

# THE JEFFERSON COUNTY FAMILY AND CHILDREN FIRST COUNCIL

## SERVICE COORDINATION PLAN

### OVERVIEW

The Jefferson County Service Coordination Plan has been revised to address the new provisions outlined in Amended Substitute House Bill 66 through the guidance of the Jefferson County Family & Children First Council. The Plan was adopted and approved for use by the Council on November 30, 2005. In the spirit of the System of Care (SOC) Initiative, the Plan supports the values of family driven, culturally competent, strength-based assessment, treatment and service evaluation. The Family and Children First Council acts as the main catalyst in bringing community agencies and organizations together to provide a comprehensive approach to serving children and families in Jefferson County.

### 2. PURPOSE

The purpose of the Plan is to provide a service delivery system that is comprehensive, yet individualized, to any child and their family who voluntarily seeks assistance. The main goal of the plan is to help create a safe environment in which children can grow up and be socially responsible adults. The Plan encourages early intervention strategies through already existing programs in Jefferson County such as Help Me Grow, Family Centered Support System (FCSS) Juvenile Court Mediation, School Social Educators and early detection of abuse and neglect through the Department of Jobs and Family Services Childrens Division.

### 3. PLAN IMPLEMENTATION

The implementation/practice of the updated Service Coordination plan is currently active within Jefferson County. At no time during a revision of the plan, will any child go without service coordination. All referring sources are informed by the Council Coordinator that no service will be denied due to any period of time that the plan is revisited or changed.

### 4. RESPONSIBLE PARTIES

The Service Coordination revisions were collectively addressed with the input of the following Jefferson County entities: City and County Health Departments, Juvenile Court, Early Intervention, Board of Developmental Disabilities, Social Educators from area schools, Drug and Alcohol Board, Help Me Grow, Childrens Services, Parent

Representative and the Council Coordinator, and private non-profit agencies. These revisions will be voted on and approved by the Jefferson County Family and Children First Council.

## 5. ACCESS OF COUNTY SERVICE COORDINATION PROCESS

The Jefferson County Family & Children First Council recognizes the importance of educating the community of the service coordination process. The Council Coordinator will act as the community liaison between Council and community agencies. All Family & Children First Council agencies will receive a copy of the plan to be used as a reference tool for any child/family receiving services from that agency. Also, parents/care givers involved in local programs such as Help Me Grow, System of Care, Early Childhood Mental Health, etc., will be a source of distribution in forwarding materials to other families. Information on how to contact the Coordinator will be made accessible to county agencies and families through the distribution of brochures and information provided by the Council.

## 6. ELIGIBLE REFERRAL SOURCES FOR SERVICE COORDINATION

In Jefferson County, any agency, program, or organization that works with children and families are permitted to make a referral to the Council for service coordination by contacting the Council Coordinator. This also includes the juvenile justice system, schools, and self-referrals done by a parent/caretaker or family member who are voluntarily seeking services. No referral will be turned down for an initial planning meeting.

## 7. TARGET POPULATION

The Jefferson County Service Coordination Plan is designed to serve all children through the ages of 0-21 with multi-systemic needs. There is no requirement that the child needs to be involved with more than one system. The target population for service coordination includes but is not limited to the following:

- a. Adjudicated unruly youth and families
- b. Multi-systemic needs youth and families
- c. Youth deemed to be at risk of failing to thrive in school, home or their community.
- d. At risk of involvement with drugs or alcohol, or other harmful behaviors identified by the referral source.
- e. At risk for being removed from their home
- f. Abused, neglected or dependent, or delinquent.

## 8. REFERRAL DOCUMENTATION

The Jefferson County Family and Children First Council recognizes the importance of recording intake information as accurately as possible. On each initial referral form to Council, information will be collected that includes, but is not limited to, the date the referral was received by Council, contact information of the referral source, contact information for the referred child/family, description of the issues at hand, response or outcome of the referral, and time lines for each step of the referral process. These components are all included in *Addendum A, the Standardized Referral Form*. Once a referral is received by the Council Coordinator, the following timeliness will be followed:

