



Madison County

*Service Coordination
Mechanism*

*Revised and Endorsed
June 21, 2013*

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MADISON COUNTY FAMILY COUNCIL

The Madison County Family and Children First Council provides collaborative planning, development, and evaluation of social services in Madison County as mandated in the Ohio Revised Code 121.37. The Council is a partnership of community organizations and government agencies working together towards a shared vision of improving the well being of children and families. It focuses on streamlining and coordinating government services for those seeking assistance for their families.

Commitments to Child Well- Being

- Expectant Parents and Newborns Thrive
- Infants and Toddlers Thrive
- Children Are Ready for School
- Children and Youth Succeed in School
- Children and Youth Engage in Healthy Behaviors
- Youth Successfully Transition into Adulthood

MADISON COUNTY SERVICE COORDINATION MECHANISM

June 2013

Purpose

Ohio Law says that each county Family Council must make two kinds of service coordination mechanisms, one for the county social services systems, and a mechanism for individual families to obtain service coordination. The purpose of these mechanisms are to insure every family has access to services appropriate to their needs and that service providers are working in tandem to identify and provide the best services possible.

Cultural Diversity

Madison County strives to provide quality services recognizing each family's uniqueness in regards to race, income, culture, sexual orientation, religion and lifestyle.

Training of cultural discovery and sensitivity issues is provided annually to Madison County Family Council members, families and all interested county citizens.

Review And Endorsements

The Madison County Family Council has a long history of including representation of all community stakeholders in the decision making processes involved with our counties service delivery system.

Since the inception of the Madison County Family Council in the early 90's, collaboration has been a vital component of our success. Family representation in the development and revisions of The Madison County Service Coordination Plan and The Family Service Plan has aided in spurring innovation, energy, and engagement at all system levels.

The Madison County Service Coordination Mechanism was developed in a three tiered process:

1. Madison County Interagency Review Team consisting of direct service members reviews and drafts the plan.
2. The plan is then submitted to the Madison County Advisory Committee for review as to content, format, and procedural safeguards and compliance.
3. The Madison County Family Council is then provided a copy for review and approval.

At every tier, the Service Coordination Plan must meet the approval of the majority of the members present.

ADDENDUM 1,2,3

Any family member of a child utilizing services/ supports in Madison County who is interested in participating in the development of the Service Coordination Mechanism may participate by calling the Madison County Family Council Coordinator at 740-852-0339.

Personnel And Community Awareness and Training

Personnel of the social service system agencies are educated via the Madison County Family Council Service Coordination review and endorsement process.

Every effort is made to educate the community on the Service Coordination Mechanism. Efforts include:

- Publicized meetings of the Madison County Family Council are held monthly and are open for all interested Madison County citizens.
- Printed materials from a variety of service providers are distributed.
- Madison County Family Council maintains an Information Referral Service, and is a part of the Madison County 2-1-1- Information and Referral website through Madison County United Way.

- Speakers and videos are available upon request.
- Service Coordination Education Mechanism booklet is available to the public to help explain the service coordination mechanism.

Quality Assurance

The Madison County Family Council reviews and endorses the Service Coordination Mechanism tri annually to insure that every component is updated and accurate. All three tiered process is utilized to obtain input from parents, direct service providers as well as administrators.

Structural Components

Social Service Coordination Mechanism

The county service coordination mechanism is a mechanism to get agencies of the county government to deliver services to children and their families in a way that is simple and organized. The county service mechanism serves as the guide for coordination of services in the county. It says what must be included in the individual family service coordination plan.

Individual Family Service Coordination Plan

Families and other members of the Madison County Family Council together write individual family service coordination plans. Families play a big part in making and carrying out their plans. The county service coordination mechanism says what must be included in individual family service coordination plan. *

*Service Coordination A Guide For Families Produced by The Ohio Legal Rights Service through a contract With the National Alliance for the Mentally Ill of Ohio With funding from The Ohio Department of Mental Health

MADISON COUNTY FAMILY & CHILDREN COUNCIL
SERVICE COORDINATION MECHANISM (revised June 2013)

A three step review of the Madison County Service Coordination Mechanism was conducted June 2013 by representatives of the following agencies (See Addendums 1,2,3):

- ❖ Madison County Department of Family and Children
- ❖ Madison County Department of Jobs & Family Services
- ❖ Madison County Board of Developmental Disabilities
- ❖ London City Schools
- ❖ Madison County Health Department
- ❖ Mental Health Services Inc. of Madison County
- ❖ Jonathan Alder Schools
- ❖ Jefferson Local Schools
- ❖ Madison County Juvenile Court
- ❖ Mental Health Recovery Board of Madison County
- ❖ Community Action Agency
- ❖ Madison Plains Schools
- ❖ Madison Champaign Educational Center
- ❖ Madison County Early Intervention Collaborative

The Madison County Family Council firmly supports the belief that service delivery must be individualized, coordinated, based on identified strengths and needs, community-based, family centered, family driven and that systems must be flexible and make optimal use of local resources.

The Madison County Service Coordination Mechanism consists of the following components:

1. Target population
2. Procedure for referring child and family
3. Procedure for assessing strengths & needs of children and family
4. Procedure for designating service responsibility
5. Diversion Program
6. Funding mechanism
7. Dispute resolution process
8. Schedule of plan implementation
9. System for monitoring, tracking and evaluation
10. Conclusion

1. TARGET POPULATION

The following population of children age birth through 21 will be addressed:

1. Abused
2. Neglected
3. Dependent
4. Unruly
5. Delinquent
6. Children whose families have voluntarily requested services
7. Drug abuse
8. Substance abuse
9. Children, birth to age 3, who are environmentally at risk for developmental delay
10. Children with severe behaviors who are at risk of removal from home

11. Children in need of services.

Priority will be given to individuals who meet the following criteria:

1. Age birth through 21
2. Residents of Madison County
3. Families who have not yet been able to access needed services.
4. Families who are involved in services from two or more agencies/systems
5. Parent(s) and or guardian(s) that are willing participants.
6. **Families whose children are at risk of out of home placement.**

Madison County Family Council recognizes that services are most effective when they are parent/guardian driven and families and/or their children have chosen to participate.

