Warren County Service Coordination

March 2016

Introduction

Warren County revised its Service Coordination plan in the Spring of 2010 and was updated in August of 2011, September 2012 and March 2016. The following were involved in the writing and updating of this plan: Sandy Smoot, Family and Children First Council Coordinator; Kevin Stevens, Clinical Committee Coordinator; Laura Schnecker, Warren County Children Services and of Warren Co. Juvenile Court; Susan Walther Ongoing Supervisor Warren Co. Children Services; Sarah Pubentz, Chief Probation Officer Warren County Juvenile Court; Tony Hidy, Community Resource Assistant Director BDD; Patti Ahting, Associate Director, Mental Health Recovery Services of Warren & Clinton Counties; Nancy Harrison, Parent Representative; Lori Smyth RN, Warren County Health Department; Kelly Brooks, Director of Help Me Grow; Stefanie Post Help Me Grow; Lisa Cayard, Director of WCCS Early Learning Centers; Bonnie Stock, Director of Special Services Franklin City Schools; Kim Sellers, Director Warren County Coordinated Care. This plan recognizes and adheres to the 6 commitments of child well-being: expectant parents and newborns thrive, infants and toddlers thrive, children are ready for school, children and youth succeed in school, youth choose healthy behaviors, youth successfully transition into adulthood. This plan is in compliance with the Ohio Revised Code, and emphasizes the need for least restrictive environment.

1. Overview

Children 0-5

Warren County Help Me Grow (HMG), WCCS Early Learning Centers and Local Education Agencies (LEA) serve the 0-5 population with service coordination so that families remain intact, children thrive and start school ready to learn.

HMG provides service coordination (SC) for children 0-3 years old who are diagnosed with a physical or mental condition identified by the State of Ohio as having a high probability of resulting in a developmental delay or with a diagnosed developmental delay of 1.5 standard deviations from the norm in one or more areas of development or a clinical opinion based on evaluation tool. HMG provides Home Visitation (HV) for children 0-3 that meet State of Ohio guidelines for eligibility. Through SC or HV, services and resources are found and offered to families to stabilize the family and assist the child in reaching their full potential of being ready to start school and ready to learn.

WCCS Early Learning Centers provides Service Coordination for income-eligible children at risk and with developmental delays. Children 0-3 are served through Early Head Start (EHS), and children ages 3-5 are served through Head Start.

LEA's provide Service Coordination for children ages 3-5 with qualifying disabilities and/or developmental delays.

Any child who does not meet the eligibility requirements for HMG or Early Head Start may be referred to Coordinated Care to provide SC and to assist in finding appropriate intervention agencies.

Multi-Need Children Ages 0-21

Child serving agencies in Warren County are committed to family preservation. Warren County Family and Children First Council (FCFC) utilizes the Clinical Committee and Family Clinical Teams to work with multi-need, multi-system children who are eligible for services from HMG and Early Head Start and with any eligible child ages 0-21. The Clinical Committee is comprised of agency representatives from Warren County Board of Developmental Disabilities (WCBDD), Warren County Juvenile Court, Mental Health and Recovery Services of Warren and Clinton Counties (MHRSWCC) and Warren County Children Services. It also includes School Representatives, a Parent Representative, and the Coordinated Care Director.

The Family Clinical Team is made up of agencies that are providing services to the client. Family Clinical Teams include the following but not limited to: family, Warren County Juvenile Court, Warren County Children Services, Mental Health & Recover Centers of Warren County, local school district, Warren Co. BDD, Warren County Coordinated Care and other providers both public and private.

In August 2001, the Coordinated Care program was founded by the Warren County Educational Service Center and the Warren County Commissioners with the support of Warren County Family and Children First Council member agencies, including those that are part of the Clinical Committee. Coordinated Care was designed to implement service provision for multi-need children ages 0-21 whose needs are not being adequately met at the time of the referral. (see admission criteria). The goal of Coordinated Care is to provide a child-centered, family-focused venue for those needing services not addressed by traditional systems. Coordinated Care has become the primary intervention for families with school age children who need behavior related services or could potentially need services from the Warren County Clinical Committee.

Admission Criteria For Service Coordination:

Ages 0-21
Resident of Warren County
The family agrees to participate in service coordination or there is a court order mandating service coordination
Must have multi-systemic needs whose service and supports are not being adequately addressed at the time of the referral

When a child is involved in both HMG and Coordinated Care for service coordination, the main provider of service coordination will be HMG to assure compliance with ORC 3701.61`

2. How families and agency personnel became aware of and trained in Warren County's Service Coordination Mechanism

Coordinated Care, local education agencies (LEAs), WCCS Early Learning Centers (Head Start), and Help Me Grow (HMG) receive referrals from social service agencies, Juvenile Court,

schools, families, clinics, hospitals, etcetera. Warren County agency personnel have been made aware and trained in its service coordination mechanism through presentations at FCFC, Clinical Committee meetings, meetings and presentations for individual agencies and schools, inter-agency liaisons, brochures, and referral forms and websites. Each June, Coordinated Care will provide training to agencies and parents to insure that they are properly trained on service coordination.

Not all families who are referred to service coordination will be appropriate for service coordination. Any questions about service coordination can be sent to Kevin Stevens of Warren Co. Coordinated Care at 513-695-2900 Ext. 2916 or Kevin.Stevens@Warrencountyesc.com.

C1) Referral Procedure

Children 0-5 years old

Warren County HMG receives referrals through phone calls to (513) 695-2900 (extension 3 for HMG Central Coordination), website (www.helpmegrow.ohio.gov), email, clinics, doctors, hospitals, agencies, in- house, families and other sources. HMG referrals come into Centralized Coordination where contact information for the family and the child being referred, description of concern or problem and other demographic information is collected and entered into the Early Track statewide data system. HMG provides referral follow-up documentation back to the referral source within 45 days of receipt of the referral.

WCCS Early Learning Centers receives referrals for Head Start or Early Head Start (EHS) from HMG, doctors, Health Department, Children Services, LEA's and other agencies. An intake form is used to document referrals, including family contact information, date of referral and any concerns regarding the child. Applications are then mailed to the families. Applications may also be accessed on the website (www.wccsi.org).

All children from birth to age 3 served by HMG or EHS will receive planning and intervention based on the needs of the family and child. Children identified to have a possible developmental delay or a medical diagnosis with a high probability of developmental delay ("Part C") will receive an evaluation and /or assessment by the HMG evaluation team (which includes the parents). All children served by HMG or EHS will have a plan documenting their individual needs and may include one to all of the following provided depending on program eligibility:

1. Coordination of all intervention services, including screening, evaluation and assessment.
2. Resources of community set up to assist child/family
3. Coordination of specialized services through WCBDD
4. Referral to private therapy
5. Support groups
6. Educational classes or parent child interactions
7. Weekly to monthly home visits
8. Referrals to other agencies to assist child/family
9. Case conferences
10. Regional Infant Hearing Program

11. Public Health Nurse

WCCS Head Start and LEAs plan intervention for children ages 3 to 5 based on each child's individual needs. These interventions may include one to all of the following, depending on the needs of child:

1. Teacher provides enrichment and support in classroom with participation of parents
2. If concerns noted, an intervention team is formed, consisting of parents, teachers, and appropriate professionals
3. Individualized activities provided to support in developmental area where child has needs
4. Therapies, if child has been referred and identified through the appropriate process
5. Mental health consultation for the family
6. Parenting education

Multi-Need Children Ages 0-21

Families, Juvenile Court, schools and/or social service agencies contact Coordinated Care at 513-695-2900 Ext. 2311 or 513-695-2900 Ext. 2916 to make a referral or send email to Kim.Sellers@warrencountyesc.com or Kevin.Stevens@warrencountyesc.com and/or fax a referral form (found at www.warrencountyesc.com under Coordinated Care Program) to 513-695-2961. In non-emergency cases Coordinated Care contacts the family within a week of receiving the referral and schedules a family meeting within two weeks. In emergency cases Coordinated Care contacts the family within 24 hours of receiving the referral and sets up a meeting within three days to develop a wrap around plan to support the child and family and avert the need for out-of-home placement. ***The completed Coordinated Care referral form is utilized by Clinical Committee.***

Coordinated Care Wrap-Around services from least intensive to most intensive include but are not limited to:

1. Prevention groups – at-risk children
2. Parent training – parents of children displaying behavior problems
3. Unruly Diversion Services – unruly children
4. Intensive case management – multi-need children exhibiting behavior problems
5. Intensive home-based therapy – multi-need children at high-risk of placement
6. Respite services – multi-need children who are in danger of needing residential treatment or are returning from residential treatment
7. Truancy prevention/intervention

As the primary intervention for families with multi-need children who need services or could potentially need services from the Warren County Clinical Committee Coordinated Care workers refer to the Clinical Committee. Referrals can be made at the request of the family, schools, or agencies.