- a. Within 3 days of receipt of the referral, the Council Coordinator will contact the referral source to confirm the receipt of the referral and discuss who needs to be present at the family team meeting.
- b. Within 10 days following the conversation with the referral source, the Council Coordinator will schedule the meeting, starting with the parent (guardian), to better accommodate their availability.
- c. When making arrangements for the family team meeting, the Council Coordinator will speak to the parent(guardian) on their option to have a family advocate on the family team. This advocate may be from an agency, consumer group, a private lawyer, local behavioral health authority, or the Ohio Legal Rights Service. Appropriate names and additional contact information of these advocacy sources will be given to the parent(guardian) at the family team meeting, or prior to if they request the information earlier.
- d. Depending on the agreed upon action(s) that need to be taken as written in the into the family service coordination plan, a follow-up meeting will be held no later than 30 days after the initial meeting to re-visit the family's plan to monitor it's progress. Should another meeting be necessary before the 30 days expire, the lead person/agency should contact the Council Coordinator to re-convene the group to address any concerns.
- e. If the child/family is in crisis, a family team meeting will be called within 24 hours of the referral. Families and agencies affected by an emergency out of home placement shall contact the Council Coordinator who will arrange a committee meeting to be held no later than 10 days of an emergency out of home placement. This meeting will focus on community supports for the family as well as a healthy transition back to the home once the placement has ended. It is important that the team be able to distinguish the difference between an emergency and non-emergency situation. An emergency situation would be when there is immediate physical danger to the child/family. These situations can include, but not be limited to, physical harm by self or others, an abrupt change in living conditions that would make the residence unsafe, such as fire loss of heat during the winter, or other catastrophies that would put the child/family in immediate danger.

If the situation does not pose an IMMEDIATE threat to the child/family due to these or other similar reasons that would put the child/family in immediate danger and agreed on by the family team, it would then be documented as a non-emergency situation for service coordination planning.

## 9. PROTOCOL FOR SERVICE COORDINATION MEETINGS

The Jefferson County Family and Children First Council exercises proper protocol for service coordination meetings for all referrals. Any Jefferson County agency/organization or family voluntarily seeking services, may refer a child to Council for service coordination by contacting the Coordinator of the Jefferson County Family & Children First Council. Once referred, the Coordinator will contact the person(s) making the referral for an initial assessment of the presenting situation either by phone, email or written letter. At the initial meeting, family members are given the Council Coordinator's contact information if they would like to initiate future planning meetings.

Those invited to the meeting will include, but may not be limited to, the family, school social educator or other representative, relevant staff from agency or community organization or program, and a mentor or advocate for the family if requested.

The Jefferson County Family and Children First Council will be sensitive to the needs of the family when planning service coordination meetings. The family is the first one contacted to confirm the time and location of the meeting. These meetings are to be scheduled around the availability of the family at the most convenient time and place.

## 10. CONFIDENTIALITY

The Jefferson County Family and Children First Council realizes and respects the privacy of all personal family and health care information. At the time of the initial service coordination meeting, a form on family team member confidentiality is required to be signed by all members. This form will document the responsibility of each member to keep all personal information of the family disclosed and confidential to outside parties not included on the team.

## 11. DESIGNATION OF SERVICE RESPONSIBILITIES

The Cluster Committee of the Council will review all cases referred to Council for service coordination. When a referral is received by the Coordinator, with the approval of the family, the Coordinator will convene the first family team meeting. Invitations to this meeting will include the person/family of referral, and any other person, agency or

organization that may be of service to the family, including a representative of the child's school district. The scheduling of this initial family team meeting is the responsibility of the Council Coordinator. At this initial meeting, a lead contact or agency will be designated. In order to gather all pertinent information for the service coordination plan, Addendums D, E, and F will be completed to help assure that all the families needs are addressed. Addendum D will be review by the Cluster Coordinator. Each section will be discussed, and input will be invited and documented from each team member present, including the family. This form will help assure that the family's strengths and needs are identified, addressed, and given careful planning. Also, to assure that any cultural issues be discussed, addressed and planned around as well. Addendum E will be completed by the Cluster Coordinator. Information will be obtained from the family and any other team member that has input to offer. The Jefferson County Childrens Cluster recognizes the important of gathering all important information from as many team members as possible to write a comprehensive plan with achievable goals. Addendum F will be completed to assure that a crisis/safety plan is in place should the family need to access it. Each component of the plan will be reviewed by the Cluster Coordinator to assure that all team members, including the family, agree with the process. Input from all members will be encouraged in order to create the best crisis/safety plan to meet the families needs. Information gathered by the lead contact will be used at all case review meetings scheduled by the lead contact. At any time, other family team meetings may be called by the Cluster Coordinator, representatives of any agency/organizations involved with case, family member, mentor or advocate of the family. The needs and requests of the parents will always be considered in choosing a date, time, and location of all meetings. Transportation and child care may be provided by an agency representative to help assist the parent(s) in the planning of the meeting.