Madison County Family Council is aware of an identified gap being those families who are, or appear to be, resistant to receiving services. It is at times necessary to involve Children Services and/or Juvenile Court. Juvenile Court may conduct informal truancy hearings, meet with the family to discuss possible court involvement, how to prevent it and to meet with youth informally.

Madison County Family Council believes that our local systems are working well together. Strong collaborative groups, such as the Advisory Committee, Early Childhood Coordinating Committee, and Children and Family Health Services Consortium, have been operational for more than 10 years. The county service coordination mechanism for children who receive County Council and Help Me Grow services complies with the Service Coordination Mechanism.

2. PROCEDURES FOR REFERRING A CHILD AND FAMILY

Agencies or families can make referrals for Madison County Family Service Program by calling the Madison County Family Service Manager office at (740) 852-6342, by e-mail at lthomas@co.madison.oh.us, or by completing a referral form (Addendum A) and mailing to P.O. Box 624 London, Ohio 43140 or Faxing to a confidential fax at 740-852-6091. Upon receipt of the referral, the family will be contacted within 7 working days by the family service manager.

The referral source may contact Madison County Family Service Manager office at (740) 852-6342, by e-mail at lthomas@co.madison.oh.us to inquire as to whether the family referred has engage in the Service Coordination Process. The Family Service Manager will share only whether the referral was received and if the family was contacted. Any additional information will only be shared upon the receipt of a sign consent to release form from the involved family.

3. PROCEDURES FOR ASSESSING THE NEEDS OF THE CHILD AND THE FAMILY

The Madison County Family Council recognizes the need for a strengths-based, holistic assessment tool that will provide the foundation for system specific assessments to determine whether mental health, developmental disabilities, child protection, substance abuse, early intervention, health and educational services would be beneficial for the child and the family. To that end, the Family Service Program was developed. Madison County Department of Family & Children administers the Family Service Program.

The Madison County Coordinated Service includes a two-tiered assessment and review process. The initial assessment and review occurs at the Child & Family *Team*. The second tier of assessment occurs at the Interagency Family Service Review Committee.

The goal of the Family Service Process is to assist families in identifying the needs of the child and family. Upon receipt of a referral, the process will:

1. Acknowledge that parents can and should be a vital resource concerning their child.
2. The family assessment process in each system will begin with a strengths-based assessment allowing an intervention/prevention plan that builds on a family's strengths rather than searching for their deficits.

3. Identify with the family the underlying conditions that have resulted in the need for assistance.
4. Focus solutions on assisting the family to maintain responsibility for and direction of their future.
5. Establish Timelines to meet the identified family goals.
6. Develop all intervention/prevention strategies with the family.
7. Building strategies on the family's strengths including all aspects of the family's supportive networks. These support networks may include, but are not limited to, other family members, neighbors, friends, community organizations, religious organizations, cultural organizations, and parents groups.
8. Following fidelity wraparound protocols, strengths of families are inventoried and services are selected according to the families' choice and tailored to the families' strengths, needs and culture.

A family specific Child & Family *Team* is convened to assess and coordinate individual family service needs. **This Team is comprised of individuals selected by the family.** The individuals may be agency personnel, local providers, neighbors, family members, friends, or volunteers.

Invitations to team members selected by the families are made via telephone, personal visit to their home/office, or as a last resort by letter. The invitations are facilitated by the Family Services Manager or designated liaison. It is felt that to maximize buy in from team members, personal contact is best to answer any questions regarding the purpose or procedure.

The *Team* meets regularly with the families until their service needs and goals are achieved. The *Team* develops a service plan that reflects a family-friendly system of care. One of the primary objectives is to develop services that value the diversity of families and preserve the family unit. The *Team* encourages mutual collaboration with agencies, children, and families. This allows *Team* members to be creative and flexible in planning for the best interests of the children and families, to address identified needs and reduce unnecessary out-of-home placements.

A Family Service Plan is executed for each family involved in the Family Service Program process. If needed, a Crisis and Safety plan is developed to address alternate plans regarding identified issues of personal safety, financial security, housing or issues which could place the family at risk. This coordinated service plan for each child and family includes the following components which are used when identified by the team as appropriate

1. Family Information - composition and resources **Addendum E**
2. Family Strengths Matrix initial and at least every six months **Addendum D**
3. Family Goals- based on strengths of family and ascertained needs. **Addendum E-1**
4. Consent to release and exchange confidential information. **Addendum B**
5. Responsible lead service coordinator. **Addendum E**
6. Crisis and Safety Plan **Addendum F**
7. All family Service Plans are required to adhere to cultural competency.
8. The Dispute Resolution Process is explained to the Parent/Guardian and the "Understanding of Dispute Resolution Process form is completed. **Addendum G**

Families or Child and Family Team members may convene a meeting by calling the Madison County Family Service Manager office at (740) 852-6342, by e-mail at lthomas@co.madison.oh.us, or by completing a referral form (Addendum J)

4. PROCEDURE FOR DESIGNATING SERVICE RESPONSIBILITIES

Madison County's family and child service systems provide a wide range of supportive and rehabilitative services. Each system has ownership of its service responsibilities and an interest in effective collaboration with other involved systems.

The Child & Family *Team* develops the coordinated service plan. It is during the initial meeting that service coordination responsibility is determined through the assignment of a *lead service coordinator*. The family and agency representatives will sign the document to demonstrate agreement and commitment to the plan as well as their confidentiality responsibility.

The Cluster coordinator is responsible for the implementation and coordination of the comprehensive Family Service Plan. The Cluster coordinator will notify all parties of the planning meetings, track progress, schedule meetings and facilitate meetings. The Family Services Manager will provide oversight that all parties are dually notified.