Children being served by HMG or Head Start will be referred to LEA's or a parent may call the school district directly if a disability is suspected.

C2) Procedure for notification of all comprehensive family service coordination plan meetings

Children 0-5 years old

HMG provides written notification for all service coordination planning meetings for children ages 0 to 3 (Individualized Family Service Plan "IFSP" for Part C children or Family Plan "FP" for Home Visiting program eligible children). The family and Service Coordinator or Home Visitor agrees on date, time and location of meeting and this information is included on the notification. Prior to the meeting, the notification is mailed, emailed or faxed (family preference) to the family and all persons or agencies the family has chosen to involve in the planning meeting. For all service coordination planning meetings, the HMG Service Coordinator or Home Visitor provides coordination of services and facilitates the planning meeting.

For children ages 3 to 5, WCCS Head Start and LEAs also provide prior written notification to inform families of Service Coordination planning meetings. Parents are always welcome to invite support persons to attend the meetings with them. Either Head Start or the LEA may provide notification and facilitation of the meetings, depending on where the child is currently receiving services.

Multi-Need Children Ages 0-21

Coordinated Care serves as the lead provider for multi-need Clinical Committee children and is unless otherwise noted responsible for setting up service coordination plan meetings. Coordinated Care consults with the family regarding date and time availability in scheduling the meeting. The family may initiate a meeting by contacting the assigned Coordinated Care case manager or by contacting Kevin Stevens at 513-695-2900 Ext. 2916 or at Kevin.Stevens@warrencountyesc.com .

Coordinated Care provides notice to the family, any identified family support persons, representatives from all appropriate agencies, a representative from the child's school district. In non-emergency cases a service coordination meeting is held within 10 days of a referral. A written notice is sent to invited participants as soon as the date, time, and location have been set. In an emergency, a meeting is held within 3 days and all participants are notified by phone or person as to the date, time, and location of the meeting. Coordinated Care works with the family to set the date, time and location of the meeting. The family may appoint someone of their choosing to assist in this matter. Families may invite a family advocate, mentor or support person of the family's choice to participate in any such meetings and to assist in monitoring progress.

C3) A procedure permitting a family to initiate a meeting and invite support persons

Children 0-5 years old

HMG encourages families to invite any support persons, advocates, family members, or any other persons to the IFSP or FP meeting. They are encouraged to sign consent and releases of information to be able to communicate with IFSP or FP team members. Each IFSP or FP notification reminds the client to call their Service Coordinator or Home visitor to add to their list of meeting participants. Families are informed by their SC or HV at intake and at each IFSP

or FP review that they are able to initiate an IFSP or FP meeting at any time by contacting their SC or HV.

For children served by WCCS Head Start or LEAs, families are encouraged to invite any participants wanted to attend IEP meetings. They sign the planning notification and at the bottom of the form they can put who they would like to have notified and invited to meeting. They are also informed that they may call the supervisor of special education at their school district to initiate a meeting to review the child's service plans at any time.

Multi-Need Children Ages 0-21

Families are permitted to invite advocates, mentors, attorneys, family members, and any other support person of the family's choice to a meeting. The family can initiate a meeting to develop or review the family service coordination plan by contacting their Coordinated Care worker and requesting a meeting. The family may also designate a Clinical Family team member to track the progress of the family service coordination plan, schedule reviews as necessary and facilitate the family service coordination plan meetings.

Coordinated Care works in partnership with the Parent Advocacy Connection to provide parent advocates. To be connected to a parent advocate contact your Coordinated Care case manager or Kevin Stevens at 513-695-2900 Ext. 2916 or by email at Kevin.Stevens@Warrencountyesc.com . All referrals for service coordination are notified in writing of the availability of parent advocates.

C4) Procedure ensuring a comprehensive family service coordination plan meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of an emergency

Children 0-5 years old

HMG, Head Start, and LEAs do not initiate any out of home placements for children 0-5 years old. Warren County CSB may place children in foster care related to the child being neglected or abused. All agencies serving children ages 0-5 are mandated reporters, and staff are trained to make appropriate reports of suspected abuse or neglect to CSB. Agency staff participates in CSB case conferences as appropriate to provide input related to the child's needs, and update plans at this time. If a child involved with HMG is removed and placed into a foster home, the SC or HV would initiate an IFSP or FP meeting with the foster parents and/or biological parent and/or Children's Services worker, depending on the status of case and reunification plans. All agencies work very closely with Children's Services to prevent out of home placement. For children who have a possibility of removal HMG uses the IFSP or FP meetings to write a plan to provide support and education to the family. HMG is a voluntary program thus a family can choose not to participate. All agencies serving children ages 0-5 work closely with Children's Services to assist families in remaining intact.

Multi-Need Children Ages 0-21

Coordinated Care's goal is to prevent out-of-home placements. In all non emergency cases Coordinated Care, agency representatives, a school representative, and the family meet to

develop a service coordination plan to provide home-based services. If an emergency placement is unavoidable and needed immediately without time for a service coordination plan meeting prior to placement, a meeting is conducted within ten days of placement.

Warren County established a pooled fund that is supported by BDD, Children Services Board, MHRWCC and Juvenile Court. Parents are partners in many pooled funding decisions and are permitted to receive least restrictive services in their community or voluntarily place their children. The primary purpose of service coordination planning is to preserve the family. Least restrictive in-home services are explored first. Services offered at service plan meetings through the pooled fund include but are not limited to:

1. Respite
2. Day treatment
3. Evaluations: Mental health, drug and alcohol, sex offender, risk assessments and cognitive functioning evaluations
4. Residential Placement
5. Reunification services through Coordinated Care and Mental Health & Recover Centers of Warren County
6. Intensive home based treatment

Residential placement only occurs through agreement with the family or through court order unless there is a reason for custody relinquishment (abuse, neglect, delinquency). If placement is necessary the parent/guardian will be referred to the Warren County Child Support Enforcement Agency to determine the amount of child support to be paid to the Warren County Pooled Fund (if any). All residential placements are paid through the Warren County Clinical Committee Pooled Fund.

<u>Warren County Coordinated Care Levels of Service and Intervention-Youth Ages 0-21</u>

Early intervention for all children and families
Assessment: YOQ, FSNCD or specific service tool
Case consultation with family/guardian, school, and or present service providers already in place. If services are meeting the needs of the family/guardian and child then basic case management can be offered and is only provided with the consent of the parent/guardian. Unruly and or diversion services are offered. The family/guardian is informed of the availability of a parent advocate. Services on this level are intended for education of family/guardian and child.

Level I
Assessment: YOQ, FSNCD and/or other assessments and evaluations with input from the family/guardian, Clinical Family Team and Clinical Committee

All of the above listed services and Service coordination, Clinical Family Team services, Clinical Committee services, diagnostic assessments, regular outpatient mental health treatment services, regular outpatient D/A services, voluntary Children Services involvement,

Level II

Assessments: YOQ, FSCCD and/or other assessments and evaluations with input from the family/guardian, Clinical Family Team and Clinical Committee

All of the above listed services and probation (if ordered) protective supervision services (if ordered) IO waiver services (if eligible), respite, home based mental health services, IOP D/A services.

Level III

Assessments: YOQ, FSNCD and/or other assessments and evaluations with input from the family/guardian, Clinical Family Team and Clinical Committee

All of the above listed services and out of home placement and family reunification program.

C5) Procedure for monitoring progress and tracking outcomes of each comprehensive family service coordination plan

Children 0-5 years old

HMG IFSPs are reviewed and monitored at least every 180 days, and FP's at least every 90 days. For each 180 or 90 day review it is the responsibility of the SC or HV to gather updated progress and information needed to review current goals and services. The SC or HV will notify any team members of the review and the team member will provide information in person, by phone or written documentation. The IFSP or FP can be reviewed or updated more often as needed and the parent may call or request changes to a plan at any time. SC's or HV's are also responsible for keeping ongoing communication and visitation with each family as defined by state guidelines. Early Head Start teachers or Home Visitors complete monthly individualization reports for each child with an IFSP to document their progress.