The Council recognizes its obligation to ensure confidentiality of all personal family & health care information that is disclosed during family team meetings. Within the need and desire to collaborate the care of the individual children and their families, written releases of information will be signed by all appropriate family team members and kept on file by the Council Coordinator.

## 12. ASSESSING NEEDS AND STRENGTHS

At the initial family team meeting, an assessment of the needs and strengths of the child/family will serve as a starting point in developing the individualized family plan. If the child/family is currently involved with a county agency or organization, that current needs and strengths assessment held by that agency may be used to initiate the plan. This tool will be made available in the child/family's native language if not English. (e.g. Spanish). Also for the growing population of Amish people in Jefferson County, the service providers will be encouraged to educate themselves in family traditions and values of the Amish society to better serve the family while developing a case family to meet the needs of the child/family.

### 13. OUTCOME AND TRACKING

The information gathered from family meeting meetings will be given to the Council Coordinator by the lead contact/agency for record keeping. The Coordinator will also, upon request, forward to the state any service coordination data for the purpose of evaluation within 10 days of notification from the state.

### 14. MONITORING FAMILY OUTCOMES

Following the first 30 day review of the service coordination plan, further review dates will be decided upon by the family team, depending on the nature of the goals and objectives written into the plan. These reviews may be called at any time by the family or any agency member by contacting the Council Coordinator. The Coordinator will convene a review within 5 working days of receipt of such notice with all family team members, starting with the family to better accommodate their availability. At the review meeting, the lead agency contact will facilitate the review. The review will include a brief overview of systems involvement, past and current treatment information, family strengths and any changes that have taken place since the last meeting. The following data to be reviewed will include, but not be limited to, the following:

- a. Were services performed as expected? If no, please provide explanation(s).
- b. Were the measurable outcomes successfully achieved? If not, please provide explanation(s).
- c. Have any new barriers transpired since the plan was adopted? If so, what are the strategies to address these barriers?
- d. What strategies/services should continue? Give reason(s) why.
- e. What strategies/services should end? Give reason(s) why.
- f. Were all time lines written in the plan met? If not, give reason(s) why.

All of the above gathered data will be reviewed and worked on by the family team and kept on file at the office of the Council Coordinator. The Council Coordinator will be part of all family teams to help facilitate effective service coordination, as well as ensuring the proper monitoring of plan outcomes through scheduled reviews.

### 15. DISPUTE RESOLUTION

When any case referred to the Council cannot be successfully resolved between a) agency to agency, b) child/family to agency, or 3) child/family to their SC Plan, upon contact from any of these sources to the Cluster Coordinator, the Cluster Coordinator will arrange a meeting with those entities involved in the dispute to review the details of the unresolved conflict. If the issue is between *agency to agency*, the Cluster Coordinator will meet with the agencies to try to resolve the conflict. If this attempt fails, the Cluster Coordinator will convene a meeting with the Executive Committee of the Council within 7 days of the meeting with the agencies. Following this meeting to discuss the conflict, the Cluster Coordinator will send the recommendations of the