The *Interagency Family Service Review Committee* is also responsible for the review of each coordinated service plan. This committee meets on a monthly basis whereby individual cases are presented by *Team* members for review. The individual cases are presented in a manner developed to respect the confidentiality the confidentiality of the families. The IFSRC will ensure that services are responsive to the strengths, needs, family culture, race, and ethnicity of the family and that services are provided in the least restrictive environment. The assigned homeless liaisons from each school district work collectively with local service entities to assist homeless families requesting services.

The goal of the Interagency Family Service Review Committee is to provide case management quality assurance, review identified case goals, monitor timely goal attainment, share service/program information, problem solve service delivery barriers and recommend children demonstrating need for a shared funding agreement to the Director of the Madison County Family Council. The Interagency Family Service Review Committee is comprised of representatives from Mental Health Services providers, Madison County Board of Developmental Disabilities, Madison County Department of Jobs & Family Services, Madison County Juvenile Court, the public school systems, Madison County Health Department, The Madison County Help Me Grow Program, Ohio Department of Youth Services, and Madison County Department of Family and Children as well as other service providers. A review of each Child and Family Service Plan by the Family Service Program Review Committee is conducted at minimum of every six months.

A quality review survey is performed annually with local service providers, agencies and families served.

Addendum I

The Cluster Coordinator maintains individual case records for each family. These records contain documentation of reason for referral, strength/needs, coordinated service plans, designated service responsibilities, and follow-up. The Cluster Coordinator reports activities monthly to the Madison County Family Council.

Madison County Children Services may contact the Family Services Manager to initiate a family service coordination plan meeting before a non-emergency out-of-home placement for multi-need children or within 10 days of emergency placements of multi-need children.

5. DIVERSION PROGRAM

The goals of the Diversion Program are:

1. To divert youth from the criminal justice system;
2. To improve school attendance;
3. To keep the youth in their home.

Youth between the ages of 8 to 15 years old may be referred to the Diversion Program if they are exhibiting difficulties in the areas of school or family, early delinquent or unruly behavior, substance abuse, truancy, or youth whose families have been referred to Children Services.

Agency/school representatives or parent/caregivers of the youth can make referrals to the Diversion Program. Referrals are to be made to the Family Service Program Manager and should include the name of the youth and their family, the reason for the referral, and the telephone and/or address of the family. The referent will propose Diversion participation for the referred youth to the Interagency Family Service Review Committee. The

Interagency Family Service Review Committee will approve or deny the youth's participation in the Diversion Program.

If approved, the youth will participate in the Diversion Program. Goals for the Diversion Program will be developed with the youth and their Child and Family Team. These goals will be assessed monthly, and monitored by a juvenile court probation officer. A lead service coordinator will be chosen to address the goals of the Service Plan.

Formal complaints will be held in abeyance pending the youth's successful participation of the Diversion Program. If the youth successfully completes the Diversion Program, no formal charges will be filed. If the youth chooses not to participate with the Diversion Program, Madison County Prosecutor's Office will file a formal complaint with the court. If the youth then chooses to successfully complete the program, the complaint may be dismissed.

6. FUNDING MECHANISMS

The funding mechanism shall consist of a number of components in order to maximize local fiscal and human resources.

1. Shared pooled funding is utilized to purchase non-traditional services or supports identified by a Child and Family Team. These funds are donated by all London City Schools, Jonathan Alder Schools, Madison Plains Schools, Jefferson Local Schools, 4 school districts, Juvenile Court, Mental Health Recovery Board, Dept. of Job and Family Services, Board of Developmental Disabilities, Health Dept., Child Care Network, Miami Valley Child Development Center, Madison County Hospital, and Madison County Commissioners.
2. Family Centered Services and Support funds are utilized to provide direct services to families. Please see allocation process explained below. Decisions regarding the use of Family Centered Services and Support funds are made by The Madison County Family Council Advisory Board.
3. Prevention Education Services are funded by Mental Health Recovery Board funding streams.

When funding is available, the Family Service Program Manager is responsible for administering the Pooled Service funds (including FCSS flexible funds), under the following guidelines:

The following criteria must apply in order to access pooled funding for direct service identified needs through the Family Service Program.

1. Funds are needed for emergency situations. (No other source available.)
2. Families will be referred to Family Service Program. (If not already involved) for the assessment and development of a Family Service Plan.
3. The expenditure request must be recognized as a need on the Family Service Plan.
4. When funding is available, Family Service Program Manager will *upon request* provide *itemized monthly budget of expenses* to Interagency Family Service Review Committee (at monthly meeting). *The Family Council Coordinator will provide monthly expenditure reports to the Madison County Family and Children First Advisory Committee for review and approval as part of the Fiscal Reports.*

Procedure for access and disbursement of funds. When funding is available:

1. *Family Service Manager can process expenses of \$50 or less-* without prior approval from Interagency Family Service Review Committee membership. Expense will be reported to Interagency Family Service Review Committee at next monthly meeting.
2. *Expenses of more than \$50 but less than \$1,000 –* Family Service Manager will phone designated representatives from Board of DD, Dept. of Jobs & Family Services (Children Services Division), Mental Health, School Representative (district attended by child), and Juvenile Court.

3. The request for disbursement of funds will be submitted to the Director of Madison County Department of Family & Children for authorization and approval. **Disbursement of funds must be in compliance with all local, state, and federally established procedures, guidelines, and mandates.**
4. The Director of Madison County Department of Family & Children will submit a request for payment through the standard fiscal operations procedure established for Madison County. (i.e. Madison County Commissioners, Madison County Auditors Office)

The Interagency Family Service Review Committee will monitor these expenditures for effectiveness. The Madison County Family Council Advisory Committee review and approve annual budgets and monthly financial statements.

