placement
7. Assistance needed to navigate traditional systems and resources
8. May have a DSM-IV diagnosis or condition or identified risk that crosses two or more systems (i.e., mental health, substance use disorder, education, developmental disabilities, juvenile court, child welfare, housing, vocation).

Another element included in the current service coordination plan addresses unruly youth and youth at risk of being unruly. Unruly youth are defined by Juvenile Court as “youth who commit

an offense that if committed by an adult would not be against the law; i.e., truancy, curfew violation, incorrigibility". For purposes of the Service Coordination Plan, youth *at risk* of being unruly will be defined as youth who are beginning to exhibit behaviors of an unruly nature, or who due to biological, psychological and/or environmental influences may be more likely to develop such adverse behavior patterns without outside intervention by schools, courts, social service agencies or families.

Development of 2010 Service Coordination Plan

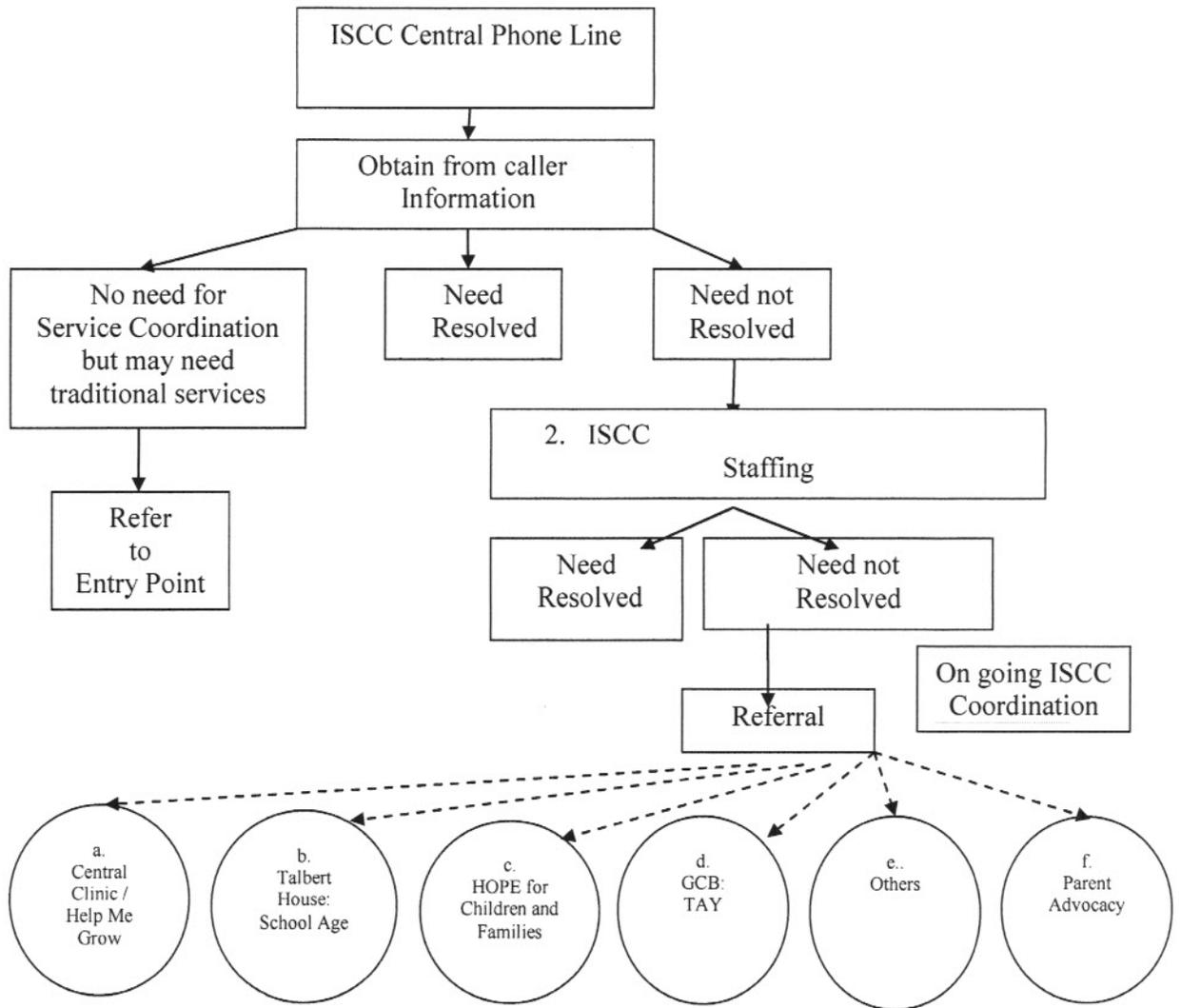
The Hamilton County Service Coordination Plan has evolved over the past 17 years to address the changing needs of youth and families. The Hamilton County 2010 Service Coordination Plan was developed by representatives from Hamilton County Department of Job and Family Services, Hamilton County Mental Health and Recovery Services Board, Hamilton County Juvenile Court, Hamilton County Developmental Disabilities Services, Legal Aid Society of Greater Cincinnati, the local school systems, the Family and Children First Council (FCFC), and a focus group of parents with multi-system involved youth. Revisions to the plan were made after receiving input from each of these representatives. After several revisions, the plan was presented to the FCFC Executive Committee for review and final approval. During the formative years of the capitated, managed care program for youth with multiple needs, the FCFC was integrally involved in its development. The FCFC continues to provide feedback on such issues as unmet needs of youth, the importance of family involvement in service coordination design, as well as planning and monitoring. Periodic reports are given to the FCFC detailing the progress of service coordination efforts and families served.

FCFC Service Coordination Mechanism

Hamilton County has designed its service coordination mechanism to meet the unique level of care needs of multi-system involved youth and families. All youth and families can access FCFC service coordination through the Intersystem Service Collaboration Committee (ISCC) and ISCC Phone Line. The ISCC will consider a number of options for meeting the FCFC service coordination needs of children and families or young adults including the following (see flow chart below):

1. Call resolved by providing information to the caller or referral to traditional services because service coordination is not needed or desired by family
2. Convene an ISCC staffing
 - Child and family, or young adult needs resolved after staffing meeting
 - Child and family, or young adult may need ongoing service coordination through ISCC
 - If need is not resolved after staffing meeting and ISCC is not the most appropriate entity to provide service coordination, referral may be to one of the following entities as appropriate for the service coordination:
 - a. Central Clinic Early Childhood/Help Me Grow (up to 6 years of age)
 - b. Talbert House's Project Steps (6 – 18 years or age)
 - c. HOPE for Children and Families (7 – 17 years of age)
 - d. Greater Cincinnati Behavioral's Transitional Age Youth (16 – 22 years of age)
 - e. Other entry points
 - f. Parent Advocacy Services

Avenues for Accessing Hamilton County FCFC Intersystem Service Coordination



Components of FCFC Service Coordination

The Intersystem Service Collaboration Committee (ISCC) and phone line is the entry for staff, families, and young adults to service coordination and individualized services needed by multi-system youth (ages 0-22) and their families. At the time of referral to the ISCC the child may not have a DSM-IV diagnosis.