Executive Committee within 7 days to the agencies with instructions to report back to the Cluster Coordinator on their reaction to the recommendations. Within 7 days, the involved agencies will notify the Cluster Coordinator if the recommendations are accepted or rejected. If these recommendations are accepted by the agencies, the conflict will be documented as resolved. If the recommendations are rejected, the Cluster Coordinator will convene a meeting with the Juvenile Court Judge within 7 days to review the conflict. The Cluster Coordinator will ask the judge for a final determination within 30 days. Upon receipt of this determination, the Cluster Coordinator will notify the agencies of this final decision and the conflict will then be considered resolved. If the conflict is between child/family to agency, the family is to follow the dispute resolution process of the said agency. Since the conflict does not directly involve a problem of the service coordination plan, the conflict should be addressed under the appropriate protocol of the agency the family has the problem with. If the conflict is between *child/family to their service coordination plan*, the Cluster Coordinator will convene a meeting within 7 days with the child/family within 7 days of receiving the complaint. The Cluster Coordinator will try to resolve the conflict at that time. If resolved, the conflict will be considered resolved. If the conflict is not resolved, the Cluster Coordinator will convene another meeting within 7 days with the child/family and any family team member who may be involved with the conflict. If resolved, the conflict will be considered resolved. If the conflict is not resolved, the Cluster Coordinator will convene a meeting with the Executive Committee of the Council within 7 days of the meeting with the child/family and family team members. Following this meeting to discuss the conflict, the Cluster Coordinator will send the recommendations of the Executive Committee within 7 days to the child/family and family team members with instructions to report back to the Cluster Coordinator on their reaction to the recommendations. Within 7 days, the child/family and agencies will notify the Cluster Coordinator if the recommendations are accepted or rejected. If these recommendations are accepted by the child/family and family team members, the conflict will be documented as resolved. If the recommendations are rejected, the Cluster Coordinator will convene a meeting with the Juvenile Judge within 7 days to review the conflict. The Cluster Coordinator will then ask the judge for a final determination within 30 days. Upon receipt of this determination, the Cluster Coordinator will notify the child/family and family team of this final decision and the conflict will then be considered resolved. For all cases that are brought before the juvenile judge for final decision, all pertinent information of the case as well as an assessment of each agency's responsibility will be included in the information given to the judge.

The dispute resolution process will be clearly presented to the families at the initial family team meeting. The Cluster Coordinator will review in detail the necessary steps that all the family must take in order to address a conflict that might arise on their part. The family will be given the proper contact names and numbers of the Cluster Coordinator should they need to file a complaint. Also, it will be explained to the family, that the Juvenile Judge will have the final decision on ANY conflict, should it not be resolved during the first two steps of the resolution process.

At no time during the dispute resolution process will the necessary services to the child/family be interrupted.

In cases that involve Help Me Grow disputes, the Procedural Safeguards for Help Me Grow dispute resolution will be followed.

#### 16. SERVICE PLANNING FOR COMPREHENSIVE FAMILY SERVICE COORDINATION PLANS

To assure that services provided are culturally appropriate and responsive to the strengths and needs of the family, service providers will encourage and foster family involvement in the planning and execution of the plan in the family's native language. This plan will be written in easy to understand terminology to better assist the family in understanding the plan. The Jefferson County Childrens Cluster also recognizes the importance of keeping the child and family united though difficult times by providing appropriate service coordination in the least restrictive environment. It is the ultimate goal to prevent the child's removal from the home by activating wrap around services such as counseling, mentoring, family activities, and other helpful measures. When appropriate, it will be written (and approved by all members of the family team) into the service coordination plan that these services will be rendered in the home of the child or another non-threatening atmosphere where the family finds most comfortable. The Cluster also recognizes the fact that providing these services in the least restrictive environment possible is always in the best interest of the child and his/her family members.

At the initial family team meeting, a lead person/agency will be appointed by the Cluster Coordinator. This will be accomplished by having a discussion with all family team members on who would be best suited to be the lead in the case. A general consensus of must be reached by all members, which also includes the child/family on who this person/agency will be.

Once the lead is designated, the following responsibilities will be acknowledged: 1) Call, facilitate, and keep accurate notes of all future meetings of the case. 2) Monitor all outcomes of the service coordination plan and report out to all family team members at when meetings are held, and 3) Assure that all meetings are organized by being sensitive to the child/family's schedule, which includes a meeting place that is easy for the family to get to.

#### 17. UNRULY YOUTH

The unruly/delinquent population may need more comprehensive services, depending on the nature of their situations. The Jefferson County Family and Children First Council level collaboration among agencies and organizations is an important factor in seeing that these children receive these services. A variety of resources are

available to these children to help divert them from entering the court system. Examples of these resources are as follows:

a. School Based Mental Health - A program created out of the HB 289 efforts that bring counseling to the child in a school setting. This eliminates the burden of the family who cannot, or does not, have the ability to get them to and from counseling.

b. The Jefferson County Big Brothers/Big Sisters Organization - This resource is written into the service coordination plan when there is the absence of a male or female role model in the life of the child, who can provide good example and help the child overcome problematic behaviors and attitudes.