In the event that funding for the high need child and family is identified, a review of the case will be convened by the Madison County Family Council Coordinator which may include but not be limited to administrators representing Mental Health Recovery Board of Madison County, Madison County Board of Developmental Disabilities, Madison County Department of Job and Family Services, and Juvenile Court. Shared funding agreements will be developed as needed. Madison County Family Council Advisory Board and the Madison County Commissioners adopt the annual budget.

7. DISPUTE RESOLUTION PROCESS

Although agencies and professionals are committed to meeting the needs of the child and/or family, there are times when one or more members of the Team may question decisions or the process. In all instances, families are encouraged to ask questions and become informed as to what is available, what their child might need, and what rights and responsibilities they have as parents.

The Dispute Resolution Process is explained to the Parent/Guardian as a component of the Family Service Plan and the "Understanding of Dispute Resolution Process form is completed. **Addendum G**

Conflicts may arise in three distinct types of situations:

1. The family is in disagreement with one agency
2. The family is in disagreement with the service plan: or
3. One agency is in disagreement with another agency or the service plan.

It is expected that individuals will, in all instances, seek clarification and resolution at the Team level prior to initiating the formal conflict resolution process. If the family needs direction in order to handle the situation in a Team setting, they or their representative (attorney, parent advocate, etc.) may request the assistance of a case coordinator from any agency to assist them in preparing and presenting their concerns.

All disputes are given the upmost consideration and priority. **Emergency disputes** shall be defined as those disputes whereby there is the threat of imminent risk, harm or safety to the child. In the case of an emergency dispute, the resolution process will be circumvented and the Juvenile Court Judge will be immediately notified. All other disputes are considered non-emergency and will follow the established procedure.

Parents and guardians are advised that the family may chose to continue services pending the resolution of the dispute.

Disputes related to Help Me Grow services will follow the process outlined in Section D.

A. FAMILY TO AGENCY

Families are encouraged to become full partners in the Team process. To share input, question, and problem solve around the issues that have brought them to the table. Should, however, a conflict arise concerning the service provided, activities, schedule, or process of a particular agency, families shall have the following recourse:

1. Contact the individual professional in order to facilitate resolution.

2. If step one is unsuccessful, follow the dispute resolution process of the particular agency.

B. FAMILY TO SERVICE COORDINATION PLAN

The process should result in a minimum of conflicts between the family and Child and Family Team. It is possible that a family, due to a number of situations, may be in conflict with the Coordinated Family Service Plan. Should this occur, the following process will be initiated:

1. Families shall be strongly encouraged to attempt to handle the issues directly with members of the Team with the assistance of the Family Service Program Manager.
2. Issues not resolved at Family Service Program review Committee shall be referred within 2 days to Madison County Family Council Advisory Board or their designated neutral representative for review to be held within 10 working days.
3. Written determination will be mailed to the family within 2 working days of the determination.
4. Issues not resolved at Advisory Board shall be referred to an agreed upon mediator within 2 working days. A mediation shall be held within 10 working days.
5. Issues not resolved at mediation shall be referred within 1 day to the Juvenile Court as final local arbiter.

C. AGENCY TO AGENCY

Members of the Madison County Interagency Family Service Review Committee continuously demonstrate their ability to work toward a common goal by developing creative service plans to address the needs of the child and his/her family. On occasion there may be a difference of opinion as to the appropriate course of action needed or the agency(s) responsible for providing the service(s)

Should a conflict involving two or more agencies arise, the following process shall be initiated:

1. The Family Service Program Manager shall convene a meeting of the involved agency representatives in order to clarify and attempt to resolve the issue within 5 working days of receiving written notice of dispute.
2. If the issue remains unresolved, the Madison County Family Council Coordinator shall notify the respective Agency Directors (or acting representative in their absence) within 2 working days.
3. A meeting of the agency Directors (or acting representative in their absence) will be held within 5 working days.
4. Should the involved Directors be unable to resolve the issue, they shall refer the matter to an agreed upon mediator within 2 working days. A mediation shall be held within 10 working days.
5. Written determination will be mailed to the family within 2 days of the determination.
6. Issues not resolved at mediation **shall** be referred immediately to the Juvenile Court as final local arbiter within 1 working days.

All dispute resolutions not referred to Juvenile Court shall be resolved within 45 working days from the time that the issue is first identified and brought to the attention of the Family Council Coordinator. The Family Council Coordinator shall trace the process to ensure compliance.

D. HELP ME GROW DISPUTE RESOLUTION PROCESS

The purpose of the dispute resolution process is to ensure the procedures for the timely resolution of individual child complaints regarding a proposed initiation or change, or refusal to initiate or change, in the identification, evaluation, or provision of services to a child or his family. Any provider receiving a complaint shall provide the parent with a copy of the Madison County Family Council Dispute Resolution Process.

1. Request for dispute resolution should be directed in writing to:

Sherry Baldwin, Coordinator
Madison County Family and Children First Council
200 Midway Street
P.O. Box 624
London, Ohio 43140
Phone: 740-852-0339

Or families may directly contact the Ohio Department of Health

Ohio Department of Health
Bureau of Early Intervention Services
ATTN: Help Me Grow Program
246 N. High, PO Box 118
Columbus, Ohio 43216
Phone: 614-644-8389

Correspondence should indicate the request for dispute resolution, reason for request and any additional information that may be helpful.

2. The service provider named in the dispute will be notified of the complaint(s) within 2 working days of receipt of the written complaint.
3. The service provider will then have 7 working days to provide a written response which shall include information on actions taken leading to the complaint(s) and steps taken to amend the dispute.
4. Within 10 working days the Advisory Board of the Madison County Family and Children First Council will conduct a review of the dispute.
5. Disputing parties will be asked to be present. A written summary of the decision will be forwarded to the disputing parties within 7 working days of the review, with the summary of issues, findings of fact and decision. Madison County Family and Children First Council Advisory Board may consult with professionals with expertise in the disputed service area.
6. The family will be referred to the Ohio Department of Health for dispute resolution within 2 days and provided with a copy of the ODH complaint procedures if the decision of the Madison County Family Council Advisory Board is unsatisfactory. ODH will be notified within 2 days of a family's choice to attempt dispute resolution through the FCF Process.