The Intersystem Service Collaboration Committee is comprised of representatives from the following agencies: Hamilton County Job and Family Services (HCJFS), Hamilton County Mental Health and Recovery Services Board (HCMHRSB), Hamilton County Juvenile Court (HCJC), and Hamilton County Developmental Disabilities Services (HCDDS), the Legal Aid Society of Greater Cincinnati, Hamilton County Educational Service Center, family member and Cincinnati Public Schools. These representatives meet as necessary for the purpose of case consultation, service planning, information sharing and inter system collaboration. Staff, families, or young adults who are seeking direction and guidance in locating or obtaining services or a more complex “package” of services/service plan that can not be accessed in more traditional ways or who have not been able to overcome obstacles within the service systems may refer a youth’s case to this committee.

Principles of FCFC Service Coordination

The guiding principles of the ISCC are:

- The needs of the child and family or young adult are the most important factors in deciding the types, intensity and duration of services and interventions provided.
- The primary task of the service coordinator is to develop a family or young adult team made up of caring people who are imaginative problem solvers and are willing to try non traditional ideas in meeting needs.
- Family involvement when approved by young adults in transition is crucial at all levels.
- The lead service care coordinator guides the Intersystem Service Coordination Team through a process of strength discovery and facilitates Individual/Family Service Care Coordination Plans by building upon strengths, hopes, dreams and other natural supports.
- Strength based assessments explore significant life domains including: social, cultural, spiritual, educational and vocational needs/resources.
- Community based supported living arrangements are preferable.
- Achieving the best service outcomes for the lowest cost is a shared responsibility of providers, funders, communities, families, and young adults.
- Services must respect and respond to the unique culture (such as racial, religious, ethnic, social-economic) of each family and/or young adult.

Referrals to ISCC

Families and agency staff can make referrals for service coordination by contacting the ISCC central phone number (946-8668). The ISCC representative who answers the call will complete the Intersystem Service Coordination Request Form (Addendum A) that documents information for the person being referred as well as the person referring, date of receipt of the referral contact, demographic, presenting problem, system involvement, and disposition information. The ISCC member who takes the call may immediately resolve the issue during the phone call by providing information to the caller or making a referral to a parent advocate or traditional services.

After collecting and reviewing the family’s information, the ISCC representative may determine there is not a need for intersystem coordination. However, the child, family or young adult may benefit from traditional services. The ISCC will then contact one of the following points of entry to assist the family or young adult in accessing traditional services:

- *Mental Health Access Point (MHAP: 513-558-8888)* is the centralized access point for all public mental health services in Hamilton County. MHAP takes calls from providers, public and private entities and the general public, screens for service need and refers the child and family to the proper provider(s) for service. MHAP has connection responsibility for many of the services provided in the mental health system. For youth who are deemed “unruly” or “at risk of being unruly,” the mental health system offers a comprehensive range of services which begin with a diagnostic assessment and determination of level of care needs. Once the initial eligibility as a child with a severe emotional disturbance (SED) is determined, MHAP connects the child to the appropriate community based service. MHAP also has connection responsibility for those “high end” services, e.g. inpatient, crisis stabilization, mobile crisis response, and respite services, and may choose to connect the child to an appropriate level of treatment if needed. For youth who have not benefited from a traditional array of services, MHAP can work with providers to develop a unique “service package” designed to meet the specific needs of the child and family.
- *Recovery Health Access Center (RHAC: 513-281-7422)* is a centralized point to facilitate access to alcohol and other drug treatment, prevention, and information. RHAC offers information and referral, clinical screening services, clinical assessment services, level of care recommendations, referral for treatment, and transitional support for those awaiting admission to treatment. RHAC offers services 24 hours a day, seven days a week.
- *Family Access to Integrated Recovery (FAIR: 513-651-4142)* is a program of Mental Health Access Point (MHAP). As part of a collaborative effort between the Hamilton County Mental Health and Recovery Services Board and the Department of Job and Family Services (JFS) as well as a partnership between Central Clinic and the Alcoholism Council, FAIR came into operation on February 1, 2010. FAIR is responsible for the evaluation, referral, and care management of the mental health and/or alcohol and other drug needs of children and family members who are involved with JFS Children’s Services Unit.

FAIR provides an entry to mental health and alcohol and other drug services, and also monitors the service to ensure the child welfare goals of safety, permanence, and well being are incorporated into treatment. FAIR primary functions include evaluation, referral and care management oversight; and assistance to JFS Caseworkers in the identification of children and families in need of mental and/or AOD services. Available services include triage of referred cases, emergency triage and evaluations Diagnostic Assessments, connection to community service, Care Management oversight, and Case Consultation for JFS workers. Admission criteria include an open Job and Family Services case in the Children’s Services division and identified mental health and/or alcohol and other drug needs.

- *Hamilton County Developmental Disabilities Services Intake (513-794-3308)* provides an entry to the two step eligibility process for Developmental Disabilities services. The two step eligibility process includes confirming a developmental disability and evaluating the individual’s functional abilities if a diagnosis is confirmed.

- *Legal Aid Society of Greater Cincinnati – Individual Education Cases (513-241-9400):*
The Legal Aid Society is a source of legal representation, information, advice and referral for low income persons in need of legal help. Legal Aid provides a wide range of services. In the arena of education advocacy, Legal Aid accepts for representation some individual cases of students in public and publicly-funded (community) schools in the following priority areas:
 - Students proposed for expulsion
 - Students with special needs or an identified disability who have issues related to IEP, evaluation, appropriate educational services, school discipline or enrollment
 - Students having trouble with enrollment or access to school
 - Students in foster care
 - TeamChild Program

- *The United Way 211 Helpline* provides information and referral for the general public for all kinds of social services in Hamilton County and the greater Cincinnati region.

If the family and/or young adult's need is not met through this initial call, the ISCC representative will refer the case to the ISCC committee member from the system most closely involved or most likely to be connected with the case. This ISCC committee member will call the family within 24 hours of receipt of the referral form. During the call to the family, the ISCC member will conduct further assessment to determine if the child meets the criteria for FCFC service coordination (page 1). If the youth and the family's need rises to the level of requiring service coordination, the ISCC member offers to bring the case to the committee for unique service planning and staffing. The ISCC member will discuss with the family their right to initiate a family service coordination plan meeting. Family needs and requests concerning the time and location of the meeting will be considered when scheduling the meeting. Prior to the case being staffed at the ISCC, family members are advised of their right to invite any support persons whom they feel would be helpful as well as their right to have a service coordination meeting before an out of home placement is made or in the case of an emergency, their right to have a meeting within ten days of the placement having been made and their rights and the procedure related to dispute resolution.

Once the meeting is initiated, family members will be advised of their rights concerning confidentiality and will be asked to sign a release of information form (Addendum B) If other providers and family support members are present for the family service coordination plan meeting, they will also be asked to sign a document agreeing that none of the family personal information will be shared with others outside without written consent of the family (Addendum C). During the initial meeting the ISCC will review a form that has a listing of the family's rights and responsibilities (e.g. right to initiate a Service Coordination plan meeting, the right to invite support persons of their choice). One of the rights listed is the right of the family to approve their lead service coordinator.

