

PREBLE COUNTY

FAMILY AND CHILDREN FIRST COUNCIL

SERVICE COORDINATION MECHANISM PLAN

May 6, 2010

I. GENERAL - O.R.C 121.37 (C) Service Coordination Mechanism, purpose and required components

(1) This plan was first submitted for review to the Ohio Family & Children First Cabinet Council on December 1, 2005.

(2) The Preble County Family and Children First Council Service Coordination Mechanism Plan is the guiding document that describes the process utilized to arrive at family-centered, individualized services and supports to families. Preble County service coordination is child-centered and family-focused, with the strengths and needs of child and family guiding the types and mix of services to be provided. Consideration of the cultural, racial and ethnic differences of the community is reflected in planning efforts. As defined in O.R.C. 121.37, any agency, juvenile court and any family voluntarily seeking services can access the service coordination mechanism.

(3) The Preble County Family and Children First Council serves the population identified by the ASHB 117, ASHB 274 and ASHB 66 which includes children birth through 21 years of age, who are abused, neglected, dependent, unruly, or delinquent, and those children whose families are voluntarily seeking services. Further per the requirements of HB 57, youth at-risk to be unruly, alleged unruly, and adjudicated unruly are also served. Priority is given to: (A) children and parents who reside in Preble County, (B) families who have multiple systems needs. No child or family will be refused the opportunity to refer itself for consideration of service coordination.

(4) The Preble County Family and Children First Council is committed to providing families with service packages that are based on strengths and needs that the family and youth identify. For children who receive services under the Help Me Grow program, the service coordination mechanism is consistent with rules adopted by the Ohio Department of Health under section 3701.61 of the Revised Code. When a child is involved in both Help Me Grow and service coordination through the Council, the main provider of service coordination will be Help Me Grow, unless otherwise specified by the family. For children 0-3, the preferred plan will be the Individual Family Service Plan (IFSP).

The Preble County Service Coordination Mechanism Plan was submitted for review and approval to the Preble County Family & Children First Council on May 6, 2010. Revisions were submitted to Council on August 5, 2010.

II. PARTICIPANTS RESPONSIBLE FOR THE DEVELOPMENT OF THE SERVICE COORDINATION PLAN

As outlined in O.R.C. 121.37, all required participants were involved in planning and revisions for Service Coordination to include: Director of Child Welfare; Director of Preble County Developmental Disabilities Board; Director of the Mental Health & Recovery Board; General Health Commissioner; representative of the Juvenile Court Judge; representative of the county educational system; the county FCFC; and the county early intervention collaborative.

III. ACCESSING THE COUNTY SERVICE COORDINATION PROCESS

(1) Referrals for Service Coordination can be made by contacting the Community Wraparound Facilitator at 937-456-3443, or the Help Me Grow Program at 937-472-0087, for children 0-3 and requesting a Referral Form (*See Addendum A*). Necessary information will be obtained from the referring party by completing the specific Release/Referral packets. Upon receipt of a referral, the Community Wraparound Facilitator or the Help Me Grow Program staff for children 0-3, verifies completeness of the referral information and begins the process of contacting the family to schedule the Initial Family Meeting. Levels of intervention are determined with the assistance of the family and include: 1) Information and Referral only; 2) Risk Screen with Information and Referral; 3) Risk Screen with follow-up team meetings (meetings can be designated emergency as needed); 4) Placement planning. If service coordination is not desired by the family, appropriate referrals for services are made and no further action is taken. If service coordination is desired, the Community Wraparound Facilitator or Help Me Grow Program staff will contact all parties listed as Formal and Informal Supports on the Referral Form, as approved by the family, within 5 working days of the meeting to invite them to the first and all subsequent individual family service coordination plan meetings. At any point throughout the service coordination process, additional Formal and Informal Supports can be added to the Referral Form list to ensure that the individualized needs of the family are met. In addition, the family may elect someone other than the identified staff to facilitate team meetings, however, it will still be the responsibility of program staff to inform all parties of the meetings and ensure that proper documentation is maintained.

(2) As defined in O.R.C. 121.37(C)(1) any agency, juvenile court, and/or Preble County family voluntarily seeking services can request to have a Family Service Coordination meeting in order to establish a Comprehensive Family Service Coordination Plan by contacting the appropriate agency at the numbers listed above.