The Madison County Family Council Advisory Board has adopted the ODH/DFCHS/BEIS/Help Me Grow Program Procedural Safeguards, Section V. Dispute Resolution as Madison County Help Me Grow Policies and Procedures for Dispute Resolution process for disputes that are not resolved locally.

8. SCHEDULE OF PLAN IMPLEMENTATION

The Madison County Service Coordination Plan was implemented July 1, 1996. The Plan will be updated every three years.

Following approval by The Madison County Family Council the Madison County Service Coordination Plan is in effect.

9. SYSTEM FOR MONITORING, TRACKING AND EVALUATION

The Child and Family Teams will perform Family Service Plan evaluations quarterly. Biannually the Team's accomplishments will be reviewed by the Interagency Family Service Program Review Committee. The Madison County Family Council receives monthly reports from the Family Service Program Manager. When available, pooled funding expenditures will be approved and monitored monthly at the Family Service Program Review Committee meetings.

The second process is an ongoing monitoring, tracking, and evaluation by the Family Service Program manager to develop quality standards and to gather/maintain demographic and case data. This process will evaluate the quantity as well as quality of service provided. Data will consist of a compilation of data using:

- A. Addendum D -- Family Strength Matrix
- B. Addendum K—CASII Inventory
- B. Addendum L—Statistical Data of Referrals

10. CONCLUSION

In order to have a positive impact on children and families in our county, we must make a concerted effort to provide services to them prior to crisis situations arising. Focusing on the uniqueness of each Child and Family requiring our assistance will assist in the allocation of appropriate intervention plans and strategies. Utilizing Family Centered Planning and service provision will assist in the development of healthy, safe, and productive Madison County families.

Referral Form

Referral for participation in The Madison County Family Service Program

Name of Youth: _____

Parent/ Guardian _____

Telephone # _____

Family Address: _____

Please provide a brief summary of situation: _____

Name of person making referral _____

Telephone # of person making referral _____

Address of referrant: _____

Please return to Madison County Family Service Program

200 Midway Street

P.O. Box 624

London, Ohio 43140

(740)852-6342

Lthomas@co.madison.oh.us

Date Referral Received: _____ Referral Received By: _____

CONSENT TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

I, _____, the parent and/or Guardian of the child, hereby represent that I have legal authority to act on the behalf of _____ (Child) and hereby give my consent to the release and exchange of confidential information regarding _____ (Child) to the designated representative of the following agencies, which comprise the Madison County Family Service Program.

- ___ London City, Madison Plains, Jefferson Local, Jonathan Alder
___ Madison Champaign Board of Education
___ St. Patrick School
___ Other Madison County Schools
___ Buckeye Boys Ranch
___ Early Intervention County Collaborative Consortium
___ London ABLE Program
___ Community Action
___ Madison County Dept. of Job and Family Services
___ Mental Health and Recovery Board of Madison County
___ Madison County Bd. of Developmental Disabilities
___ Ohio Dept. of Developmental Disabilities
___ Mental Health Services Inc. of Madison County
___ Madison County Juvenile, Municipal or Common Pleas Court
___ Madison County Dept. of Family and Children
___ Ohio Department of Mental Health Services
___ Oesterlen
___ Dept. of Youth Services Rehabilitation Services Commission
___ Madison County/London City Health Dept.
___ Madison County Hospital
___ Faith Based Services
___ Madison County Free Clinic
___ Madison County Early Head Start
___ Bureau of Vocational Rehabilitation
___ Miami Valley Child Development Center
___ Family Advocate
___ Ohio Dept. of Drug and Alcohol Services
___ Madison County Help Me Grow
___ All of the above, as needed
___ Other, if needed:

I understand that such information as may be necessary to develop a comprehensive treatment plan for the child be released and exchanged among the designated representatives of the Madison County Family Service Program and that such information may include, but is not limited to, medical records, scholastic/attendance records, psychological reports, Juvenile Court records, and Children’s Service records.

I also consent to the release and exchange of confidential information to the Ohio Family and Children Cabinet Council for a resolution of problems in the event that the designated representatives of the Madison County Family Service Program are unable to develop a comprehensive treatment plan for the child and family. I understand that some of my child’s records may be protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations and that some of my child’s records may be governed by P.L. 94-142 and 94-457 concerning confidentiality of handicapped children. I also understand that I may revoke this consent at any time except to the extent that action has been taken in compliance upon it, and that in any event this consent expires automatically as follows: specification of the date or condition upon this consent expires:_____

A photocopy of this Consent to Release and Exchange Confidential Information shall have the same force and effect of the original.

Parent/Guardian

Parent/Guardian

Date

Witness

In compliance with ORC 2151.421, any person acting in an official or professional capacity and knows or suspects that a child under eighteen has suffered or faces the threat of suffering any physical or mental wound, injury, disability, or condition of the nature that reasonably indicates abuse or neglect of the child, must personally report such knowledge or suspect report such knowledge or suspicion to the Public Children Services.

ADDENDUM C

*Note this is an excerpt from the Family Service Coordination Plan form – ADDENDUM E

CHILD AND FAMILY TEAM MEMBERS:

Team members agree that they are responsible for any unauthorized dissemination of any privileged or confidential information which they may see, hear or otherwise come in contact with; that they will be held liable for any unauthorized dissemination.

Signature of this agreement acknowledges responsibility for any unauthorized dissemination of any such information by its employees, agents, or associates or themselves; that they will be held liable for any such unauthorized dissemination.

| Name | Affiliation | Phone Number | Date |
|-------|-------------|--------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Family Strengths Matrix

DATE: _____

O INITIAL O REVIEW

SHELTER: Stability of housing over time; living conditions, structural safety of housing, resources for housing.

⑤ ④ ③ ② ①

Actions to be taken:

FOOD AND CLOTHING: Resources for food and clothing, quality of diet: adequacy of clothing, nutritional value of meals, conditions of food preparation resources.