FCFC is given a report of non-identifying information on a quarterly basis. The Early Childhood Coordination Committee is responsible for identifying service gaps for children ages 0-5 in Warren County, and for planning responses to these needs. The ECCC reports to FCFC any identified gaps and plans to fill those gaps.

WCCS Head Start and LEAs review the progress and update written plans for children aged 3-5 who have an Individual Education Plan (IEP) at least annually. The IEP is monitored by the classroom teacher and related service providers at least quarterly, and outcomes are documented. Head Start teachers complete monthly individualization reports for each child with an IEP to document their progress. Classroom interventions for children not on an IEP are reviewed every six weeks by the intervention team. These reviews occur in the preschool classroom with participation of parents, teachers, and appropriate professionals.

Multi-Need Children Ages 0-21

Service coordination plans are monitored on an on-going basis and changes are made on an as needed basis. At minimum, there is a service coordination plan meeting every six months.

An agency representative visits every child in placement, at minimum, once a month to monitor the child's progress. Residential centers are required to provide timely written and verbal information concerning major unusual incidents and the child's treatment. Service plan team members receive and share information on a timely basis. All information is shared with family unless otherwise ordered by the court. Efforts are made to shorten residential stays for children and to preserve families. Termination of a residential placement is a team decision that includes input from the parent/guardian.

The Clinical Committee meets monthly and receives updates at meetings concerning all residential placements and on youth who are receiving services through the pooled fund. Non identifying information is provided at FCFC meetings. The Clinical Committee is responsible for identifying service gaps for multi-need children in Warren County. The Clinical Committee reports to FCFC any identified gaps and plans to fill those gaps.

C6) Procedure for protecting the confidentiality of families

HMG keeps all child and family information confidential. Attachment F (HMG) Parents must give written consent in order to release the child's record or communicate with others about the child. Parents must also provide written consent to obtain records from various medical or service providers for HMG records. Parents will be given the option at the child's IFSP closest to 18 months to allow release of information to LEA's for possible transition planning.

WCCS Early Learning Centers will protect the confidentiality of all information regarding children and families served in the program. All employees must sign a Standards of Conduct form agreeing to maintain the confidentiality of child and family information. Only management staff and those staff members providing direct services to a child or family will have access to confidential information, as needed. Written parent consent will be requested before sharing any child or family information with another school or agency. All confidential information is kept in locked file cabinets or in locked file boxes. Children's files will be maintained in a locked storage closet for three years for audit purposes, after which files are shredded before disposal.

Early childhood providers and the Clinical Committee are respectful of the confidentiality needs of children and families. The Clinical Committee follows applicable state and federal guidelines in regard to confidentiality.

<u>Multi-Need Youth Ages 0-21</u>
A time limited release of information for participants is agreed to and signed by the family. All documents are kept in locked file cabinets. All email containing identifying information are password protected. Before each Clinical Committee/Family Team meetings a statement of confidentiality is signed to assure that none of the family personal information shared by team members during an individual family team meetings will be shared with others outside the identified individual family team members without written consent of the family.

C7) Procedure for assessing the needs and strengths of any child or family referred

Children 0-5 years old

For children 0-3 enrolled in HMG the IFSP or FP is used during all service coordination or home visiting planning meetings. It is started at the time of referral and completed within 45 days of referral date. During this initial 45 day timeline, screenings, evaluations, assessment and parent concerns and priority are completed and noted. These materials along with the parent, SC or HV and team members input are used to develop the child and families IFSP or FP. This document collects the strengths and needs of each child or family and helps direct goals for the child and family. Ongoing information, screenings, and assessments are then completed and collected at least every 180 days, annually, and 180/ 90 days prior to child's third birthday. When appropriate, an interpreter is used to assist a family when English is not their family language during all contacts with family.

For children aged 3 to 5 with a suspected disability, the LEA conducts a Multi-Factored Evaluation (MFE) to determine whether or not the child is eligible for special education services. This evaluation includes observations by the child's teacher and a school psychologist. Licensed professionals use standardized assessment and evaluation tools that are appropriate for the developmental level, individual needs and culture of child/family. If the child is identified with a disability, the parents meet with teachers, school district special education staff, and other professionals to document the child's strengths, needs and present levels of performance, and to develop the child's Individual Education Plan (IEP.) Results of the evaluations are reviewed, and parents are asked for their vision for their child as part of the IEP process. An interpreter is provided when English is not the family's primary language

Multi-Need Children Ages 0-21

Upon initial contact with the family the lead case manager is assessing the strengths, needs and cultural information of the family. The lead case manager begins by completing the Family Strengths, Needs and Cultural Discovery Questionnaire with the parent/guardian. This allows the family to give specific input on their perceptions of problems, strengths, cultural issues, what they hope to change and what services they believe that they could benefit from.
The lead case manager also completes the Youth Outcome Questionnaire (Y-OQ) with the parent/guardian and child. The Y-OQ is used to track the needs of the child and family and to track therapeutic progress. This information used to develop the IFSP.

C8) Procedure for developing a family service coordination plan

Children 0-5 years old:

For children 0-3 enrolled in HMG the IFSP or FP is used during all service coordination or home visiting planning meetings. It is started at the time of referral and completed within 45 days of referral date. During this initial 45 day timeline, screenings, evaluations, assessment and parent concerns and priorities are completed and noted. These materials along with the parent, SC or HV and team members input are used to develop the child and family's IFSP or FP. This document collects the strengths and needs of each child or family and helps direct goals for the child and family. Ongoing information, screenings, and assessments are then completed

and collected at least every 180 days, annually, and 180/ 90 days prior to child's third birthday. When appropriate, an interpreter is used to assist a family when English is not their family language during any contact with the family. HMG SC's or HV's are responsible for coordination and documenting this plan. The SC or HV are also responsible for distributing this plan to participants within 10 business days.

For children ages 3-5 who have been identified through the MFE process as needing special education services, the IEP team (which includes parents, teachers, and professionals) meets to develop an Individual Education Plan for the child. The plan describes goals for the child's development, services that will be provided to help meet those goals, timelines for monitoring progress, and who is responsible for providing the services. The entire team participates and gives input into the plan.

Multi-Need Children Ages 0-21

Upon the first contact with the family/guardian the Coordinated Care case manager is assessing needs of the child and family. During the initial service coordination meeting all parties including the family discuss and develop the service coordination plan. The plan is called the Individualized Family Service Plan (IFSP). See section 3 for additional information.

C9) Dispute resolution process

Children 0-5 years old

For the HMG dispute resolution process, please see attachment C (HMG) or below for resolution of a parent complaint or concern. If the complaint or concern is between agencies, HMG follows the resolution process outlined below.

Under the Help Me Grow System, you and your child have specific rights and a system for resolution of concerns. If you suspect a developmental delay with your child, you also have additional rights. The State of Ohio publishes a pamphlet titled "Parent's Rights in Ohio Help Me Grow Early Intervention" explaining your rights. This publication will be reviewed and left with you upon the first meeting and will apply to your child if you have concerns about your child's development.

However, in an effort to resolve issues in the most effective and expedient manner, we encourage you to use the following procedure should you ever become concerned about your child's rights or services under the Help Me Grow System. Should you have any questions or concerns about any service you receive from any provider within the Help Me Grow System, please contact in writing or by phone:

Warren County Help Me Grow
ATTN: Stefanie Post, Contract Manager
1879 Deerfield Rd.
Lebanon, Ohio 45036
513-695-2900 Ext. 2919
Stefanie.post@warrencountyesc.com

You will receive a written response to your complaint within 30 days. If no resolution is obtained or if you wish to speak with another individual, please contact:

Warren County Family & Children First Council
ATTN: Sandy Smoot, Coordinator
416 South East St.
Lebanon, Ohio 45036
513-695-1679

You will receive a written response to your complaint within 30 days. If no resolution is obtained or if you wish to speak to someone at the State Help Me Grow office at any time, please contact:

Ohio Department of Health
Bureau for Children with Developmental and Special Needs
Help Me Grow
246 North High Street
Columbus, Ohio 43215
614-644-8389
beis@odh.ohio.gov

For the WCCS Early Learning Centers and LEA dispute resolution process please see page 15 of the attached Interagency Agreement (Attachment D page 15)

Multi-Need Children Ages 0-21:
All disputes arising between Council agencies concerning services or funding are resolved according to ORC 121.38 and ORC 2151.23 and Section XII of the Warren County Family and Children First Council's Policy and Procedures document. Parents/guardians are entitled to use the dispute resolution process.