(3) Referral packet information and service coordination brochures are updated periodically and distributed to all referring organizations, including Children Services caseworkers, mental health and drug and alcohol providers, juvenile court personnel, schools and parent support/advocacy organizations. Others requesting referral information are offered the Referral Information Packet and brochures.

IV. SERVICE COORDINATION MEETING PROTOCOLS

(1) The Community Wraparound Facilitator keeps the schedule of meetings, develops the agenda and notifies the Formal and Informal Supports as approved by the family on the Referral Form within 5 working days of a scheduled meeting.

(2) Families are informed of their ability to initiate and/or cancel any Family Service Coordination meeting involving their family by contacting the Community Wraparound Facilitator or Help Me Grow staff as applicable.

(3) Placement planning for children involved in FCFC Service Coordination, if that level of care is indicated, takes place at Family Service Coordination meetings. Any team member including parents, can initiate an emergency Family Service Coordination meeting to address a possible out-of-home placement by contacting the Community Wraparound Facilitator or Help Me Grow staff as applicable. Clinical recommendations for this level of care are required for funding consideration.

(4) The Community Wraparound team-members shall meet prior to planned out-of-home placements or within 10 days of emergency placements. Clinical recommendations for level of care are required for funding consideration.

(5) The Initial Family Meeting is scheduled with the Community Wraparound Facilitator or Help Me Grow staff as applicable at a time and location that is convenient for the family. Ongoing Family Service Coordination meetings are scheduled periodically with the team members. The family is informed of their ability to initiate and/or cancel any Family Service Coordination meeting involving their family.

V. CONFIDENTIALITY AND LEAST RESTRICTIVE ENVIRONMENT

(1) The Preble County Family & Children First Council adheres to confidentiality of all personal family and health care information disclosed during meetings or contained in the Comprehensive Family Service Coordination Plan. The Consent for the Release of Information is obtained and renewed every 180 days during the course of Service Coordination. In addition, all formal and informal support members attending the meetings must sign that they will maintain confidentiality of information obtained with respect to the family.

(2) FCFC Service Coordination planning attempts to adhere to best practice guidelines with respect to least restrictive environments and recommended levels of care. All programs were developed and are implemented with the goal of keeping the child placed in the home. Removal from the home is the last option considered and is only utilized if all other programming has failed to stabilize the situation and/or there is a threat of safety to the child or family.

VI. CHILD/FAMILY NEEDS & STRENGTHS ASSESSMENT

(1.) The Initial Family meeting includes the utilization of the Vroon Vandenberg strengths and needs and culture assessment tool to assist the family in identifying existing sources of formal and informal supports. Strategies to meet the needs of the family are explored and, if desired, a meeting time with the team members is scheduled for further planning.

(2) Information gathered during the course of service coordination involvement with a family comes from a variety of sources including the child, family and/or caregiver as well as agencies and providers. The gathering of information is an on-going process.

(3) The initial assessment process involves the staff, the child, if appropriate, and all family members who wish to be involved. Other persons invited by the family are welcome. On-going Family Service Coordination meetings do not take place unless a family member is present.

(4) Crisis and Safety Plans are completed with each family who wish to develop an Individual Family Service Coordination Plan.

VII. OUTCOME MONITORING/TRACKING

(1) Family goals that are either met or unmet are tracked using the Action Planning Commitment Form. Families also complete a Family Development Matrix every three months which shows progress made on

various life domains using a Likert scale. This matrix and progress made across time is discussed with the family upon each completion.

(2) A Protective Factors Survey is conducted with the family at the beginning of program implementation and upon completion. Data collected using this survey is summarized and provided to the FCF Council annually.

(3) Service Coordination data will be submitted to the state upon request.

VIII. DISPUTE RESOLUTION

(1) Preble County Family & Children First Council adopted a Dispute Resolution process as a part of the Service Coordination Plan in 2002 and revised the plan in 2010.

(2) As defined in O.R.C. 121.37 & 38, the Preble County Dispute Resolution Process allows for resolution of disputes between agencies, between a child/family and an agency and between a child/family and their Comprehensive Family Service Coordination Plan team members.

(3) The Preble County Family & Children First Council will adhere to O.R.C. 121.382 for the provision of services to a child/family pending the outcome of a dispute resolution action.