c. School social educators (CARE) teams - This resource is in place to help identify early on problems of the child that if not corrected, may lead to court involvement. The social educators, in conjunction with the Council and funding from System of Care, have the capacity to purchase wraparound services to help stay out of trouble and avoid the law. Examples may be after school activities such as karate lessons, music or art lessons, passes to pools, etc. Also, school resource officers play a similar role in helping with the early identification of trouble youth.

d. Juvenile Court Mediation Program - This resource is used with the families, schools, Cluster Coordinator, court representatives, and an outside mediator to help control and eliminate any problems the child may be having, such as truancy, bad behavior at home or in school, drug or alcohol abuse, or any other type of harmful behavior. Successful mediations lead to resolving the child's issues without becoming an unruly or delinquent child in the court system.

## 18. FUNDING/FISCAL ISSUES

When services are identified and agreed upon by the family team members in the family service coordination plan that require funding, a request for this funding will be made by the lead person/agency to the Cluster Coordinator. This can be done by completing the Funding Request Form for System of Care Dollars. Once the Cluster Coordinator receives the request, she will review the request with the Executive Committee of the Council for their input and approval. This will be accomplished within 30 days of the request. If the need for funding is immediate, then the Cluster Coordinator has the authority to approve the funding and present to the Executive Committee at a later date.

The only dollars available in Jefferson County for service coordination are the System of Care Dollars. There are no pooled funds or other pots of money for these requests.

## 19. PUBLIC AWARENESS PLAN

All Council agencies will be educated on the Service Coordination Process through information provided by the Council Coordinator. A public awareness plan will be carried out that includes the following components:

- a. The Council Coordinator will mail detailed information on the Service Coordination process (which will include the Referral for Service Coordination Form) to all Council agencies/organizations. They will be encouraged to make copies of this information to give to any other agency/group that works with families who may not be current members of Council.
- b. The Council Coordinator will deliver copies of the Parent Resource Directory created with the Ohio Childrens Trust Fund grant to local agencies, organizations, parent groups, etc. This directory has the contact information of the Council Coordinator that will provide families with a starting point in receiving needed services and coordination of these services.
- c. The Council Coordinator will assure that Service Coordination is a standing agenda item at all Council meetings to keep Council members updated and aware of the Council's responsibility to help children and families receive the services they need.
- d. The Council Coordinator will hold staff trainings on Service Coordination at the request of any agency/organization or parent group.
- e. The Public Awareness Plan will be reviewed annually by the full Council to assure that the information is reaching as many entities, including families, as possible.

## 20. QUALITY ASSURANCE OF THE COUNTY PLAN

Data on individual service coordination plans will be tracked and documented by each leading agency. This data will be given to the Council Coordinator to compile. Records of these outcomes will be stored by the Council Coordinator and reviewed annually by the Council in order to make improvements and adjustments to the Service Coordination Process in Jefferson County.

**Adopted and approved by the Jefferson County Family & Children First Council on Wednesday, May 19, 2010.**

**Jefferson County Family & Children First**

**REFERRAL for SERVICE COORDINATION**

**Submit form to:** Family and Children First Council, c/o Juvenile Court, P.O. Box 549, Steub. OH 43952  
 Phone: (740) 283-8557, Ext. 2327 FAX: (740) 283-8694

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

Your Affiliation: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Your Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Child being referred: \_\_\_\_\_ DOB \_\_\_\_\_

Child/Youth has a mental health diagnosis: Yes No Pending Suspected Unknown

Reason for referral for Service Coordination (include diagnosis if known) \_\_\_\_\_

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

Mother's Name:	Father's Name:
Marital Status:	Marital Status:
Address:	Address:
City: State:	City: State:
Zip: Home Phone:	Zip: Home Phone:
Work Phone: Cell Phone:	Work Phone: Cell Phone:
Employer:	Employer:

Child lives with: Mother Father Other \_\_\_\_\_

Address of child if different from above: \_\_\_\_\_

Other household members excluding child identified above:	DOB	Relationship to Child	Gender

By my signature I agree to this referral to Jefferson County Family & Children First for Service Coordination and to be contacted by the Service Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signature*

**Office Use**

Date Referral received by FCF \_\_\_\_\_ Reviewed by \_\_\_\_\_  
 Date Coordinator contacted family \_\_\_\_\_ Assessment completed on \_\_\_\_\_  
 Eligible: yes  no  1<sup>st</sup> Team meeting date \_\_\_\_\_ Case # \_\_\_\_\_

JEFFERSON COUNTY FAMILY & CHILDREN FIRST COUNCIL

**CONSENT FOR RELEASE OF INFORMATION**

**Intersystem Services**

As the legal parent/guardian of the below named family member, I authorize and give the following agencies and designated representatives, the right to exchange both verbal and written information regarding behavioral health, medical, environmental, legal and educational assessment, financial information, treatment and progress updates of which the purpose is to develop Intersystem Services.