Non-Emergent Dispute Resolution Process

A non-emergent dispute will be defined as a dispute that does not require an immediate response due to safety or well-being of the child(ren). If a non-emergent dispute is initiated by a parent or guardian or agency, the following steps and timeline will be used:

STEP I
Upon referral to service coordination, the Coordinated Care case manager will provide written notification of the dispute resolution process to parents, guardians, caregivers and custodians.

Agency staff will be trained on the procedure through FCFC meetings and periodic trainings held by the clinical committee.

STEP II

If a parent, guardian, caregiver, custodian or agency disagrees with an action or service plan at the Family Clinical Team level, the disputing party will notify the lead case manager in writing of the dispute within 5 calendar days of the decision/meeting. The lead case manager will arrange another Family Clinical Team meeting. The team meeting will be held no later than 7 days after notification of dispute.

Send Written Notice of Dispute to:
Attn: Name of Case Manager
Warren Co. Coordinated Care
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP III

The Family Clinical Team will meet with all parties in an effort to resolve the dispute. At the conclusion of the meeting, the team shall provide a decision. Any party will have 5 calendar days to appeal to the next level.

STEP IV

Any party who remains in dispute with a Family Clinical Team decision shall notify the Clinical Coordinator in writing of the dispute within 5 calendar days of the Family Clinical Team decision. The Clinical Coordinator shall attempt to resolve the issue through negotiation with all parties. Should negotiation fail, disputing parties will have 5 calendar days to notify the clinical committee, in writing, of the dispute.

Send Notice of Dispute to:
Warren Co. Coordinated Care
Attn: Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP V

The Clinical Committee will meet with all parties within 10 calendar days of notification. The committee shall provide a written decision within 5 calendar days.

STEP VI

Should a party remain in dispute with the Clinical Committee's decision they may:

A. Clinical decisions - Provide a written notification to the FCFC Counsel Coordinator within 7 calendar days. The coordinator will set a council meeting within 10 calendar days. The Council shall meet with all parties and render a written decision within 10 calendar days.

Send Notice of Dispute To:

Warren Co. Family And Children First Council
Attn: Sandy Smoot
416 South East St.
Lebanon, Ohio 45036

B. Pooled fund decision – Provide a written notification to the Clinical Coordinator within 7 calendar days. The coordinator will notify the directors of Warren County Children Services, WCBDD, Juvenile Court and Recovery Services of the dispute. The four directors, or their representatives, shall meet with all parties, within 7 calendar days, and render a written decision within 10 calendar days.

Send Notice of Dispute To:

Warren Co. Coordinated Care
Attn: Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP VII

If a party disagrees with the decision of the Council, or the four directors, they may do one of the following with in 7 calendar days:

- If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child must be filed. ***Juvenile Court at that time will receive all available assessment and treatment information not already in their possession.***

- If the child is not a child described above, a complaint may be filed in Warren County Juvenile Court objecting to the determination. ***Juvenile Court at that time will receive all available assessment and treatment information.***

The Warren County Juvenile Court Judge has final authority on all disputes filed with the court.

While the local dispute resolution process or court proceedings are pending, each agency shall provide services and funding as required by the decision made by the Council before the dispute resolution was initiated. In the event an agency is found through the above process not to be responsible for providing or funding services, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them. All non-emergent disputes will be resolved within 60 days or less.

Emergent Dispute Resolution Process:

An emergent dispute is defined as a dispute that requires an immediate response due to the safety or well being of the child(ren), family and/or community.

STEP I

Upon referral to service coordination, the Coordinated Care case manager will provide written notification of the dispute resolution process to parents, guardians caregivers and custodians.

Agency staff will be trained on the procedure through FCFC meetings, Clinical Committee meetings and periodic trainings held by the Clinical Committee.

STEP II

If a parent, guardian, caregiver, custodian or agency disagrees with an action or service plan at the Family Clinical Team level, the disputing party will notify the lead case manager of the dispute within 5 calendar days. The lead case manager will arrange a Clinical Committee meeting. The Clinical Committee meeting will be held no later than 4 business days after notification of the dispute.

Send Notice of Dispute To:

Warren Co. Coordinated Care
Attn: Case Manager or Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP III

The Clinical Committee will meet with all parties in an effort to resolve the dispute. At the conclusion of the meeting, the Clinical Committee will provide a decision. Any party will have 4 business days to appeal to the next level.

STEP IV

Should a party remain in dispute with the Clinical Committee's decision they may:

A. Clinical decisions- Provide a written notification to the FCFC Counsel Coordinator within 5 calendar days. The Counsel Coordinator will set a council meeting within 7 calendar days. The Counsel shall meet with all parties and render a written decision within 7 calendar days.

Send Notice of Dispute To:

Warren Co. Family And Children First Council
416 South East Street
Lebanon, Ohio 45036

B. Pooled Fund decision- Provide a written notification to the Clinical Coordinator within 5 calendar days. The coordinator will notify the directors of Warren County Children Services, BDD, Juvenile Court, the Council Coordinator and Recovery Services of the dispute. The four directors, the Council Coordinator and the Clinical Coordinator, or their representatives, shall meet with all parties, within 7 calendar days and render a written decision within 5 calendar days.

Send Notice Of Dispute To:

Warren County Coordinated Care

Attn: Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP VI

If a party disagrees with the decision of the Council, or the four directors, they may do one of the following within 7 calendar days:

- If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly or delinquent child or a traffic offender, a motion requesting that Warren County Juvenile Court hold a court hearing to determine which agencies are to provide services or funding for services to the child must be filed within 7 calendar days of the Council's or directors' decision. Juvenile Court at that time will receive all available assessment and treatment information not already in their possession.
- If the child is not described above, a complaint may be filed within 7 calendar days with Warren County Juvenile Court objecting to the determination. Juvenile Court at that time will receive all available assessments and treatment information.

The Warren County Juvenile Court Judge has final authority on all disputes filed with the court.

While the local dispute resolution process or court proceedings are pending, each agency shall provide services and funding as required by the decision made by the council before the dispute resolution was initiated. In the event an agency is found through the above process not to be responsible for providing or funding services, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them. The emergent dispute process will be completed in no more than 45 days.

3. Comprehensive Family Service Coordination Plan

D1) Designates service responsibilities among the various agencies

Children 0-5 years old

1) HMG – Please see attachment E1&E2(HMG), Individualized Family Service Plan (IFSP) E1 and Family Plan (FP)E2

HMG (0-3 years old): During planning meetings of IFSP and FP all strengths and needs are identified. The IFSP or FP documents what services will be provided, who will provide the services, and the frequency intensity and duration of the service. It is also documented when the service actually began.

For children aged 3-5 with an IEP, the service delivery section of the plan identifies which agency is responsible for providing services in each area of development, and the criteria to be used for monitoring and documenting progress. For a child with an intervention plan, the person or agency responsible for providing intervention is identified, as well as the method to be used to monitor and document progress.

Multi-Need Children Ages 0-21

A) During the development of the service coordination plan the strengths and needs are discussed and documented in the service coordination plan. ***Cultural discovery and sensitivity regarding the strengths and needs are emphasized at this time.***

B) Previously completed evaluations, including the Youth Outcome Questionnaire (YOQ-30.2) and FSNCD Questionnaire are reviewed.

C) The Individualized Family Service Plan includes the following: Name of recipient, date developed, identification of participants, description of the problem, goals of the plan with dates to be achieved, list of all involved agencies and schools, history of placement, past successful interventions and a detailed plan of action that specifies who does what and when (a team decision).

D) Responsibilities of each agency, the family, and service providers are assigned to meet the identified needs.

E) A temporary crisis safety plan will be developed and written with family/guardian input and will be attached to the individualized family service plan.