Once all documents are signed and all members communicate understanding of the need for confidentiality, the ISCC will continue the assessment of the family needs. Through the use of guided interviewing and active listening with the child, family caregiver, agency/provider staff or

significant others, ISCC members will assess strengths, needs and cultural implications for the family. The ISCC may resolve the issue through the ISCC staffing or make additional recommendations and referrals as needed. Based upon information presented by the family and feedback accepted at every suggestion, the ISCC may begin the process of developing family service care coordination and safety plan that will be used for ongoing service coordination or the plan will be shared with the service provider. If the youth has multi system needs, but is not multi system involved, the ISCC provides the ongoing service coordination. In addition to the procedures described above, the committee must follow all of the other guidelines of the intersystem service coordination mechanism.

The service provider will be chosen that best meets the child, family or young adult needs and a referral will be made as appropriate to: Central Clinic Early Childhood/Help Me Grow, Talbert House Project STEPS, HOPE for Children and Families, or Greater Cincinnati Behavioral's Transitional Youth Program. It is understood that families involved with Help Me Grow may receive service coordination with this defined mechanism only if the families have multi system needs that are not being met with the traditional Help Me Grow process and services. In this case, the families would convene a team and follow all the steps described in the Intersystem Service Coordination Mechanism to develop individual family plans with quality family needs identified. Thus, the Hamilton County FCFC agreed that the Family Centered Services and Supports will be available for families enrolled in FCFC service coordination using the process described in the Mechanism. The family has the right to request a lead service care coordinator. The Lead Service Care Coordinator will be responsible for completing all forms (such as, Individual Family Service Care Coordination Plan (Addendum E), Service Care Coordination Crisis Plan (Addendum F), etc.) associated with the service coordination process and updating them as needed. The ISCC will be responsible for documenting decisions and recommendations that will be shared with the referring individual, as well as the family or young adult in follow-up. A copy of the plan will be shared with the family or young adult.

Monitoring Progress/Documenting Outcomes

ISCC follow-up will include disposition and each service provider will monitor progress made by the family or young adult and document outcomes. Each family service care coordination plan will have individualized objectives for the child, family, and/or young adult. Disposition and data will be tracked on the ISCC Tracking Sheet and bi-annual reports will be sent to FCFC.

Public Awareness

Information and the phone number to access the ISCC will be distributed throughout provider agencies, family groups such as NAMI, youth and young adult groups, and their own systems by the ISCC members. This information will include a description of the committee, its purpose, how to access it, and the ISCC central phone number. Agency staff will also be encouraged to attend trainings to assist them to better understand the role and function of the ISCC, such as the annual Family and Children First Council's Intersystem Training, where the ISCC presents two workshops annually. Printed information about the ISCC from the Inter System Training (which is updated annually) is distributed to all participants. The process and the phone number for accessing the ISCC, the "front door" function for service coordination beyond what is traditionally provided, has also been placed on the FCFC website (<http://www.hamilton-co.org/hcfcfc/>).

The ISCC may refer youth requiring FCFC Service Coordination to HOPE for Children and Families, which is a system of care, serving high end multi need youth (ages 7-17) and their families or Central Clinic's Early Childhood/Help Me Grow (ages, 0-6), or Talbert House Project Steps (ages, 6-18), or Greater Cincinnati Behavioral's TYP (ages, 16-22).

The ISCC and all providers will abide by the following procedures for service coordination:

Service Providers FCFC Coordination Procedures

Upon a provider's acceptance of a referral, enrollment occurs within 24 hours. A Team Leader will be assigned within one working day. The Team Leader familiarizes himself with the case and makes an assignment to a service care coordinator with family input as requested in one business day. The Service Care Coordinator is responsible for contacting the family and introducing them to the program within 48 hours of assignment and will offer the family a family/team meeting within five days of the initial call. Family needs and requests will be considered when scheduling meeting times and locations.

During the intake meeting, the service care coordinator has the guardian/client sign the Consent for Services form that includes the following information:

1. Client Rights Policy and Grievance Procedure
2. Client Responsibilities
3. HIPAA Notice of Privacy Practices
4. Provider Code of Ethics
5. Advance Directives information
6. Information on how to look at or get copies of client's clinical records
7. Hours of operation

The service care coordinator also asks the guardian/client to sign releases of information in order to communicate with other providers and potential team members.

During this initial meeting, the lead service care coordinator assists the family in identifying natural supports, providers, representative from the child's school district and/or family advocate, mentor or other supports that will become a part of the Service Care Coordination Team. Families are informed that they have the right to initiate a Family Service Care Coordination plan meeting as needed and that they can invite any support persons of their choice, including a family advocate, to those meetings. The family has the right to request a service care coordinator.

The Service Care Coordination Team will be made up of approximately five to nine members and will meet at least monthly to discuss treatment needs and progress. Additional members may be added and others removed at the discretion of the family, except for public system involvement, which is not optional. The service care coordinator will keep all team members informed about the service care coordination plan when their participation is needed. The service care coordinator notifies all potential Team members of the date, time, and location of the initial team meeting. At the initial team meeting and all subsequent team meetings, the service care coordinator will have the team members sign a Care Coordination Team Agreement

to Maintain Confidentiality (Addendum C). The service care coordinator will distribute meeting minutes that includes information regarding the next meeting.

All agencies will have clear procedures for the development of a family service care coordination plan and safety plan. Both are developed at the time of intake. Child, family, or young adult strengths in several life domains are to be included in the development of the service coordination plan and utilized throughout their involvement.

The team working with the child, family, or young adult develops and regularly monitors a set of goals based on the needs and strengths of the child, family, or young adult. All members of the team actively participate by bringing their resources, skills, and knowledge to the table. Responsibilities of team members are determined at the meeting and documented in the minutes, which are distributed to each team member. The lead service care coordinator will assist with the coordinated assignment of responsibilities (assessment, service plan development and implementation, assistance in transitional services, service activity tracking, and monitoring of service satisfaction). Each team meeting is used to monitor the progress and track the outcomes of the individual's service care coordination plan. The team monitors and tracks if the child is in out-of-home placement to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education. When requested, this information can be shared in aggregate with FCFC to assist in planning and decision making related to prioritizing services, filling service gaps and creating new approaches.

Procedure for Out of Home Placement Meeting

The service coordination mechanism in Hamilton County is committed to providing wraparound, community based, least restrictive, and flexible in home services to prevent out of home placement. A family service care coordination plan meeting will occur prior to a non-emergency out of home placement. However, in the event of an unexpected out of home placement, the Service Care Coordination Team or ISCC (if the child and family is not involved with a service provider) will meet within 10 days of the emergency out of home placement. HOPE for Children and Families partners with Hamilton County Job and Family Services Utilization Management Department about out of home placements.

Procedure for Monitoring Progress and Tracking Outcomes

The service coordination mechanism in Hamilton County assures that in addition to monitoring progress and tracking outcomes through teams, providers prepare extensive reports on outcomes annually. The report includes information on out of home placements and the information is periodically utilized to inform FCFC about out-of-home placements and the needs of high end multi-system youth and families. Additionally data is collected monthly, quarterly, and annually on a number of outcome measures in the following general categories: out of home care placements, child functioning, family functioning, satisfaction, cost effectiveness of services, appropriate living conditions, serving youth in the local community, and additional outcomes. This information will be shared with the Hamilton County FCFC as requested.