⑤ ④ ③ ② ①

Actions to be taken:

ADULT EDUCATION AND EMPLOYMENT: Employment, presence or absence of career goals, appropriateness of goals, job preparedness: job skills or work history, level of education.

⑤ ④ ③ ② ①

Actions to be taken:

TRANSPORTATION AND MOBILITY: Access to transportation based on level of need, safety and condition of transportation, legal status of driver, vehicle (license, insurance, etc.).

⑤ ④ ③ ② ①

Actions to be taken:

FINANCES: Income level consistent with local cost of living, long term and short term financial goals, budgeting skills and financial discipline, access to financial institutions and resources, savings.

⑤ ④ ③ ② ①

Actions to be taken:

COMMUNITY RELATIONS: Relationships with friends and neighbors, knowledge of and access to community resources, participation in the community (i.e. school, church, clubs, etc.)

⑤ ④ ③ ② ①

Actions to be taken:

SOCIAL AND EMOTIONAL HEALTH: Ability and willingness to identify needs and access resources, sense of personal responsibility, presence, degree of substance abuse, quality of mental health, quality of social support system.

⑤ ④ ③ ② ①

Actions to be taken:

CHILDREN'S CARE AND SAFETY: Access to quality child care and after school programming, ability to afford child care and after school programming, assure safe environment in child care setting.

⑤

④

③

②

①

Actions to be taken:

HEALTH AND SAFETY: Healthy habits, ability to afford health care, status of physical health, environmental conditions, access to health resources.

⑤

④

③

②

①

Actions to be taken:

CHILDREN'S EDUCATION & DEVELOPMENT: Age appropriate development and communication, school behavior, school/family interactions, attendance and readiness to learn

⑤

④

③

②

①

Actions to be taken:

FAMILY RELATIONS: Family structure, family functioning, intra-family communication skills, ability to resolve conflict, parenting skills.

⑤

④

③

②

①

Actions to be taken:

YOUTH ASSETS/SOCIAL SKILLS: Relationship with friends and adults, sense of fair play/cooperation, leadership skills, teamwork, ability to follow directions, makes wise decisions, study skills.

⑤

④

③

②

①

Actions to be taken:

Risk of Crisis

⑤

④

③

②

①

Actions to be taken: Complete Family Crisis and Safety Plan

MADISON COUNTY DEPARTMENT OF FAMILY AND CHILDREN

FAMILY SERVICE COORDINATION PLAN

Initial Date of Service Coordination ___/___/___

Youth Name _____

Youth DOB: Month ___ Day ___ Year _____ Gender: Male Female

School District of Origin _____ S.D. of Attendance _____

Race of Youth (Circle one): White/ Caucasian African American Asian
Multi- Racial Native American Other

Ethnicity of Youth (Circle one): Hispanic Appalachian Other NA

Cultural and Linguistic needs: _____

Referral Source _____

Individual Making Referral _____

Unique Funding Source _____

Youth has a Parent Advocate or Support Relative YES NO Declined/ Refused

Youth Diagnosis/ Designations (check all applicable) Mental Health _____
Alcohol and Drug _____
MR/DD _____
Other _____
None _____

Youth is in custody of one or both biological/ adoptive parents: YES NO

Youth is in out-of-home placement: YES NO

Family Residence: _____
Street City Zip

Phone numbers: _____

Family Composition:

| Name | Relationship | School/Employment |
|-------|--------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CHILD AND FAMILY TEAM MEMBERS:

Team members agree that they are responsible for any unauthorized dissemination of any privileged or confidential information which they may see, hear or otherwise come in contact with; that they will be held liable for any unauthorized dissemination.

Signature of this agreement acknowledges their responsibility for any unauthorized dissemination of any such information by its employees, agents, or associates or themselves; that they will be held liable for any such unauthorized dissemination.

| Name | Affiliation | Phone Number | Date |
|-------|-------------|--------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Identified Team Leader: _____

Service Responsibilities:

Team Member: _____

Duties: _____

Team Member: _____

Duties: _____

Team Member: _____

Duties: _____

FAMILY GOALS

Family Name: _____

Date: _____

Life Domain: _____

Current Level _____

Goal:

Timeline for Goal Completion _____

Date: _____

Life Domain: _____

Current Level _____

Goal:

Timeline for Goal Completion _____

Date: _____

Life Domain: _____

Current Level _____

Goal:

Timeline for Goal Completion _____

FAMILY CRISIS AND SAFETY PLAN

FAMILY NAME: _____

ANTICIPATED CRISIS OR CONCERN: _____

ACTIONS TO BE TAKEN: _____

WHO IS TO COMPLETE THESE ACTIONS AND WHEN: _____

FOLLOW UP : _____

| | |
|--------------------------|--------------------|
| SIGNATURES: _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |

UNDERSTANDING OF DISPUTE RESOLUTION PROCESS

Although agencies and professionals are committed to meeting the needs of your child and/or family, there may be times when you may question decisions or the process. In all instances, families are encouraged to ask questions and become informed as to what is available, what their child might need, and what rights and responsibilities they have as parents and/or guardians.

A family may be in disagreement with an agency or with the family service plan. It is expected that families will, in all instances, seek clarification and resolution at the Team level prior to initiating the formal conflict resolution process. If the family needs direction in order to handle the situation in a Team setting, they or their representative (attorney, parent advocate, etc.) may request the assistance of a case coordinator from any agency to assist them in preparing and presenting their concerns.

Disagreements with Agencies

Families are encouraged to become full partners in the Team process. To share input, question, and problem solve around the issues that have brought them to the table. Should, however, a conflict arise concerning the service provided, activities, schedule, or process of a particular agency, families shall have the following recourse:

1. Contact the individual professional in order to facilitate resolution.
2. If step one is unsuccessful, follow the dispute resolution process of the particular agency.