Special effort should be made by all team members to work collaboratively with the family and to give the family the opportunity to define the services that are most appropriate for them and which services they will engage in.

Families should be consulted about informal supports that may be available. Team members should give the family the opportunity to discuss informal supports such as ministers, fellow church members, club members, neighbors, friends, relatives and community events and activities that may be of benefit.

Team members should seek the families opinion as to what has worked or believed could work. All team members should collaborate together as to help remove any barriers to service (i.e. transportation, cost, etc.).

Warren County uses a pooled funding mechanism. Warren County Juvenile Court, Children Service, WCBDD, MHRSWCC pool money each year to serve Clinical Committee children in the least restrictive environment. Pooled funding monies can be used for support and treatment options for children who are at a high risk for residential treatment and for the purpose of avoiding residential treatment. If residential treatment is necessary then the pooled fund is used for out-of-home placement.

D2) Designates an individual to track progress, schedule review and facilitate meetings

Children 0-5 years old

For children ages 0-3 years, the HMG SC or HV (approved by the family) will track progress, schedule reviews and facilitate meetings for the IFSP or FP. The SC or HV also encourages the family to participate in planning. Each team member also gives input into tracking progress through written or verbal input. If the child is enrolled in Early Head Start, the EHS home visitor will also track progress on the IFSP goals and participate in review meetings with the parent and HMG service coordinator.

For children aged 3-5 years, the classroom teacher and the related services staff are responsible for documenting progress on IEP goals. The special education supervisor schedules reviews and facilitates meeting.

Multi-Need Children Ages 0-21
Coordinated Care is responsible for Clinical Committee coordination services in Warren County, however the family may designate a Clinical Family Team member to track the progress of the family service coordination plan, schedule reviews as necessary and help facilitate the family service coordination plan meeting process. The family will be offered a family advocate through the Parent Advocacy Connection at the time of intake.

D3) Ensures services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment

Children 0-5 years old
HMG, WCBDD and Early Head Start are the service coordination or home visiting providers for eligible children 0-3 in Warren County. The goal of HMG, WCBDD, and Early Head Start is to identify children early and provide effective intervention and coordination of services so that children aged 0-3 and their families will reach potential and thrive, and be able to start school ready to learn. Interpreters are used whenever needed. The team receives training on socioeconomic, cultural, ethnic sensitivity. All service coordination or home visiting takes place in their own home, unless the family chooses a different environment, therefore ensuring the least restrictive environment. WCCS Early Head Start provides a bilingual (Spanish/English) Home Visitor to serve families whose primary language is Spanish. All forms and information provided to these families will be available in Spanish.

LEAs and WCCS Early Learning Centers and Head Start provide an interpreter whenever the primary language of the family is not English. Staff receives in-service training on understanding and sensitivity to cultural, ethnic and socio-economic differences. Parents are given opportunities to choose among available options for receiving preschool services in the least restrictive environment.

Multi-Need Children Ages 0-21
Coordinated Care is the service coordination provider for multi-need children in Warren County. The goal of Coordinated Care is to identify children early and provide effective intervention and coordination of services for families to prevent out-of-home placements. Coordinated Care is a service provider of the following services to meet this goal:

1) Prevention services
2) Parent training
3) Unruly diversion services
4) Intensive case management
5) Intensive home-based therapy
6) Respite care

7) Truancy prevention and intervention
8) Referrals for community services

All efforts are designed to avoid unnecessary residential placements and the accepted concept of least restrictive placement is to be followed at all times.

The family is part of the service coordination team, and is encouraged to offer information and suggestions and participate in decision making. Identified assistance and services are provided in the least restrictive environment possible.

Warren County Clinical Committee respects family involvement in planning, implementation, and evaluation of services while at the same time adhering to well-documented principles of practice.

Agency members strive to be aware of all racial/ethnic/cultural identity and gender issues. Accommodations are made to address any and all language and communication barriers. Further cultural competency training is sought when needed. The Clinical Committee/Family Clinical Team will ensure services are responsive to the strengths, needs, family culture, race and ethnic background, as identified in the Individualized Family Service Plan (IFSP) and are provided in the least restrictive environment.

D4) Process for dealing with a child who is alleged to be an unruly child

Children 0-5 years old

HMG children range in age from 0-3. The HMG SC or HV will help parents who may be facing issues with behavior concerns find appropriate resources to meet those needs. Support groups and play groups are provided for families to provide support also. If screening indicates or if parent has concerns about child's behaviors or interactions the SC or HV can make a referral to Mental Health Services.

If a child with behavior concerns is enrolled in WCCS Early Head Start, teachers or home visitors make a referral to our mental health consultant, who observes the child and then makes a referral to a home-based therapist from Mental Health and Recovery Centers Of Warren County (MHRCWC) if needed.

When children aged 3-5 enrolled in WCCS Early Learning Centers have severe behavior concerns, the teachers make a referral to the Mental Health Consultant, who observes the child and reviews the Devereaux Early Childhood Assessment (DECA) completed by the teacher and the parent. If child or family therapy is recommended, the mental health consultant makes a referral to MHRCWC, which provides the services of an on-site early childhood mental health therapist. The child is also screened for developmental delays to determine if other needs are a contributing cause of the behavior problem. Parents may also be referred to attend Incredible Years parenting classes. Teachers and parents work together on any recommended strategies to support the child's social-emotional development and behavioral health.

Multi-Need Children Ages 0-21 and/or Unruly Children

Alleged unruly children are diverted from the juvenile court system to Coordinated Care's Diversion program. The Diversion program provides home-and-school based services to the child and family to prevent further Juvenile Court involvement. The Diversion program strives to identify and intervene with unruly children early. Diversion accepts referrals from parents or guardians, schools, and social service agencies. All unruly charges filed with the Warren County Prosecutor's Office are forwarded to Coordinated Care. The Coordinated Care Diversion Program provides the following services to unruly children: case management, parent education and classes, truancy classes for children and parents, wake up calls on school days, monitoring of school attendance and mental health and psychiatric services as needed.

D5) Timelines for family service plan goals

Children 0-5 years old
HMG IFSP's or FP's are to be completed initially within 45 days of referral. The IFSP will be reviewed at least every 180 days, annually, and 180/90 days prior to the child's third birthday. The FP will be reviewed every 90 days. Goals can be continued, completed or revised at each review. Plans may be reviewed at any time if needed. The SC or HV will monitor progress with the rest of the team.

LEAs and and WCCS Early Learning Centers Head Start hold regular IEP review meetings, at least annually, to monitor the child's progress, which is documented quarterly. Interventions are reviewed every six weeks to monitor progress.

Multi-Need Children Ages 0-21
The service coordination plan includes timelines for completion of goals. The plan is reviewed at minimum every 6 months by the Family Clinical Team. The next review meeting is scheduled at the conclusion of each meeting.

D6) Plan for short-term crisis and safety

Children 0-5 years old
HMG, Head Start, and LEAs attempt to fund resources and set up services as soon as possible in order to avoid emergencies. It is the goal of FCFC and agencies serving young children to provide support services to families before a crisis occurs. Agencies and schools work with parents to identify potential problems and needed resources to support the family and to prevent the situation from becoming a crisis.

In the event of a short-term crisis, for children 0-3, the HMG SC or HV (and if needed, the direct supervisor) will work through the crisis and find resources to address the emergency. Case conferences are held to avoid crisis situations.

Early Head Start staff are trained on crisis intervention, and make immediate referrals to other agencies, such as MHRCWC, mental health crisis hotline, WCBDD crisis hotline, Warren County Children's Services, or the local police.

In case of a crisis or immediate safety concerns involving children aged 3-5 years, staff are trained to contact the Warren County CSB or the local police. These agencies will provide immediate intervention within 24 hours, and CSB provides in-home supports to assist the family through the crisis.

Multi-Need Children Ages 0-21

Coordinated Care provides services early in order to avoid emergencies. It is the goal of Coordinated Care and FCFC to serve potential Clinical Committee children before a crisis occurs. Agencies, schools and parents are encouraged to make early referrals to the Coordinated Care program.