Procedure for Family Confidentiality

All providers adhere to all HIPAA rules concerning confidentiality, which require that information be kept locked and secure. Families or young adults are informed that records can not be released without a properly completed and signed release of information (Addendum B) with the following exceptions noted: suspicion of child/adult abuse/neglect; belief that a person served is a danger to themselves or others; an emergency where information is necessary to protect/insure health and safety; in response to a valid court order or subpoena (may be overridden if court determines disclosure is not for bona fide purposes or if they compromise confidentiality); in response to requests from Ohio Legal Rights; and to validate an insurance claim. Families or young adults are provided information about the confidentiality policy at enrollment. Providers require that employees keep information confidential, and employees are trained annually on the confidentiality policy. The entire Team signs a form indicating their agreement with maintaining the confidentiality of matters discussed in the Team (Addendum C).

Procedure for Assessing Strengths, Needs and Cultural Discovery and Plan

Providers conduct an initial screening/assessment within 30 days of referral. Because not one assessment tool is applicable to all groups, different providers use different tools. All, though, conduct an assessment of strengths, needs, and cultural discovery using information from the child, family/caregiver, agency/provider and/or significant others.

- HOPE for Children and Families utilizes information from the Diagnostic Assessment Form, The Hamilton County Integrated Referral Form and initial interviews with families and service providers. A review of this material, including an assessment of strengths, needs and cultural discovery are conducted within 30 days and is used to develop the family service care coordination plan and the service care coordination crisis plan. The Cultural Discovery assessment is completed using information obtained from interviews with the child, family/caregiver, agency/provider, and/or significant others.
- Central Clinic utilizes a strength based interview and screening tools (such as, the Devereux Model, Ages and Stages, Home Inventory, DECA, and Achenbach Child Behavior Checklist) for children, ages 0 – 6, to capture the child’s needs, strengths, and cultural discovery information.
- Talbert House Project STEPS utilizes information from the Diagnostic Assessment Form and its expertise in wraparound philosophy to assess the strengths and needs of youth with mental health needs that are interfering with the youth’s educational success.
- Greater Cincinnati Behavioral Transitional Youth Program utilizes information from the Diagnostic Assessment Form and especially designed strength based assessment questions to identify the strength, needs, and cultural discovery information of transition age youth (ages, 16-22) in their various life domains.

The family service care coordination plan is developed by the Team using the strengths and needs of the family or young adult in several life domain areas, including but not limited to:

- Psychological/Emotional
- Family/Relationships
- Home and a place to live

- Health/Medical
- Educational/Vocational
- Daily Living
- Legal
- Substance Abuse
- Social/Recreational
- Safety/Crisis
- Cultural/Spiritual
- Financial

The Team utilizes the strengths and needs information to inform the development of the service care coordination plan (Addendum E) within 30 days of the initial meeting. The service coordinator helps the child, family, or young adult to identify a vision that is informed by strengths, prioritized need statements, and identified community resources (formal and informal supports). This information leads to the identification of outcomes/goals with target dates and interventions. During this process the service coordinator is careful not to confuse needs with services. Once the plan is developed it is signed to signify the agreement and support of all persons signing the document in assisting achievement of the plan.

Dispute Resolution Process

All Hamilton county agencies have their own grievance procedures and dispute resolution processes for children, families, and young adults receiving services from their own systems. Those procedures will remain intact. If a grievance is made regarding an out of home level of care decision or placement issues, the child/family will follow the Hamilton County Job and Family Services Utilization Management grievance procedure.

For those wishing to obtain specialized services that have been denied or who have complaints about their services or Service Coordination plans that cannot be resolved through the agency normal grievance procedures or those that have a complaint originating with their ISCC phone line contact, the dispute resolution process is detailed below.

- If the family or young adult is not satisfied after the ISCC phone line contact or after having completed the agency grievance procedure, the family or young adult may submit a written account of their complaint to the Intersystem Service Collaboration Committee, who will convene an ISCC meeting. The complaint should be directed to the central ISCC phone number; the case will then be assigned to the ISCC member from the system with which the family has had primary involvement. The ISCC member will then be responsible for convening and coordinating the meeting and distributing written material to Team members. The family, young adult and any support persons or family advocates of their choosing will be invited to attend the meeting by the ISCC member responsible. The Team will review the case within 10 working days and render a decision, which shall be sent to the family.
- If the family or young adult is still dissatisfied, they can appeal to the Family and Children First Council. The family will send the written description of the complaint to

the Family and Children First Council Executive Director who will forward it to the County agency directors along with case information from appropriate systems.

- The ISCC member who was originally responsible for the case will be responsible for collecting all appropriate records and materials for the FCFC director to send to the County agency directors prior to the meeting.
- The FCFC Director will convene a meeting with all system directors within 15 working days to discuss the complaint. The family or young adult will be notified of the meeting date and will be invited to attend if they so desire. The directors will review the situation and make a determination about disposition. Resolution of the issues will be decided by a majority vote of the four system directors. The Executive Director of FCFC will issue a written determination of the findings of the system directors to the family within 10 days of the meeting. The determination will include a plan of care governing the manner in which the services or funding are to be provided.

The dispute resolution process as described above will not take longer than 60 days from the time a family or young adult initiates a complaint until a written disposition is received from the County system directors.

Each agency that is providing services or funding for services that are the subject of the dispute resolution process shall continue to provide those services and the funding for those services during the dispute resolution process.

An additional vehicle available is to request the OFCF Cabinet Council review individual family service coordination plans, and unresolved county disputes through a State Service Coordination Committee made up representatives from the cabinet agencies and from the Office of OFCF. Guidance and specific requirements for requesting a review, including forms to be used for a request, are available at:

<http://www.fcf.ohio.gov/coordinating-systems-and-services/service-coordination-state-committee.dot>.

The State Service Coordination Committee will review cases when there is an unmet family or young adult need that the county FCFC is unable to fulfill, or when the county is unable to develop a family service coordination plan that leads to significant improvement in family or young adult functioning or stability. This committee will review case documents submitted by the county FCFC and make recommendations to the OFCF Cabinet Council for its review and approval. With the OFCF Cabinet Council's approval, the Office of Ohio Family and Children First will respond, in writing, to county FCFC requests within 45 days of the receipt of the request by the State Service Coordination Committee.

Also, when requested the OFCF Cabinet Council will provide an administrative review of unresolved local disputes regarding conflicts among parents, young adults, agencies and/or councils pertaining to the county FCFC service coordination process or decision made during child and family team meetings or the ISCC committee meetings. This dispute must concern a decision made or process proposed or implemented during a phase of the county service

coordination process regarding a young adult, family or child who is formally involved in the county FCFC service coordination, including disagreement regarding denial of a family into the process. Agencies, providers or parents/legal guardians or the young adult, may request this dispute resolution review. The State Service Coordination committee will review such requests and make recommendations to the OFC F Cabinet Council. With the OFCF Cabinet Council's approval, the OFCF will respond in writing within 30 days of the receipt of the request. The OFCF will not review cases for which the complainants have sought a juvenile court ruling.

If a family or young adult is still not satisfied with the decision of the system directors, they may file a complaint with Juvenile Court within 7 days. Juvenile Court shall hold a hearing as soon as possible, but not later than 90 days after the motion or complaint is filed. The ISCC team member (as identified above) will be responsible for supplying the Court with an interagency assessment and treatment information and any other relevant information to the Court. The decision of the court will be final and binding. The procedures will follow those specified in Section 121.38 in H.B. 66.