Designated Youth:	FCF Case #:
Date of Birth:	Social Security #:

*This release allows for information sharing between each of the below listed agencies as needed to develop a Comprehensive Family Service Coordination Plan:*

Jefferson County Board of Developmental Disabilities	Bureau of Vocational Rehabilitation
Jefferson County Children Services Board	Community Action Programs
Jefferson County Commissioners	Help Me Grow
Jefferson County Prosecutor's Office	Jefferson County Juvenile Court
Jefferson County Department of Job & Family Services	Ohio Department of Youth Services
Jefferson County Family & Children First	Social Security Administration
Jefferson County Health Department	Jefferson Behavioral Health System
Jefferson County Mental Health & Addiction Recovery Board	Steubenville Health Department

Other Agency/Organizations needed for comprehensive planning and support.  
(i.e. law enforcement; residential placement; churches, etc.)

School District (list) - \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**By my signature, I authorize release of personal information pertaining to my case. In the event additional releases are required per agency requirements, I hereby agree to sign said releases at a future date in order to receive further services from Jefferson County Family & Children First Council**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Printed Name) \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

**This release is valid for one year from the date of original signature unless revoked or services end.**

**Revocation of Consent:** I hereby revoke the above consent for the release of information. Upon revocation of consent, further release of specified information shall cease immediately.

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

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

**JEFFERSON COUNTY FAMILY AND CHILDREN FIRST COUNCIL  
SERVICE COORDINATION PLAN CONFIDENTIALITY AGREEMENT**

I understand that I am an active member of the Comprehensive Service Coordination Plan for \_\_\_\_\_ child/family and hold a positive of trust that is relative to information obtained through this family team.

I understand that any and all information obtained through this committee is confidential and must not be shared with anyone outside that is not identified as a family team member without the written consent of the family.

**SIGNATURES**

**Committee Members**

**Agency**

\_\_\_\_\_  
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\_\_\_\_\_  
DATE

JEFFERSON COUNTY FAMILY & CHILDREN FIRST COUNCIL

**CONSENT FOR RELEASE OF INFORMATION**

**Intersystem Services**

As the legal parent/guardian of the below named family member, I authorize and give the following agencies and designated representatives, the right to exchange both verbal and written information regarding behavioral health, medical, environmental, legal and educational assessment, financial information, treatment and progress updates of which the purpose is to develop Intersystem Services. **By placing a check mark next to the below agencies/organizations, I hereby give permission to share/receive information on my child/family. I also understand that I have the right to cross off a system that I do not want to share information with.**

Designated Youth:	FCF Case #:
Date of Birth:	Social Security #:

*This release allows for information sharing between each of the below listed agencies as needed to develop a Comprehensive Family Service Coordination Plan:*

Jefferson County Board of Developmental Disabilities	Bureau of Vocational Rehabilitation
Jefferson County Children Services Board	Community Action Programs
Jefferson County Commissioners	Help Me Grow
Jefferson County Prosecutors Office	Jefferson County Juvenile Court
Jefferson County Department of Job & Family Services	Ohio Department of Youth Services
Jefferson County Family & Children First	Social Security Administration
Jefferson County Health Department	Jefferson Behavioral Health System
Jefferson County Prevention and Recovery Board	Steubenville Health Department
School District (see below)	

Other Agency/Organizations needed for comprehensive planning and support.  
(i.e. law enforcement; residential placement; churches, etc.)

**School District (list) -**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By my signature, I authorize release of personal information pertaining to my case.** *In the event additional releases are required per agency requirements, I hereby agree to sign said releases at a future date in order to receive further services from Washington County Family & Children First.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Printed Name) \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

**This release is valid for one year from the date of original signature unless revoked or services end.**

**Revocation of Consent:** I hereby revoke the above consent for the release of information. Upon revocation of consent, further release of specified information shall cease immediately.