Any child who is accepted into service coordination will have a Temporary Crisis/Safety Plan developed and written by the Coordinated Care case manager and or written at the first service coordination team meeting. The plan will include input from parent/guardians and involved agencies. The plan will target strategies that provide support to the child and family and promotes family preservation. The plan will consider the strengths and needs of the child and family. Referral regarding safety are made to the appropriate agencies as needed. The Temporary Crisis/Safety Plan will be reviewed at service coordination meetings. The plan will include:

- Description of the crisis behavior
- Who is at risk and how
- What causes a situation to lead to a crisis
- How often does the crisis occur
- What has helped during previous crisis'
- Indicators that a crisis is about to occur
- What to do if a crisis occurs/plan of action
- Environmental safety

In the event of an emergency, Coordinated Care provides services in conjunction with all other involved parties. These services continue while decision making is in progress. All parties agree to attend emergency meetings so that a child does not have to wait for services.

4. Comprehensive Family Service Coordination Plan for Alleged Unruly Children

E1a) Designation of the person or agency

In April 2002 the Unruly Diversion Program was implemented through Warren County Educational Service Center as part of the Coordinated Care program.

The Diversion program works with unruly children and their families to decrease unruly behavior and prevent children from becoming involved with Juvenile Court. Diversion specialists meet with the children and families referred to the program.

- outings for youth (reward for good behavior)
- connection to the schools for parents
- attendance and participation in IEP meetings
- support in finding and completing community service
- emergency night time crisis services

5. Fiscal Strategies

5a) Funding decisions are made for services identified in the family service coordination plan
The Clinical Committee meets monthly and makes decisions regarding how services identified in service coordination plans will be funded.

5b) Flexible resources are maximized
FCSS funds are used for respite care and Camps. FCSS funds are reviewed monthly by the Clinical Committee.

5c) Funds are pooled to support service coordination
BDD, Mental Health, Juvenile Court and Children Services contribute to Warren County's pooled fund. Each agency contributes equally financially on a quarterly basis.

5d) Resources are reallocated from institutional services to community-based, preventative, and family centered service
The pooled fund is used to provide respite care, camps and specialized assessments. Pooled fund dollars may only be used for placement purposes if all other options have been exhausted. These services are community-based and aimed at avoiding unnecessary placements. Other resources are used to provide service coordination and home-based therapy.

5e) Decisions will be made regarding the use of appropriation item 334-404 Behavioral Health services for children and their families funding
Warren County is a Partnership for Success county. A sub committee of the Clinical Committee worked with council members to assess county needs and complete the transformation plan. A parent representative and a community mental health worker were included.

5f) Decisions will be made regarding the use of the appropriation item 335-405 Non-behavior Health funding
Warren County is a Partnership for Success county. A sub committee of the Clinical Committee worked with council members to assess county needs and complete the transformation plan. A parent representative and a community mental health worker were included.

6. Quality Assurance of Service Coordination

Service coordination mechanism process will be monitored and reviewed.

Children 0-5
HMG is funded by the State of Ohio through State and Federal Funds. Funding agencies annually review the entire program, including the service coordination piece. HMG provides a

quarterly presentation to FCFC to share information on services and results of parent satisfaction surveys.

Head Start and Early Head Start are funded by HHS, and the Regional Office periodically reviews and monitors all program operations, including child and family services. WCCS Early Learning Centers conducts an annual self-assessment process with participation of parents, school representatives, community agency representatives, and Board members. If any areas are identified as needing improvement, an action plan is written, along with objectives for program improvement. Quarterly program reports and budget reports are provided to the Board, Policy Council, and the regional office, to share progress on meeting program objectives.

Multi-Need Children Ages 0-21

Review and monitoring of the Service Mechanism document will be conducted by the Clinical Committee with oversight by the full Family and Children First Council and the Warren County Commissioners. This will be accomplished on an incremental basis to allow for adequate review time by the committee members. The following table illustrates a suggested timeline for data review, however variations are allowable as long at the information is presented at the frequently specified in parentheses. All information will be gathered and presented by Coordinated Care to the Clinical Committee. Clinical Committee will provide quarterly presentations to FCFC and an annual review to the County Commissioners.

Recommended Month of Review	Quality Indicator
July	1. Service Coordination Mechanism Review (annually) to ensure: • It is compliant with current OFCF guidelines and ORC • All processes, services, entities are still current If no to either, changes must be made by Clinical Committee and a revised Service Coordination Mechanism presented to FCFC for approval. 2. Fiscal Year end Pooled Fund & FCSS Expenditures Review (July 1 – June 30) (annually)
August	Prior Fiscal Year Review of Service Coordination Outputs (annually): • Number of Referrals received and demographics (age, gender, involved agencies) • Number admitted and demographics (age, gender, involved agencies) • Number placed in Residential Care • Number receiving Respite Care • Number receiving specialized evaluation services • Number receiving other services paid through Pooled Fund
September	Prior Fiscal Year Review of Service Coordination Services Outcomes (annually): • Average length of time client receives Service Coordination • Average length of time clients are placed in Residential Care (paid by Pooled

	Fund) • Outcome Results using tool specified in Service Coordination Mechanism (pre/post)
October	Quarter 1 Pooled Fund & FCSS Expenditures Review (quarterly)
November	Prior Fiscal Year Review of Service Coordination Accessibility (annually): • Average length of time between client referral to Service Coordination and first meeting • Frequency of IFSP Goal Review - Average and Range (in months) • Number of families offered a Parent Advocate • Number of families accepting a Parent Advocate
December	Client Satisfaction Survey
January	Quarter 1 & 2 Pooled Fund & FCSS Expenditures Review (quarterly)
February	Review of all Dispute Resolutions conducted during prior 12 months, to include detail on process and time frames (annually)
March	Service Coordination Mechanism Training provided in prior 12 months - Quantity by type (annually)
April	Quarter 1, 2 & 3 Pooled Fund & FCSS Expenditures Review (quarterly)
May	Temporary Crisis/Safety Plan (TCSP) Review (annually) • Of clients admitted in past 12 months, percentage of Service Coordination clients who had a TCSP developed and written by the end of the first service coordination team meeting
June	• Overview of Quality Assurance data presented during the fiscal year (annually) • Lessons Learned Discussion (annually)

APPENDIX

I. Addendum A Referral Form Coordinated Care
II. Addendum B Release of information
III. Addendum C Confidentiality Team Member Agreement
IV. Addendum D Youth Outcome (YOQ-30.2) Assessing strengths, needs and culturally discovery process
V. Addendum D-1 Family Strengths, Needs and Cultural Discovery Questionnaire
VI. Addendum E IFSP
VII. Addendum F Crisis Safety Plan
VIII. Attachment A WCFCFC Signature Page (Separate)
IX. Attachment B Service Coordination Matrix (Separate)
Help Me Grow/LEA Attachments
X. Attachment C HMG Parents Rights/Dispute Resolution (Separate)
XI. Attachment D WCCS Learning Centers/LEA Dispute Resolution (Separate)
XII. Attachment E-1 Help Me Grow IFSP (Separate)
XIII. Attachment E-2 Help Me Grow Family Plan(Separate)
XIV. Attachment F Help Me Grow Release (Separate)

Addendum A

COORDINATED CARE

General Information:

Date of Referral:
Child's Name:
Sex: ☐ Male ☐ Female Date of Birth:
Parent/Guardian's Name:
Address:
Home Phone: Alternate Phone:
School: Grade:

Concerns (i.e. behaviors, diagnoses, family dynamics, environment, etc.):

Background Information:

Abuse/Neglect: Domestic Violence:
Youth Substance Abuse: Family Substance Abuse:
School/Educational Placement:
School Behavior:

Service Providers Involved:

CSB Worker: Phone:
BDD Worker: Phone:
Juvenile Court Worker: Phone:
Solutions Worker: Phone:
Other (agency/school): Phone:

Referral to Clinical Committee for Wraparound Services?: ☐ Yes* ☐ No
*If yes, a referral packet will be sent to you for completion.