The dispute resolution process described for Hamilton County is aligned with the Help Me Grow dispute resolution process. Parents or guardians who have a grievance should first submit that grievance in writing to the HMG provider that provides their service coordination services. If the parent/guardian and the HMG funded agency are unable to resolve the matter, the parent/guardian can submit the grievance in writing to the Hamilton County HMG Executive Council. If the parent/guardian is still not satisfied, a grievance can be filed with the Hamilton County Family and Children First Council, who will utilize the HMG Steering Committee (made up of Executive Committee members) to review the grievance and make a ruling within 15 days of hearing the dispute. Their decision will be final. However, at any point that the parent/guardian is not satisfied, they have the right to submit a written appeal to the Ohio Department of Health, Bureau of Early Intervention Services. The decision of the Ohio Department of Health will be final. Parents are notified of this process and their rights in a brochure that is distributed to them upon entering the Help Me Grow program.

How Parents are informed of Dispute Resolution Process

A brochure describing the dispute resolution process and parents' rights or young adults to avail themselves of the dispute resolution process will be given to all families or young adults who receive services from one or more of the Service Coordination agencies listed above upon entry to the program. The Ohio Federation for Children's Mental Health developed a brochure for families to understand the basic fundamentals of family voice and empowerment inherent in HB 66. The process of self-referral, principals of service coordination, access to parent advocates and different avenues to resolve system/service/family problems are described in the brochure. These brochures are available to counties/agencies through the Federation. The brochures have a blank page so that customized information for counties can be included; Hamilton County has added a section that details the process of how to access service coordination, the Intersystem Service Collaboration Committee, and the process for dispute resolution for families in Hamilton County. This brochure will be distributed to every family who enters service in any of the aforementioned programs.

Process and Components of Service Coordination Plan for Provider

Designation of Responsibilities

HOPE for Children and Families, Central Clinic, Talbert House, or GCB will designate a lead service care coordinator as the person responsible for monitoring the implementation of the service care coordination plan designed by the team. The entire process is done in equal partnership with the child and family or young adult. The service care coordinator works to ensure that all of the services identified in the service care coordination plan are appropriate, available, and provided in the least restrictive environment as possible. The service care coordinator also makes sure that all individuals involved with the child and family or young adult are aware of their strengths. The service care coordinator monitors the interventions to determine if they are leading to positive outcomes.

The service care coordinator acts as facilitator at the meeting where the date and time of the next meeting is set. He or she is also responsible for providing a copy of the team minutes to all team members, which includes the date, time, and location of the next meeting. If a team member misses a meeting, the service care coordinator is responsible for notifying the team member in whatever way they have set up with the service care coordinator. It could be by phone, email or letter. In addition, each member receives a copy of the meeting minutes which includes the date and time of the next meeting.

Responsiveness to Child and Family or Young Adult

The ISCC emphasizes the importance of agencies capturing each child and family or young adult's unique needs, strengths, and culture in order to develop meaningful plans and services that engage the family or young adult and build the community's capacity for meeting the needs of youth and families in the least restrictive environment.

- HOPE for Children and Families has guidelines that the assessment of strengths, needs and cultural discovery must be completed within 30 days of referral in preparation for its use in the family service care coordination plan. Additionally, HOPE for Children and Families rigorously trains their staff about the strength based assessment and interview process and how to utilize this information to develop and monitor the service care coordination plan. HOPE for Children and Families takes great care to educate families about their philosophy about family's needs, strengths, and culture, and the intent to provide services in the least restrictive environment as possible. Finally, HOPE for Children and Families conducts audits to ensure that a family's strengths, needs, and culture are reflected in the service care coordination plan.
- Children in Hamilton County, ages 0-6, may receive their service coordination through Help Me Grow or Central Clinic Early Childhood. Help Me Grow, which is administered by the Family and Children First Council, focuses on education, early intervention and service coordination to parents of children age birth to three. Specifically, Help Me Grow provides expectant and new parents information, screenings, and activities that promote their child's wellness and development. Help Me Grow identifies children with or at risk for developmental delays or disabilities. Within Hamilton County providers utilize the Ages and Stages, HOME Inventory, and other screening tools along with the

Individualized Family Service Plan and Transition Documentation Checklist to capture children needs, strengths, and cultural discovery information. This information is used to connect multi-need, multi-system young children and families with appropriate resources and services including clinical services provided by the MHR SB, educational services provided by the Cincinnati Public Schools and other school districts, and developmental services provided by DD Services. Families of children ages 0-6 who contact the ISCC line and need service coordination for multi system needs above and beyond what Help Me Grow provides, and are determined eligible for intersystem coordination through FCSS are directed to Central Clinic. The Central Clinic service coordinator will conduct a cultural and strength based assessment utilizing a strength based interview and screening tools that capture the child's needs, strengths, and cultural discovery information (such as, the Devereux Model, Ages and Stages, HOME Inventory, DECA, and Achenbach Child Behavior Checklist for children 0-5 1/2). Per ISCC guidelines, the service coordinator is responsible for utilizing this information to develop the plan within 30 days. Once the plan is developed the service coordinator is also responsible for assisting the family in implementing the family service coordination plan and communicating progress on the plan to the ISCC. When a child is involved in both Help Me Grow and service coordination through the FCFC, the main provider of service coordination will be Help Me Grow. The service coordination mechanism will support and provide resource assistance for the family's Help Me Grow Plan.

- Youth and families who contact the ISCC with multiple system involvement (e.g. education and mental health) and are in need of FCFC service coordination to address mental health needs that interfere with the youth's educational success will be directed to Talbert House's Project STEPS wraparound program. Project STEPS is a school based program that utilizes its expertise in wraparound philosophy to assess the strengths and needs of the youth with educational challenges who are often transitioning from structured environments such as Partial Hospitalizations back to educational and treatment supported classrooms. Project STEPS staff are trained to educate families about the wraparound process. The Project STEPS service coordinator utilizes the wraparound philosophy to incorporate youth and family need and strength information into a family service coordination plan (Addendum E) within 30 days of enrollment. The service coordinator will implement the plan and report its progress back to the ISCC. Project STEPS conducts audits to ensure fidelity to the wraparound process.
- Young adults, ages 16 -22, who contact the ISCC with multiple system involvement (child welfare, juvenile justice, and DD services system) and have significant mental health needs that need to be addressed while transitioning to adult services will be referred to GCB's Transitional Youth Program (TYP). This collaboration between Lighthouse Youth Services (LYS) and Greater Cincinnati Behavioral Health Services (GCBHS) helps these young adults to receive support and direct contact to address needs related to emotional/behavioral health, education, vocation and life skills development. The GCBHS service coordinator has been trained in various treatment models and practices (such as Motivational Interviewing) to identify the strengths and needs of transition age youth. A family service coordination plan (Addendum E) will be

developed within 30 days based on the information from the transition age youth strength based assessment interview. Progress on the plans will be reported back to the ISCC.

Timelines for Completing Goals

Within 30 days of enrollment, the Service Care Coordination Plan is developed by the team. The team projects timelines for the completion of the goals. The team reviews these goals as part of the monthly Service Care Coordination Plan meetings and formally reviews the plan every six months. The team will make decisions at the monthly meeting regarding whether to continue, discontinue or revise the goals.