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

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

**JEFFERSON COUNTY FAMILY & CHILDREN FIRST  
COMPREHENSIVE FAMILY SERVICE COORDINATION PLAN**

CHILD/YOUTH'S NAME: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ FCF CASE NUMBER \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

Phone Numbers \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell)

CHILD'S ADDRESS (if different from above): \_\_\_\_\_

Team Leader: Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Agency \_\_\_\_\_

Initial Referral Date \_\_\_\_\_ Date initial plan developed \_\_\_\_\_

90-Day Review Date \_\_\_\_\_ 90-Day Review Date \_\_\_\_\_ 90-Day Review Date \_\_\_\_\_ 90-Day Review Date \_\_\_\_\_

~Note: Review Outcome Indicator Data at each Review~

HISTORY/COMMENTS: \_\_\_\_\_

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

**LIFE DOMAIN AREAS**

**Residence** -Own home / OUT OF HOME: -Relative; Residential facility; Group home; Detention; DYS; Foster Home (Family/Therapeutic); Other

What's Happening Now? Current Residence/Services: \_\_\_\_\_

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

Goal for next 3 months? \_\_\_\_\_

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

**FOR REVIEW DATE: Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal**

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) \_\_\_\_\_

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

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

**Educational/Vocational:** school name/district-type of school//ed. disability/class type/Credit earned/IEP/MFE/Grade/proficiencies-Other

*What's Happening Now? Current Services:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parent/Child Goal for next 3 months?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR REVIEW DATE:** Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health/ Substance Abuse** — diagnosis/agency/case manager/ therapist/services & frequency

*What's Happening Now? Current Services:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Goal for next 3 months:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR REVIEW DATE:** Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Psychiatric:** psychiatrist / meds / names / dosages / frequency / hospitalizations

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE: Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal**

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**Medical/Health:** physician's name/specialists/meds names, dosages & frequency/hospitalizations/adaptive equipment

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE: Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal**

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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NOTES: \_\_\_\_\_

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

**Legal:** G.A.L.: delinquency/unruly; probation officer; custody status; court status; abuse/neglect/ custodian's name

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE: Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal**

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**Social/Recreational:** camps; community activity; afterschool programs; YMCA; rec. programs; Boys/Girls Club; Ely Chapman

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE: Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal**

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**NOTES:** \_\_\_\_\_

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

**Safety/Crisis:** written plan; participants; recent events

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE: Goal Met?**  Yes  No  Progress Made  Write new goal  Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**Family Natural Support (as identified by family):** relatives; friends; neighbors; organizations/church

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE: Goal Met?**  Yes  No  Progress Made  Write new goal  Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**NOTES:** \_\_\_\_\_

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

**Other Community Supports:** Names

*What's Happening Now? Current Services:* \_\_\_\_\_

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*Goal for next 3 months:* \_\_\_\_\_

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**FOR REVIEW DATE:** Goal Met?  Yes  No  Progress Made  Write new goal  Continue Goal

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)* \_\_\_\_\_

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**TEAM MEMBER SIGNATURES**

By signature, we agree to implement this plan and support the goals. We agree to carry out and monitor the plan in a manner that supports the family.

TEAM MEMBER SIGNATURE	AFFILIATION
	Parent Guardian
	Team Leader
	Service Coordinator

By my signature, I agree to allow this Service Coordination Plan to be shared with members of the Service Coordination Plan Team and the Jefferson Family & Children First Service Plan Review Team.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Crisis/Safety Plan**

**Family Name:** \_\_\_\_\_

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

**WrapAround Facilitator/Service Coordinator:** \_\_\_\_\_

**Describe the crisis behavior or situation in detail, what does it look like?**

**Who is involved in the crisis?**

**Are there other activities going on in the environment that make the situation better or worse?**

**List the triggers that lead to the crisis:**

**How often does the crisis occur? (choose best option)**

**Daily** \_\_\_\_\_

**How many times?** \_\_\_\_\_

**Weekly** \_\_\_\_\_

**How many times?** \_\_\_\_\_

**Monthly** \_\_\_\_\_

**How many times?** \_\_\_\_\_

**Other** \_\_\_\_\_

**How many times?** \_\_\_\_\_