Referred By: Phone:

Office Use Only:

Date Referral Received/Reviewed:
Action Taken:
Outcome:
Referral Source Notified: ☐ Yes ☐ No Date:
How? ☐ Verbal ☐ Fax ☐ Email ☐ Letter

Addendum B

WARREN COUNTY FAMILY AND CHILDREN COUNCIL OF GOVERNMENTS
CLINICAL COMMITTEE
CONSENT TO RELEASE OF CONFIDENTIAL INFORMATION

IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING FEDERAL LAW APPLIES DIRECTLY TO YOU:
This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains to or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

I, _____, Hereby authorize the Warren County
(name of client)
Family and Children First Council of Governments Clinical Committee to release, exchange, or obtain information through the designated representative of the following agencies which comprise the Warren County Family and Children Council of Governments (Please check only those agencies in which you are willing to release, exchange, or obtain information):

___Warren County Juvenile Court
___Ohio Department of Youth Services
___Talbert House: Warren Outpatient Services
___Warren Co. Combined Health District
___Solutions Community Counseling and Recovery Centers
___Warren County Employment and Training Program
___Recovery Services of Warren and Clinton Counties
___Warren Co. Bd. Of Developmental Disabilities
___Beech Acres Parenting Center
___Warren County Children Services
___Warren County Educational Service Center
___Lebanon City Schools
___Warren Co. Dept. of Human Services
___Bureau of Vocational Rehabilitation
___Midwestern Children's Home
___Client's School District
___Parent Advocacy Connection (PAC)
___Other (specify)_____

I understand that such information as may be necessary to develop a collaborative action plan for the client will be released, exchanged, or obtained among the specified representatives of the Warren County Family and Children Council of Governments. Such information may include, but not be limited to, client's social history, family background, medical/health records, substance abuse involvement, psychotherapy/mental health records, scholastic/attendance records, I.Q. test results, psychological reports, placement history, Juvenile Court records, Mental Retardation/Developmental Disabilities records, and Children Service records.

I also consent to the release and exchange of confidential information to the Warren County Family and Children Council of Governments for a resolution of problems in the event that the specified representatives of the Collaborative Team are unable to develop a Collaborative Action Plan.

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, or except if I have been referred to the Warren County Family and Children Council of Governments for a resolution of problems in the event that the specified representatives of the Collaborative Team are unable to develop a Collaborative Action Plan.

I know that the release may be revoked by me at any time, except to the extent that reliance has been taken thereon, or except if I have been referred to the Warren County Family and Children Council of Governments by any court or probation department, in which case the consent is irrevocable. The date, event, or condition upon which consent will expire if not revoked will be:

____days after consent has been signed
____inactive or terminated client status
____other_____

_____ _____
(Client's signature, parent/guardian signature if client is a minor) (date)

_____ _____
Agency representative (date)

Addendum C

Clinical Committee/Family Team+

CONFIDENTIALITY STATEMENT /SIGN IN SHEET CLINICAL COMMITTEE/TEAM MEETING

Clinical Committee/Family Team meetings are planning sessions intended to coordinate current and future services for multi-need children. Multi-need children may be involved in multiple systems (Juvenile Court, Children Services, BDD, Mental Health, School Services, ect.) or may be thought to be eligible for services from multiple systems. Parent/guardians are encouraged to attend all meetings.

Sensitive information is often discussed at Clinical Committee/Family Team meetings. Confidentiality of the family and child must be respected.

I understand that all information obtained in the Warren County Clinical Committee/Family Team meeting must be held in complete confidence and may not be disclosed outside of the identified team members without written consent.

Name	Signature	Agency	Phone

Addendum D

Youth Outcome Questionnaire **Name:** _____ **ID:** _____ **Date:** ___/___/_____

Y-OQ®-30.2 English Youth Omni-Form

PURPOSE: The Y-OQ® 30.2 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but mark the "Never or almost never" category. When you begin to complete the Y-OQ® 30.2 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

DIRECTIONS:

- Read each statement carefully.
- Decide how true this statement is during the **past 7 days.**
- Completely fill the circle that most accurately describes the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

DIRECTIONS FOR PARENTS OR GUARDIANS: If your child is under 12, the parent or other responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if each began with "My child..." or "My child's..." rather than "I..." or My...." It is important that you answer as accurately as possible based on your personal observation and knowledge.

Please mark your answers like this:

Not like this:

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Alw: or Alway
1. My child complains of dizziness or headaches.	O	O	O	O	O
2. My child doesn't participate in activities that were previously enjoyable.	O	O	O	O	O
3. My child argues or is verbally disrespectful.	O	O	O	O	O
4. My child has difficulty completing assignments, or completes them carelessly.	O	O	O	O	O
5. My child experiences rapidly changing and strong emotions.	O	O	O	O	O
6. My child gets into physical fights with peers or family members...	O	O	O	O	O
7. My child worries and can't get certain ideas out of his/her mind.	O	O	O	O	O
8. My child steals or lies.....	O	O	O	O	O
9. My child is fidgety, restless or hyperactive.	O	O	O	O	O
10. My child uses alcohol or drugs.....	O	O	O	O	O
11. My child seems tense, easily startled.	O	O	O	O	O
12. My child appears sad or unhappy.....	O	O	O	O	O
13. My child has a negative, distrustful attitude towards friends, family members, or other adults.	O	O	O	O	O
14. My child believes that others are trying to hurt him/her even ..... when they are not.	O	O	O	O	O
15. My child threatens to, or has run away from home.	O	O	O	O	O
16. My child is aggressive toward adults.....	O	O	O	O	O
17. My child complains of stomach pain or I feeling sick more than others of the same age.	O	O	O	O	O
18. My child doesn't have or keep friends.....	O	O	O	O	O
19. My child thinks about suicide, says s/he would be better off if s/he were dead.	O	O	O	O	O
20. My child complains of nightmares, difficulty getting to sleep, ... oversleeping, or waking up from sleep too early.	O	O	O	O	O
21. My child complains about or challenges rules, expectations, or responsibilities.	O	O	O	O	O
22. My child deliberately breaks rules, laws, or expectations.....	O	O	O	O	O
23. My child is irritable.	O	O	O	O	O
24. My child becomes angry enough to be threatening to others.....	O	O	O	O	O
25. My child seems to stir up trouble when bored.	O	O	O	O	O
26. My child has deliberately destroyed property.....	O	O	O	O	O
27. My child has a hard time concentrating, thinking clearly, or attending to tasks.	O	O	O	O	O
28. My child pulls away from family or friends.....	O	O	O	O	O
29. My child acts impulsively, without thinking of the consequences.	O	O	O	O	O
30. My child feels that he/she doesn't have any friends or that no ..... one likes him/her.	O	O	O	O	O

Developed by:
GARY M. BURLINGAME, PH.D., M. GAWAIN WELLS, PH.D., MICHAEL J. LAMBERT, PH.D., AND CURTIS W. REISINGER, PH.D.

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For More Information Contact:

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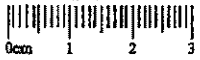
Phone: (801) 649-4392
Fax: (801) 747-6900
Email: INFO@OQMEASURES.COM
Website:
HTTP://WWW.OQMEASURES.COM

YOQ30ENG Version 1.0
1/05/2007



Addendum D

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Please mark your answers like this:

O ● O

Not like this:

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Al or Alwa
1. I have headaches or feel dizzy.	O	O	O	O	O
2. I don't participate in activities that used to be fun.....	O	O	O	O	O
3. I argue or speak rudely to others.	O	O	O	O	O
4. I have a hard time finishing my assignments or I do them ..... carelessly.	O	O	O	O	O
5. My emotions are strong and change quickly.	O	O	O	O	O
6. I have physical fights (hitting, kicking, biting, or scratching) ..... with my family or others my age.	O	O	O	O	O
7. I worry and can't get thoughts out of my mind.	O	O	O	O	O
8. I steal or lie.....	O	O	O	O	O
9. I have a hard time sitting still (or I have too much energy).	O	O	O	O	O
10. I use alcohol or drugs.....	O	O	O	O	O
11. I am tense and easily startled (jumpy).	O	O	O	O	O
12. I am sad or unhappy.....	O	O	O	O	O
13. I have a hard time trusting friends, family members, or other adults.	O	O	O	O	O
14. I think that others are trying to hurt me even when they are not.....	O	O	O	O	O
15. I have threatened to, or have run away from home.	O	O	O	O	O
16. I physically fight with adults.....	O	O	O	O	O
17. My stomach hurts or I feel sick more than others my same age.	O	O	O	O	O
18. I don't have friends or I don't keep friends very long.....	O	O	O	O	O
19. I think about suicide or feel I would be better off dead.	O	O	O	O	O
20. I have nightmares, trouble getting to sleep, oversleeping, or ..... waking up too early.	O	O	O	O	O
21. I complain about or question rules, expectations, or responsibilities.	O	O	O	O	O
22. I break rules, laws, or don't meet others' expectations on purpose.	O	O	O	O	O
23. I feel irritated.	O	O	O	O	O
24. I get angry enough to threaten others.....	O	O	O	O	O
25. I get into trouble when I'm bored.	O	O	O	O	O
26. I destroy property on purpose.....	O	O	O	O	O
27. I have a hard time concentrating, thinking clearly, or sticking to tasks.	O	O	O	O	O
28. I withdraw from my family and friends.....	O	O	O	O	O
29. I act without thinking and don't worry about what will happen.	O	O	O	O	O
30. I feel like I don't have any friends or that no one likes me.....	O	O	O	O	O

Developed by:
GARY M. BURLINGAME, PH.D., M. GAWAIN WELLS, PH.D., MICHAEL J. LAMBERT, PH.D., AND CURTIS W. REISINGER, PH.D.