Crisis and Safety Plans

A preliminary safety/crisis plan is developed in conjunction with the family during the initial meeting (Addendum F). Within 30 days of enrollment, a more comprehensive plan is developed. The safety/crisis plan is reviewed regularly during service care coordination meetings and formally at least every six months. The safety/crisis plan is always reviewed and changed as crisis situations arise. A copy of the crisis plan is given to the youth and family or young adult.

How Unruly Youth Will be Served

Hamilton County Juvenile Court tries to identify and intervene to prevent a child from becoming further involved in the juvenile court system. During the development of the individualized family service coordination plan, many strategies and behavioral health initiatives are considered and adopted as options in the plan to divert further juvenile justice involvement. Besides Hamilton Choices, the following behavioral health initiatives exist in the community to divert unruly youth through provision of case management and therapeutic treatment including:

- *Attendance Program (Truancy Court)*. The Attendance Program involves a partnership between the Court, Westwood Elementary and Talbert House. This collaborative effort is designed to reduce absences within the schools. The Attendance Clerk and Visiting Teacher/Attendance Program Liaison identify students with poor attendance, and the school personnel engage in activities and remedial services intended to improve attendance for this targeted population. If these interventions do not result in improved outcomes, the student and their parents or guardian are cited to court. The court conducts bi-weekly hearings to monitor attendance and develop a service plan directed to address the underlying causes or contributing factors to the poor attendance record. The goals of the program are to increase attendance, provide support to families and prevent future contacts with the juvenile justice system. The Attendance Program Case Manager works closely with selected families by providing direct services and arranging ancillary services as needed. The Hamilton County Juvenile Court provides a Magistrate and Case Presenter for the hearings. Westwood Elementary has shown improved daily attendance and parent participation in the school setting.
- *Juvenile Court Intervention Unit* is a special department within Juvenile Court Services. The unit assists families in crisis with children exhibiting unruly or minor delinquent behavior by providing a diversionary process as an alternative to the Juvenile Justice System. Families are empowered with an understanding or new perspective of their child's behavior. This allows them to pursue solutions through their own resources, with

a family counselor at the Intervention Unit or with the assistance of a community agency. Youth are referred by magistrates as well as directly by a parent or Probation Officer. Licensed clinicians provide intervention, short term counseling services, and parent support groups free to referred youth and their families.

- *TeamChild*, a collaboration between Juvenile Court and the Legal Aid Society of Greater Cincinnati, is designed to promote school success and avoid further involvement in the juvenile justice system by providing legal assistance to increase the stability of the child and family. When Juvenile Court makes a referral, Legal Aid provides advocacy to keep the student in school by addressing needed supports and interventions related to special education and school discipline, and by representation related to health, mental health, custody, housing or other household legal problems.
- *Theft Prevention Program* is a community diversionary program sponsored by the Hamilton County Juvenile Court Probation Department for youth who have issues related to shoplifting/stealing. The youth sees a movie and hears a lecture about the consequences for this behavior as a deterrent from further acting out behavior. Parents can contact the program leaders directly to sign their child up for the one-hour class, which is offered once a month. The classes are typically full, and probation officers may also directly refer youth who are active on probation with theft-related behaviors.
- *Unofficial Court* This program was initially established in 1975 to hear unruly and minor misdemeanor charges. Supervision of the program is handled by the Executive Director of Docketing and Case Management Department, Hamilton County Juvenile Court. During the year 2008, a total of 1,269 youth were served by the Unofficial Hearing Officer on 1,429 charges. All but 301 charges were diverted from the official system. (Those 301 were referred back to the Official Docket for hearing.) This hearing officer is located at the main Juvenile Court facility. Additionally, the Juvenile Court appoints "Volunteer Magistrates" (attorneys) to hear unofficial cases of a minor nature within the youth's own community. Cases are referred by local businesses, schools, police and citizens. Generally the cases are heard in the evening, as it is more convenient for all the parties to participate. There is high visibility of the child for enforcing house arrest, work details and other measures of discipline. In 2008, a total of 990 juveniles were handled unofficially and of these, 831 were diverted from the official system.

Public Awareness of Service Coordination Mechanism

The process and the phone number for accessing the ISCC have been placed on the FCFC website (<http://www.hamilton-co.org/hcfcf/>). Beginning in 2005, a brief summary sheet describing the service mechanism process and giving the ISCC phone number was distributed to all contract agencies of each of the County agencies for distribution to front line staff. A similar description was given to families about the service coordination process and mechanism for Hamilton County. Based on feedback from the 2010 focus group updated brochures will be recreated during the first quarter of the 2011 fiscal year. Brochures will be redistributed to parents, schools, service providers, and other key venues for families that have youth with multiple service needs (e.g. doctor offices, hospitals, etc). The procedures for accessing service

coordination will continue to be presented at the FCFC annual Inter System Training and an informational sheet about the ISCC will be distributed to all participants.

Fiscal Strategies for Supporting Service Coordination

Funding Decisions for Services in the Family Service Coordination Plan

Funding decisions are informed by child or young adult's needs and the service coordination team, and facilitated by the service coordinator in consultation with the service coordinator's supervisor or ISCC, as appropriate.

Maximization of flexible resources

Hamilton County's system partners engage in active efforts to maximize resources through collaboration. Hamilton County also values utilizing natural and community resources.

Pooling of Funding to Support Service Coordination

Funds are pooled among the County agencies (child welfare, juvenile justice, mental health and substance abuse, developmental disabilities) to support the costs of service coordination and services. In addition, state and local levy dollars support service coordination.

Reallocation of funding from institutional services to family-centered services

The continuing emphasis on less restrictive placements and community based treatment results in less spending on residential treatment. These savings are used for mentoring and other flexible community based services which assist the child and family with achieving treatment goals. Savings realized from wrapping services in the community to avoid out-of-home placement are reinvested within the program to serve more youth and families.

Decisions regarding Children's Community Behavioral Health funds

In 2009, the Hamilton County Family and Children First Council and Hamilton County Mental Health and Recovery Services Board convened meetings to reaffirm the achievements of the Family Peer Support Program in providing prevention services and better access to the right services for children and families in the effort to prevent the need for out of home placement or custody relinquishment. Through these discussions, the effectiveness of the Family Peer Support was established and a decision was made to use Children's Community Behavioral Health funds to support and expand the Family Peer Support Program. The Family and Peer Support program has been expanded to provide services in three additional Family and Children First Schools. In total the Family Peer Support Program operated in 18 schools within Hamilton County, with a variance of neighborhoods from inner city to suburban neighborhoods.

Decisions regarding Family Centered Services and Supports

The Hamilton County FCFC agreed that the Family Centered Services and Supports (FCSS) will be available to families accessing FCFC service coordination.

Quality Assurance of Service Coordination Mechanism

Part of the monitoring of the Service Coordination Plan is an annual examination of the number of children in out of home placement. HOPE for Children and Families tracks and monitors out of home placements made within its program and produces both monthly and annual reports that analyzes and tracks levels of care, length of stays, and outcomes. In addition, there also are a number of different efforts among the child-serving systems to track and monitor other youth in out-of-home placement. Each of these agencies has its own way of tracking numbers of youth, and each has a protocol for monitoring the progress, clinical appropriateness of level of care, and outcomes for these youth. This is done via multi-system teams in most instances, and various clinical tools are used to ensure standards are met. Some of these tools include the Ohio Scales, and the CAFAS.