(4) The Preble County Family & Children First Council Dispute Resolution Process contains the following timelines, steps and written determination of findings:

1. *Within 2 working days of filed dispute, Preble County FCFC Administrator will make sure that the dispute packet is complete, including release of information signed by parent or guardian.*
2. *Within 5 working days of filed dispute, Preble County FCFC Administrator will request missing documents or information.*
3. *Within 10 days of filed dispute, Preble County FCFC Administrator will present dispute materials to the Service Coordination Committee.*
4. *Within 15 days of filed dispute, Service Coordination Committee will review dispute referral packet and make recommendations for resolution in writing to the family.*
5. *Within 30 days of filed dispute, the family will submit in writing their agreement with the recommendations or further dispute of recommendations.*
6. *If further dispute occurs, within 45 days of filed dispute the Service Coordination Committee will meet again to make their final recommendations.*
7. *Within 60 days of filed dispute, the family will submit in writing their agreement with the recommendations or further dispute of recommendations.*
8. *If further dispute, the FCFC Administrator will within 7 working days file an appeal to the Juvenile Court for final dispute resolution.*

(5) The Dispute Resolution Process provides for convening of the Dispute Committee members within seven (10) days regardless of the nature of the complaint.

(6) The Dispute Resolution Procedure provides for a process to file with the Juvenile Court within two working days after a failed dispute resolution. Copies of all documents used in the dispute process will be provided to the court. The Juvenile Court Judge has final authority in the county process.

(7) The local FCFC dispute process for Help Me Grow families is as follows:

1. Any complaint from an individual or organization regarding the provision of early intervention services must be submitted in writing to the FCFC at 225 N. Barron St., Eaton, OH 45320 and include the facts alleged in the complaint.
2. Within seven calendar days of receipt of the complaint, FCFC Administrator will notify ODH of the complaint in writing (via e-mail or fax).
3. Only those SC Committee members not having an interest in the matter will be permitted to review the complaint.
4. The SC Committee members shall investigate the complaint by doing at least the following:
 - a. Conduct an on-site investigation as determined necessary;
 - b. Interview the complainant and give complainant an opportunity to submit additional information, either orally or in writing about the allegation;
 - c. Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the allegation; and,
 - d. Review all relevant information and make an independent determination as to whether there has been a violation.
5. The FCFC Administrator shall issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The decision shall address each allegation in the complaint and shall include findings of fact and conclusions and the reasons for the FCFC's decision. A copy of the decision shall be provided to the complainant and the ODH.
6. If the FCFC determines there was a violation, the FCFC must ensure that corrective actions are implemented within 45 days or sooner of the written final decision. The corrective action plan may include the following and be provided to the complainant and ODH by the FCFC Administrator:
 - a. Require the participation of the provider in specific technical assistance activities;
 - b. Award of monetary reimbursement appropriate to the needs of the child and family (as funds allow); and/or
 - c. Develop and provide trainings at the county level to achieve compliance in the appropriate future provision of services for all infants and toddlers with disabilities and their families.
7. If the complainant is not satisfied with FCFC's findings or corrective action plan, the complainant may file a complaint with ODH.

Note: At any time during this process, the complainant may choose to bypass the FCFC and appeal directly to ODH.

(8) Families are informed of the Dispute Resolution Process upon entering Service Coordination and periodically throughout the course of planning. FCFC partner agencies are informed of the Dispute Resolution Process annually at the May Council meeting. Help Me Grow families are informed of Parents Rights and Procedural Safeguards upon enrollment and at each IFSP update.

(9) If the dispute is of an emergency nature, the Preble County FCFC Administrator will make every attempt to complete the process as quickly as possible with a target completion of 15 days.

IX. DESIGNATION OF SERVICE RESPONSIBILITIES

(1) Service responsibilities for the Comprehensive Family Service Coordination Plan are designated during Family Service Coordination Plan meetings using the Action Planning Commitment Form. The process involves joint decision-making, with input from the family. The family must agree with the plan. Signatures are obtained at the end of the meeting.

(2) Community Wraparound Facilitator and/or the Help Me Grow Service Coordinator schedules family plan reviews and facilitates Comprehensive Family Service Coordination plan meetings.

X. SERVICE PLANNING FOR COMPREHENSIVE FAMILY SC PLANS

(1) Preble County families involved in Service Coordination are active participants in all aspects of planning for their family thereby assuring plans that are culturally appropriate and strength based.