Disagreements with Family Service Plans

The process should result in a minimum of conflicts between the family and Child and Family Team. It is possible that a family, due to a number of situations, may be in conflict with the coordinated Family Service Plan. Should this occur, the following process will be initiated:

1. Families shall be strongly encouraged to attempt to handle the issues directly with members of the Team with the assistance of the Family Services Coordinator.
2. Issues not resolved at Practitioner Level Family Services shall be referred to Madison County Family Council Advisory Board or their designated neutral representative for review within 15 working days.

I, _____, have been advised of and understand my family's rights to use the dispute resolution process.

Parent/Guardian Signature

Date

MADISON COUNTY FAMILY SERVICES PROGRAM
PO Box 624
LONDON, OHIO 43140

Dear Family Service Participant,

The Family Service Program of Madison County is in the process of reviewing the progress of the Madison County Family Service Program.

Please take a few minutes of your time to answer the following questions. You need not sign this questionnaire. Please return this survey to me in the enclosed self addressed stamped envelope. Thank you for your continued assistance.

Sincerely,

Lori Thomas
Madison County Family Service Manager

Involvement in Family Service Program is helpful to my family. Yes / No

What do you think is the best aspect of the Family Service Program? _____

What would you like to change? _____

MADISON COUNTY FAMILY SERVICE PROGRAM
PO Box 624
LONDON, OHIO 43140

Dear Madison County Family Services Member and/or Service Provider,

Please take a few minutes of your time to help in the process of improving The Madison County Family Service Program by completing the following survey. You need not sign the questionnaire.

Please return as soon as possible in the enclosed self-addressed stamped envelope.

Thank you,

Lori Thomas
Family Service Program Manager
(740)852-6342

Please rate the performance of Family Service Program (Family Services) in regard to the following:
Scale: 1 – Poor 2 – Good 3 – Excellent

- Coordination and facilitation of the monthly Family Services _____
- Child and Family Team Coordination _____
- Documentation of Service Plans _____
- Monitoring of Service provision _____
- Linking families to needed services/ supports _____
- Liaison between families and service providers _____

- Involvement in Family Services is helpful to families/ children Yes No
- The Child and family Team meetings I attend are helpful. Yes No
- The monthly Family Services meetings are helpful. Yes No

What do you think is the best aspect of Family Services?

What would you like to change?

Please write additional comments or suggestions on the back of this page! Thanks!

FAMILY REQUEST FOR TEAM MEETING

I, _____, am requesting a team meeting for the _____ family. In addition to the Child and Family Team Members, I would like the following support people to attend:

| <u>Name</u> | <u>Affiliation</u> | <u>Phone</u> |
|-------------|--------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Thank you,

Signature Date

Please mail to:

Lori Thomas
Madison County Dept. of Family & Children
PO Box 624
200 Midway Street
London, Ohio 43140

Early Childhood Service Intensity Inventory
For Children under age 6
SCORING SHEET

Child Name: _____ **Date of Scoring:** _____

Evaluator Name: _____ **Agency:** _____

| Score (1-5) | <u>Dimension</u> | <u>Scoring</u> |
|----------------|--|--|
| _____ | I. Degree of safety | 1=optimal 2=adequate, 3=moderate, 4=impaired, 5=low degree |
| _____ | II. Child-Caregiver Relationships | 1=optimal 2=adequate, 3=mild impairment, 4=moderate impairment, 5=severe impairment |
| _____ | III. Caregiving Environment | |
| _____ | Strengths/protective factors | 1=optimal strengths/protective factors 2=adequate, 3=limited, 4=minimal, 5=none |
| _____ | Stressors/vulnerabilities | 1=no stressors, 2=mild, 3=moderate, 4=serious, 5=severe |
| _____ | IV. Functional/Developmental Status | 1=optimal 2=adequate, 3=mild impairment, 4=moderate impairment, 5=severe impairment |
| _____ | V. Impact of Medical, Developmental, or Emotional/Behavioral Problems | 1=optimal functioning, 2=adequate functioning, 3=mild impairment, 4=moderate impairment, 5=severe impairment |

| | | | | | | | |
|----------------------------|---------------------|-----|------|-------|-------|-------|-------|
| _____ SUM (total) | Score | 6-8 | 9-12 | 13-17 | 18-22 | 23-26 | 27-30 |
| | SCORED LEVEL | | | | | | |
| _____ DERIVED LEVEL | Level | 0 | 1 | 2 | 3 | 4 | 5 |

Instructions for Derived Level

- If score of 5 of domain I-Degree of Safety, move to Level 5
- If score of 5 on domain II-Caregiving Relationships or IV-Functional/Developmental Status, move up 1 level

VI. Services Profile

| Score (1-5) | <u>Dimension</u> | <u>Scoring</u> |
|----------------------------|---|---|
| _____ | Caregiver involvement | 1=optimal 2=adequate, 3=limited, 4=minimal, 5=none |
| _____ | Child involvement | 1=optimal 2=adequate, 3=limited, 4=minimal, 5=none |
| _____ | Service Fit | 1=optimal 2=adequate, 3=limited, 4=minimal, 5=none |
| _____ | Effectiveness of services | 1=optimal 2=adequate, 3=limited, 4=minimal, 5=not effective |
| _____ SCORE (total) | Consider level increase if sum of Service Profile = 12 or above | |

| | |
|--|--|
| | SERVICE INTENSITY LEVEL (FINAL DETERMINATION) |
|--|--|

Notes

Table 1 (Note: Formal Child & Family Team Referral requires a minimum ECSII level 4+ & LC level 3+)

| ECSII Level & Description | ECSII Score |
|----------------------------------|-------------|
| 0 Basic Services Health Services | 6-8 |
| 1 Minimal Service Intensity | 9-12 |
| 2 Low Service Intensity | 13-17 |
| 3 Moderate Service Intensity | 18-22 |
| 4 High Service Intensity | 23-26 |
| 5 Maximal Service Intensity | 27-30 |