The Intersystem Service Collaboration Committee (ISCC), which holds oversight responsibilities for the multi-system collaborative efforts within the Service Coordination Plan, as requested gathers information on multi-system involved youth in out of home care. Additionally, the youth that are staffed within this committee will be tracked via a database that will include plans and final dispositions for those youth. As requested, the information is shared in report form with the Family and Children First Council and its Executive Committee. These numbers will also be available to the state annually upon request. The review of the Hamilton County Service Coordination plan will formally occur annually.

INTERSYSTEM SERVICE COORDINATION REQUEST FORM

Date of call:

Caller Name:

Caller Address:

Phone:

Child's Name:

D.O.B/Age:

SSN:

Current living situation:

Who referred caller to ISCC phone line?

Reason for call:

Summary of issues/needs:

System eligibility/involvement:

Next steps and persons responsible:

Disposition/Outcome:

- ISCC member returned call to family within 24 hours – Date: _____
- ISCC member made referral to entry point, system provider, or Hamilton Choices – Date: _____
- Referral made for parent advocate – Date: _____
- ISCC member recommended convening an ISCC meeting for staffing and creative service planning –

Other _____

Date: _____ **Name of ISCC member** _____

Refusal to sign this authorization will NOT affect ability to obtain treatment, payment, or enrollment in a health plan.

I understand that by Federal Law, only the specified information can be released to the agency or individual specified above.

I understand that I have the right to shorten or lengthen the authorization period at any time.

I understand that I have the right to revoke this authorization at any time, and that the revocation will be effective to the extent that _____ (name of agency/organization/person) has already taken action in reliance to my authorization, but revocation has no effect on action already taken as a result of this release.

A written or oral statement that I want to change or revoke my authorization should be given to my care coordinator.

Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected by HIPPA's Prohibition on Re-Disclosure.

I understand that a signed fax copy of this release is valid.

This release was facilitated by

(staff signature)

(date)

(print name)

Service Coordination Authorization for Release of Information Form

Request for Information Regarding: _____

(PRINT OR TYPE full name of client)

Date of Birth: _____ **Social Security Number:** _____

I hereby give permission for: _____
 (name of person and/or agency releasing information)

Phone _____ **Fax:** _____

To Release To / From (circle one or both)

- | | | |
|---|--|--|
| Applied Behavioral Services
The Bair Foundation
Beech Acres Parenting Center
Buckeye Ranch (including Square One)
Camelot Community Care
Centerpoint Health
Central Clinic
Children's Home of Cincinnati
Cinti. Children's Hospital Medical Ctr
Cincinnati Public Schools
Cincinnati Recreation Commission
Community Supports
Crossroads Center
Family Access to Integrated Recovery | <input type="checkbox"/> Hmiltn.Co. Developmental Disability Svcs
<input type="checkbox"/> Hamilton Co Job & Family Services
<input type="checkbox"/> Hmiltn. Co. Mental Health Rcvry Svcs Bd
<input type="checkbox"/> Hmiltn. Co. Public Defender's Office
<input type="checkbox"/> Hmiltn. Co. Public Defender: GAL division
<input type="checkbox"/> Hamilton County Juvenile Court
<input type="checkbox"/> Kelly Youth Services
<input type="checkbox"/> Lighthouse Youth Services
<input type="checkbox"/> Mayo Home for Youth Development
<input type="checkbox"/> Mental Health Access Point
<input type="checkbox"/> Mt. Healthy Public Schools
<input type="checkbox"/> Ntnl. Youth Advocate Program (NYAP)
<input type="checkbox"/> New Hope and Horizons
<input type="checkbox"/> Northwest School District | <input type="checkbox"/> Oasis Therapeutic Foster Care Network
<input type="checkbox"/> Parent Advocacy Connection (PAC)
<input type="checkbox"/> Pressley Ridge
<input type="checkbox"/> Princeton City Schools
<input type="checkbox"/> ProKids (CASA/ GAL)
<input type="checkbox"/> Resident Home Corp. (RHC)
<input type="checkbox"/> Safe Alternatives for Youth (SAFY)
<input type="checkbox"/> St. Aloysius Orphanage
<input type="checkbox"/> St. Joseph Orphanage
<input type="checkbox"/> Talbert House
<input type="checkbox"/> YMCA
<input type="checkbox"/> YWCA - Amend Program
<input type="checkbox"/> Other (specify) _____ |
|---|--|--|

Specific Information to be disclosed (check each item that can be released):

- | | | |
|---|--|--|
| Case Management Review
Consultation
Diagnostic Assessment
Discharge or Transfer Summary
History & Physical Exam reports
Individual Treatment Plan
Laboratory Work | <input type="checkbox"/> Ongoing exchange of Information/Collaboration
<input type="checkbox"/> Ohio Outcomes Data
<input type="checkbox"/> Previous Hospitalizations
<input type="checkbox"/> Psychiatric Evaluation
<input type="checkbox"/> psychological Evaluation
<input type="checkbox"/> School Records | <input type="checkbox"/> Social Service Summary
<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Other (specify) _____ |
|---|--|--|

Disclosure is for the following purpose or need (select all the reasons why the information is needed):

- | | | | |
|---|---|--|---|
| Individual's Request
School / Education
Reimbursement | <input type="checkbox"/> Assessment
<input type="checkbox"/> Continuity of Care
<input type="checkbox"/> Research | <input type="checkbox"/> Treatment Planning
<input type="checkbox"/> Aiding in a Referral
<input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> SSI / Disability Claim
<input type="checkbox"/> Legal |
|---|---|--|---|

This authorization also includes release of records relating to (select appropriate areas as needed):

- Diagnosis and/or treatment for alcohol and/or drug abuse
 AIDS / AIDS-related complex (ARC) diagnosis and/or treatment HIV test results
 Diagnosis and/or treatment relating to other communicable diseases

Additional restrictions, exceptions, or exclusion to information released? No Yes

This authorization will remain effective for six (6) months unless another date is specified. Please put expiration date on line below:

 (signature of parent/guardian authorizing consent)

 (relationship to child)

 (date)

 (signature of witness for phone consent)

 (date)

SERVICE COORDINATION
FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY

Please check appropriate administration:

Assessment Date: _____

Initial Reassessment # _____ Transition/Discharge

Child's Name: _____ **AGE** _____ **Gender** _____

Custody Status: _____

Current Living Situation: _____

Permanency Plan: _____

CANS Assessor Name: _____

Other persons present for CANS: _____

Notes/Comments: _____

**SERVICE COORDINATION
FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY**

Child's Name: _____ ***Age:** _____

Key: STRENGTHS
 0= well developed strength
 1= some strength
 2=identified strength
 3=strength not yet identified

Key: NEEDS
 0=no evidence of problems
 1=history or mild, some need
 2=moderate, act
 3=severe, act immediately

1. CHILD STRENGTHS

	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CFT Composition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CFT Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. HOME/A PLACE TO LIVE

	0	1	2	3
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. EDUCATIONAL/VOCATIONAL

	0	1	2	3
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. MENTAL HEALTH

	0	1	2	3
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse/Hyper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adj. to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. SAFETY/CRISIS

	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. LEGAL

Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. FAMILY/RELATIONSHIPS

Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. SOCIAL/RECREATIONAL

Social Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. CULTURAL/SPIRITUAL

Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. FINANCIAL

Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11. HEALTH/MEDICAL

Medical/Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. DAILY LIVING

Self-Sufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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go to Viol Mod Pg33
go to SAB mod pg. 36
go to FS mod pg. 39

go to JJ mod pg.41

go to DD mod. pg.21

go to Trauma mod pg.23

go to SUD mod pg. 30

go to Sexuality mod pg. 31

go to SS mod pg. 43

SERVICE COORDINATION
FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY

Child's Name: _____ *Age: _____

DEVELOPMENTAL NEEDS (DD) MODULE

Page 21

This module is intended to describe any needs that might involve services for Developmental Disabilities including services provided through the Department of Developmental Disabilities.