(2) All children involved in Preble County Family & Children First Service Coordination receive comparable consideration. Children who are at risk of becoming unruly are provided service coordination in an attempt to divert them from the Juvenile Court system, detention, and/or out-of-home placement. Service coordination often takes place during the provision of Juvenile Court Diversion and/or Mediation services.

(3) The Comprehensive Family Service Coordination Plan includes time lines for completion of each goal with regular review meetings scheduled at intervals determined by the family.

(4) Short-term crisis situations and safety concerns are discussed based on the needs identified by the family. Regular respite is offered to all families participating in the Community Wraparound process in an effort to avoid crisis situations. Specific crisis and safety planning is conducted with the family and the identified service providers.

XI. FUNDING/FISCAL ISSUES

(1) Respite, Family Support activities and Transportation are funded with Family Support dollars. Needs for additional funding for services are addressed with a shared funding agreement. Partner agencies and the parents are asked to contribute. All efforts to locate sources of funding through other means are explored before a shared funding agreement is developed.

(2) Families with children who have non-behavioral health needs, such as those with developmental disabilities, mental retardation, or the medically fragile, may be referred or self-refer to service coordination which may result in the development of a plan to provide services, including funding. Examples of the use of funds include, but are not limited to, home modifications, respite care, mentoring, family support activities, and gas vouchers for transportation to appointments.

(3) The function of Service Coordination is funded by the FCFC Family Support dollars and Help Me Grow grant allocations. Shared Funding Agreements are drawn up on a case-by-case basis and may be funded by partner agencies.

XII. PUBLIC AWARENESS/TARGETED MARKETING

(1) It is expected that FCFC Partner agencies assist with referring families who could benefit from service coordination.

(2) Preble County FCFC Members are trained on the service coordination plan mechanism during each review process or no less than bi-annually. Community members and families are made aware of the process through a brochure designed to explain the process. These brochures are handed out in agency lobbies county-wide, as well as at local resource fairs.

XIII. QUALITY ASSURANCE OF THE COUNTY SC PLAN

(1) The Service Coordination Mechanism Plan is a working document. Revisions take place as needed, but at least bi-annually by the mandated partner agencies as identified in statute.

Preble County Community Wraparound Referral Packet

Date: _____

Child's Name: _____

DOB _____ Age _____ SSN _____ Grade _____ Gender _____ Race _____

What do you hope to accomplish by making a referral to Wraparound? _____

Mother's Name:	Father's Name:
Marital Status:	Marital Status:
Date of Birth:	Date of Birth:
Address:	Address:
City: State:	City: State:
Zip: Home Phone: ()	Zip: Home Phone: ()
Employer:	Employer:
Gross/Month:	Gross/Month:
Work Phone: ()	Work Phone: ()

Custodian:

Other household members	DOB	Age	SSN	Grade	Race	Gender

Referral by: Agency:	Referral Source Phone Number: ()
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FORMAL SUPPORTS

PUBLIC SYSTEM(S) INVOLVED

Please check all appropriate responses and include contact names and phone numbers of those involved with the family

<input type="checkbox"/> Help Me Grow Contact/Phone:	<input type="checkbox"/> Preble County Juvenile Court Contact/Phone:
<input type="checkbox"/> Community Mental Health Agency Contact/Phone:	<input type="checkbox"/> Head Start Contact/Phone:
<input type="checkbox"/> Employment Related (specify) Contact/Phone:	<input type="checkbox"/> Ohio Dept. Of Youth Services (DYS) Contact/Phone:
<input type="checkbox"/> GRADS Contact/Phone:	<input type="checkbox"/> Ohio Rehabilitation Services (BVR) Contact/Phone:
<input type="checkbox"/> Preble County Board of MR/DD Contact/Phone:	<input type="checkbox"/> Social Security Administration Contact/Phone:
<input type="checkbox"/> Preble County Children Services Contact/Phone:	<input type="checkbox"/> Schools Contact/Phone:
<input type="checkbox"/> Preble County Dept. of Job & Family Services Contact/Phone:	<input type="checkbox"/> Marie Dwyer Services Contact/Phone:
<input type="checkbox"/> Preble County Family & Children First Council Contact/Phone:	<input type="checkbox"/> SAFE Team Contact/Phone:
<input type="checkbox"/> Preble County Health Department Contact/Phone:	<input type="checkbox"/> Other Contact/Phone:
<input type="checkbox"/> Other Contact/Phone:	<input type="checkbox"/> Other Contact/Phone:

INFORMAL SUPPORTS

(Family, Friends, 4-H Club, Church, Scouts, Support Groups/Clubs, Organizations, etc-)

NAME	NATURE OF RELATIONSHIP	AGENCY/ORGANIZATION (if applicable)	PHONE	FAMILY MEMBERS INVOLVED

Family's Medical Provider:	Phone: ()
Check any benefits family is currently receiving:	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> SSI <input type="checkbox"/> Insurance <input type="checkbox"/> BCMH <input type="checkbox"/> WIC <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Comp	
<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> OWF <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other _____	
Medicaid Number:	Insurance Co:

A Roadmap for the Strengths, Needs and Culture Discovery: Life Domains to find Comprehensive Strengths

Adapted from the Vroon Vandenburg, LLP, The Professional Facilitator
And John VanDenBerg & E. Mary Grealish,
From Reaching Today's Youth The Community Circle of Caring Journal
Spring 1997 issue (Volume 1, Issue 3) Working with Today's Families

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There are three overall goals of the strengths, needs, and culture interview:

1. Identify strengths, assets, and resources that may be mobilized to meet family needs for support.
2. Learn about and understand the culture of the family, so the eventual wraparound plan "looks like" and "feels like" the family, i.e., is culturally competent and therefore more likely to be a plan the youth and family will buy into and participate in.
3. Record youth and family needs. Ask about and establish a long range vision. Ask about and set short term goals. Needs are immediate areas of focus that are identified by the youth and family, for example, "I am so tired, I think I need a break from my child."

Family and Family Culture:

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

Dress
Rituals
Preferences

Language
Rules
Ways

Habits
Assumptions/Beliefs

Family and Family Culture Cont:

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

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

Social/Friends/Fun

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

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

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

Additional Notes:

Residence/Neighborhood

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

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

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

Additional Notes: _____

Financial

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

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

Vocational

Do older children have access to employment opportunities? No Yes

For what sort of future are they being prepared? _____

YOUTH

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

ADULTS

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

Additional Notes:

Education

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

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

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

Additional Notes:

Legal

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

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

Additional Notes:

Medical

Are healthcare needs met? Does the family have access to specialized medical services they may need?

- Do you have insurance and/or medical card? _____
- Which providers are you currently seeking for your medical needs? _____
- Have you been referred to any specialists? _____
- Is the child on any medications? _____
- Do you have transportation to your medical appointments? _____
- Describe your health status at this time. _____

- What kinds of things do you do to stay healthy? _____
- Do you have any limitations because of your health? No Yes

Spiritual

Are family spiritual needs being met?

- What does a typical Sunday morning look like in their family (or other day that a family may have for attendance at their faith community)? _____

Was that what it looked like when you were growing up? _____

- Are you or is your family part of a faith community? _____
- Have you or your family ever been part of a faith community? _____
- What do you enjoy about your faith? _____
- Is your family in the same faith? _____
- Is there someone from your faith community who you would like on the child and family team?

-
- How does your family express their spirituality? _____

- What do holidays look like with your family? _____

- What is your favorite holiday and why? _____

- Is your family new to this faith community? _____

- Are there special persons in your faith community who mean a great deal to you or your family?

What do they do to support your family? _____

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

Behavioral/Emotional/Psychological

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

- Who do you call when times are tough?

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

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

- When ___ happened, who did you call? _____

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

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

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

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

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

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

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

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

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

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

Why? _____

- What do you daydream about? _____

Safety/Crisis Intervention.

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

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

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

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

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

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

Developing a long range vision and Short Term Goals

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

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

Examples:

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

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

Action Planning Commitment Form

Family Name:

Date:

Team Member	Actions to Be Taken	Date to be Completed	Date Completed

Signatures:

Next Meeting Date:

Crisis Planning Worksheet --	
Plan for Managing the Crisis	
Early Intervention	Management Steps



Crisis Planning Worksheet –		
Predicted Crisis		
Consequences of the Crisis		
Antecedents or Setting Events (Triggers)		
Environmental	Physiologic	Behavioral
Prevent		