Child & Adolescent Service Intensity Inventory

For School-Age Children

SCORING SHEET

Youth Name: _____ **Date of Scoring:** _____

Evaluator Name: _____ **Agency:** _____

| | | |
|--|---|---|
| Score (1-5) _____ _____ _____ _____ _____ _____ _____ _____ _____ | Dimension I. Risk of Harm II. Functional Status III. Co-Occurrence of Conditions IV. Recovery Environment Environmental Stress Environmental Support V. Resiliency &/or Response to Services VI. Involvement in Services (<i>record higher of 2 scores</i>) Child/Adolescent Parents and/or Primary Care Taker | Scoring 1=low risk 2=some, 3=significant, 4=serious, 5=extreme 1=minimal impairment, 2=mild, 3=moderate, 4=serious, 5=severe 1=no co-occurrence, 2=minor, 3=significant, 4=major, 5=severe 1=absent, 2=mild, 3=moderate, 4=serious, 5=severe 1=optimal, 2=adequate, 3=limited, 4=minimal, 5=none 1=full resilience/response, 2=significant, 3=moderate, 4=poor, 5=negligible 1=optimal, 2=adequate, 3=limited, 4=minimal, 5=absent 1=optimal, 2=adequate, 3=limited, 4=minimal, 5=absent |
|--|---|---|

Sum of 7 Scores (Add domains I through V and the higher of the two scores in domain VI)

CASII Composite Score Level (based solely on score-see table 1 below)

CASII Derived LEVEL (consult CASII grid below)

CLINICAL Derived LEVEL (clinically determined level)

Justification if clinical derived level is different from CASII derived level:

Table 1

| CASII Level & Description | CASII Score |
|--|-------------|
| 0 Basic Services for Prevention & Maintenance | 7-9 |
| 1 Recovery Maintenance & Health Management | 10-13 |
| 2 Outpatient Services | 14-16 |
| 3 Intensive Outpatient Services | 17-19 |
| 4 Intensive Integrated Services without 24-hour psychiatric monitoring | 20-22 |
| 5 Non-Secure, 24-hour Psychiatric Monitoring | 23-27 |
| 6 Secure, 24-hour Psychiatric Management | 28+ |

| CASII LEVEL OF SERVICE INTENSITY DETERMINATION GRID | | | | | | |
|--|---|--------------------------------|--|---|--|---|
| Level of Care Dimensions | Recovery Maintenance Health Management Level 1 | Outpatient Services Level 2 | Intensive Outpatient Services Level 3 | Intensive Integrated Services without 24-Hour Psychiatric Monitoring Level 4 | Non-Secure 24-hour Services with Psychiatric Monitoring Level 5 | Secure 24-hour Service with Psychiatric Management Level 6 |
| I. Risk of Harm | 2 or less | 2 or less | 3 or less | 3 or less | ④ | ⑤ |
| II. Functional Status | 2 or less | 2 or less | 3 or less | 3 or less | ④ * | ⑤ |
| III. Co-Occurrence of Conditions | 2 or less | 2 or less | 3 or less | 3 or less | ④ * | ⑤ |
| IVA. Recovery Environment – Stress | Sum of IVA + IVB is 4 or less | Sum of IVA + IVB is 5 or less | Sum of IVA + IVB is 5 or less | 3 or 4 | 4 or more | 4 or more |
| IVB. Recovery Environment - Support | 2 or less | 2 or less | 3 or less | 3 or less | 4 or more | 4 or more |
| V. Resiliency and/or Response to Services | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more | 4 or more |
| VI. Involvement in Services | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more | 4 or more |
| Composite Rating | 10 to 13 | 14 to 16 | 17 to 19 | 20 to 22 | 23 to 27 | 28 or more |

④ Indicates that independent criteria require admission to this level regardless of composite score. * = independent criteria may be waived if sum of IVA and IVB score = 2.

**MADISON COUNTY FAMILY SERVICES PROGRAM
STATISTICAL DATA OF REFERRALS**

Period covered: _____

REFERRAL SOURCE:

Schools: _____

School child attends:

London: _____

West Jefferson: _____

Madison Plains: _____

Jonathan Alder: _____

Mental Health: _____

Madison County Department of Jobs & Family Services:

Children's Services: _____

Income Maintenance: _____

JOBS: _____

Juvenile Court: _____

Parent/Family Member: _____

Developmental Disabilities: _____

Other:

Fairhaven School: _____

OSU Extension: _____

Prosecutors Department: _____

Other: _____

Other: _____

PRESENTING PROBLEM:

Inappropriate behavior of child: _____

Parenting Difficulties: _____

Other:

Community Support - Childcare: _____

AGE OF CHILD REFERRED

0 to 12 months: _____

Age 1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

9: _____

Age 10: _____

11: _____

12: _____

13: _____

14: _____

15: _____

16: _____

17: _____

21: _____

Average Age: _____

IDENTIFIED NEEDS:

Therapy (Child) _____
Housing _____
Medication _____
Employment (Child) _____
Employment (Parent) _____
Parenting Class _____
Other _____
 Baby-sitting _____
 Therapy (parent) _____
Special Therapy: _____
 Sexual _____
 ADHD _____

Respite _____
Transportation _____
Financial _____
Summer Structure _____
Insurance/Medicaid _____
Foster Care _____

REFERRAL FOR SERVICES:

Therapy (Child) _____
Board of DD _____
Employment (Adult) _____
Department Of Housing _____
Jobs & Family Services _____
Mental Health _____
Case Management _____
 (youth) _____
 (adult) _____
Foster Care _____
Homemaker _____
Other _____
 Tutor _____
 Child Care _____
 In School _____
 Support _____
 Intensive Therapy _____
 Mentor _____
 Other: _____
 Other: _____
 Other: _____

Therapy (Adult) _____
Employment (Child) _____
Medical _____
Parenting Instruction _____

Respite _____
Financial Assistance _____

DATES OF REFERRALS

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