Developmental Needs

	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic Self-Sufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Key: Developmental Needs

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



SERVICE COORDINATION
 FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
 CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY

Child's Name: _____ *Age: _____

TRAUMA MODULE

Page 23

Characteristics of the Traumatic Experience(s):

	0	1	2	3	
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>see below</i>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Traumatic Grief/Separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
War	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Terrorism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

KEY: Traumatic Experience(s)
 0=no evidence
 1=history or sub-threshold, watch/prevent
 2=causing problems, consistent with diagnosable disorder
 3=causing severe/dangerous problems

Other Traumatic Experience(s): _____

Adjustment:

	0	1	2	3
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Before Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical/Verbal Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Regression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Sexual Abuse >0, complete the following:

	0	1	2	3
Emotion Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICE COORDINATION
 FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
 CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY

Child's Name: _____ *Age: _____

SUBSTANCE USE DISORDER (SUD) MODULE

Page 30

	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Specify Substances Reported to Have Been Used in the Last 12 Months

SUBSTANCE/DRUG	FREQUENCY	LENGTH OF TIME

SEXUALITY MODULE

Page 31

Sex-Related Problems

	0	1	2	3
Masturbation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reactive Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please describe any sexual development issues that have been identified in the past year.

SERVICE COORDINATION
 FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
 CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY

Child's Name: _____ *Age: _____

VIOLENCE MODULE
 Page 33

Historical Risk Factors	0	1	2	3
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Key: VIOLVENCE
 0=no evidence
 1=history or mild, watch/prevent
 2=moderate
 3=severe

Please describe important Historical Risk Factors:

Emotional/Behavioral Risks	0	1	2	3
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary gains from anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe important Emotional/Behavioral Risks:

Resiliency Factors	0	1	2	3
Awareness of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe important resiliency factors that help reduce the risk of future violence:

SERVICE COORDINATION
 FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
 CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY

Child's Name: _____ *Age: _____

SEXUALLY AGGRESSIVE BEHAVIOR (SAB) MODULE

Page 36

	0	1	2	3
Sexual Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning/Grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim Selection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age/Power Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexually Abusive Behavior (toward others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior SO Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-offense Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Key: SEXUALLY AGGRESSIVE BEHAVIOR

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

Date of most recent sexually aggressive behavior: ____/____/____

Note: Sexually abusive behavior is defined as non-consenting sexual activity initiated by the abuser in which one of the following conditions apply: use or threat of physical force, age differential, power differential. A child or youth is only assessed on this dimension if they were an active abuser in this form of sexual abuse of another person.

Describe the most recent behavior (include activity, circumstances, reasons and results):

Was sexual act against a family member? (Circle Response) Yes No Identify

Go to Trauma Module pg. 23

Also, See Child Behavioral/Emotional Section

Sexual Deviance

	0	1	2	3
Voyeurism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frotteurism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibitionism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attract. to young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual behavior w/animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICE COORDINATION
 FAMILY STRENGTHS, NEEDS, AND CULTURAL DISCOVERY FORM
 CHILD AND ADOLESCENT NEEDS AND STRENGTHS: SCORING KEY

Child's Name: _____ *Age: _____

FIRE SETTING MODULE

Page 39

Rate the child on the following dimensions based on their most recent fire-setting behavior and any prior history of similar behaviors

	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of future fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



JUVENILE JUSTICE (JJ) MODULE

Page 41

	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim and Community				
Accountability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



SELF-SUFFICIENCY SKILLS MODULE

Page 43

	0	1	2	3
Independent Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic Self-Sufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insight and Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver Roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current Treatment Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Individual Family Service Coordination Plan

Client Name:

Date of Birth:

Address:

Phone Number:

Parent/Guardian Name:

Emergency Contact Name and Phone Number:

Program:

Service Coordinator:

Enrollment Date:

Last Plan Review Date:

Next Plan Review Date:

Medical Information:

Medications: _____

Physician(s): _____

Allergies: _____

Diagnoses:

Date:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Team Members/Other Providers/Family Members:

Name

Relationship/Agency

Phone

Address

Mental Health

Identified Need: _____

Base Line Level: Goal Level: Current Level:

Outcome/Goals: _____

Start Date: _____ Target Date: _____

Interventions/Objective: Start Date: Target Date: Frequency:

Person(s) Responsible(identify task): _____

Strengths: Identify Strengths that may be used to achieve the goal(s)

Mental Health

Identified Need: _____

Base Line Level: Goal Level: Current Level:

Outcome/Goals: _____

Start Date: _____ Target Date: _____

Interventions/Objective: Start Date: Target Date: Frequency:

Person(s) Responsible (identify task): _____

Strengths: Identify Strengths that may be used to achieve the goal(s)

Life Events

Life Events: Identify Life events that may need to be addressed in order to achieve the goals

**Individual Family Service Coordination Plan
Signature Page**

Client Name:

Signatures:

Client	Date	Parent/Guardian	Date
Service Coordinator	Date	Clinical Supervisor	Date
Supervisor	Date	Psychiatrist	Date
Team Member	Date	Team Member	Date
Team Member	Date	Team Member	Date
Team Member	Date	Team Member	Date

Service Coordination Crisis Plan

Plan Date:

Client Name:

Date of Birth:

Age:

Current Placement:

Parent/Guardian Name:

Phone Number:

Emergency Contact Name and Phone Number:

Program:

Service Coordinator:

Enrollment Date:

Next Plan Review Date:

Medical Information:

Medications: _____

Physician(s): _____

Allergies: _____

Diagnoses:

Safety/Crisis Needs from Assessment:

Identified Need: _____

Risk Assessment

Dangerous Potential: _____

Background Information: _____

Crisis Risks: _____

Recommended Interventions (Home, School and Community):

Home: _____

School: _____

Community: _____

Hospital Procedure (Who will hospitalize, assess for hospitalization):

<u>Task</u>	<u>Name</u>	<u>Contact Information</u>

Other Resources - Team Members/Other Providers/Natural and Community Supports:

<u>Name</u>	<u>Relationship/Agency</u>	<u>Phone</u>	<u>Address</u>

Strengths

Strengths: Identify Strengths that may be used to address safety needs

Life Events

Life Events: Identify Life events that may impact the development of a crisis

**Service Coordination Crisis Plan
Signature Page**

Client Name:

Signatures:

Client	Date	Parent/Guardian	Date
Service Coordinator	Date	Clinical Supervisor	Date
Supervisor	Date	Psychiatrist	Date
Team Member	Date	Team Member	Date
Team Member	Date	Team Member	Date
Team Member	Date	Team Member	Date