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Email: INFO@OQMEASURES.COM
Website: HTTP://WWW.OQMEASURES.COM

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1/05/2007

Addemdum D-1

Family Strengths, Needs And Cultural Discovery Questionaire
FSNCD Questionaire

The things I like most about my child(ren) are:

I am happiest when:

The best time of my life was when:

What would I like to change about myself and or family:

Who do you call for help:

Are you part of a community of faith:

How do you celebrate holidays:

Do you have any hobbies:

What are the strenths of my family:

What do you hope to change with help:

Services and supports that I see as being helpful to my family are:

Addendum E

Individualized Family Service Coordination Plan

Recipient Name:_____ DOB:_____

Date Developed:_____

Date/Time of Next Meeting:_____

Present:_____

_____

Description of Problem:_____

_____

_____

_____

Goals Date to be completed

_____

_____

_____

_____

Strengths:_____

YOQ:_____

Check all agencies currently providing services:

___Coordinated Care ___Warren Co. Children Services

___Warren Co. BDD ___Warren Co. Juvenile Court

___Solutions Community Counseling & Recovery Centers

___Beech Acres

Other, please specify:_____

Has the child ever been placed outside of the home? YES NO

If yes please provide more information:_____

List past successful interventions:

Plan of Action:
Any plan of action should consider needs of the child and family, confidentiality, least restrictive environment and cultural sensitivity.

Who	What	When

Signature:	Agency	Date

Parent/Guardian	Date

Addendum F
Temporary Crisis/Safety Plan

Date:_____ Name of child:_____

Parent Name:_____ Service Coordinator:_____

Describe the crisis behavior:_____
_____
_____
_____

Who is at risk and how? _____
_____
_____
_____

What causes a situation to lead to a crisis?_____
_____
_____
_____

How often does the crisis occur?
_____Daily _____Weekly _____Monthly _____1-2 times per 6 months

When a crisis occurs what has helped?_____
_____
_____

What are some signs and or indicators that a crisis is about to occur?_____
_____
_____

Environmental Concerns:_____
_____

What to do if a crisis occurs:
Action Step:_____

_____

Action Step:_____

_____

Action Step:_____

_____

Action Step:_____

_____

Action Step:_____

_____

_____
Parent/Guardian

_____
Parent/Guardian

_____
Agency Representative

Family and Children First Council Signature Page

The undersigned submit the Warren County Family and Children First Council Service Coordination Mechanism and assure that the Service Coordination Mechanism has been reviewed and revised by the FCFC during State Fiscal Year 2015/16 to meet compliance with Ohio revised Code 121.37 and 121.38 and the Systems of Care: Family Centered Services and Support Guidance.

Lisa Cayard

WCFCFC Chair

Lisa Cayard

WCFCFC Chair (Print/Type Name)

Alleyn Unversaw

WCFCFC Administrative Agent

Alleyn Unversaw

WCFCFC Admn. Agent (Print/Type Name

Nancy F Harrison

WCFCFC Family Representative

NANCY F HARRISON

WCFCFC Family Rep. (Print/Type Name

As a parent you have the right to:

- A multidisciplinary developmental evaluation to determine your child's eligibility for early intervention
- A multidisciplinary child assessment to identify your child's unique strengths and needs related to early intervention services, within forty-five days of the referral to the service coordination agency
- Receive written notification (either in person, electronically, or post-mailed) in advance of your family's initial and annual IFSP meetings
- Ask for a different service coordinator at any time during your program participation
- Receive prior written notice, at least ten calendar days before an early intervention service is proposed, refused or changed outside of your family's periodic IFSP review. This notice must be in your native language (unless clearly not feasible to do so) and include the following:
  - The action being taken;
  - The reason for the action;
  - The information upon which the action is founded; and
  - Your rights and procedures if you disagree with the action.
- Review your child's record and request a copy of the record

You may file a complaint with the Ohio Department of Health if you feel that any one of your rights has been violated. You may request an investigation, mediation, or due process hearing to resolve your complaint.

- You will be asked to put your complaint in writing.
- The complaint will be shared with the service providers and other state partners as appropriate.

To file a complaint about your child's early intervention services please:

- Contact the Bureau for Children with Developmental and Special Health Needs at the Ohio Department of Health by phone at (614) 644-8389; or
- E-mail at beis@odh.ohio.gov; or
- Mail to The Ohio Department of Health, Bureau for Children with Developmental and Special Health Needs, Help Me Grow, 246 N. High St., Columbus, Ohio 43215

Ohio Department of Health
Help me grow™

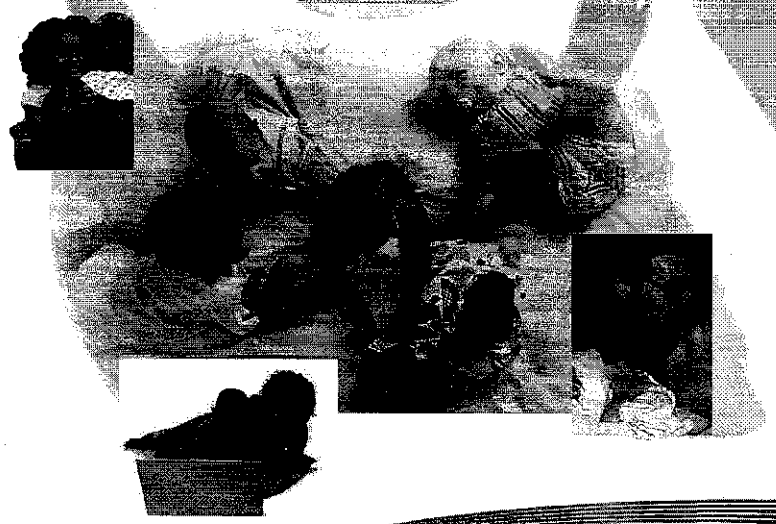
Parents' Rights in Ohio Help Me Grow Early Intervention

Ohio Department of Health
Bureau for Children with
Developmental and Special Health Needs
(614) 644-8389

Your rights as a parent in Help Me Grow begin with referral to the early intervention service coordination agency and continue throughout your participation in Help Me Grow (HMG) Early Intervention. Your service coordinator is mandated by law to explain these rights to you verbally, as well as provide this brochure to you in writing.

As a Parent, you have the right to:

- Be informed of your rights
- Be fully informed of all information related to the activity for which your approval is sought and provide written consent **before:**
  - Any screening, evaluation, child assessment or family-directed assessment is done (must sign a consent form which includes all of these before any one of these can be done);
  - Any Early Intervention (EI) service begins (signing IFSP does this);
  - Any information about your child and/or family is shared, who it will be shared with, and the time frame in which the information was shared;
  - Your child's personally identifying information is collected (HMG does collect data on you and your child. If you have questions about what kind of information, ask your service coordinator before you sign the consent to participate in HMG EI);
  - Your child's or your public benefits or private insurance are used to pay for EI services (you must authorize this before it would be done on your behalf); and
  - An application to use the early intervention system of payment is completed and submitted on your behalf.
- Participate or decline participation in HMG at any time, as this program is voluntary
- Cancel or revise previously provided consent to participate and/or release/share personal information at any time
- Accept or decline some or all HMG services throughout your participation in HMG, even after initially accepting it, without risking other services, with the following exception:
  - Your child will not be eligible for early intervention services if you refuse to consent to any of the required screenings, evaluations and/or assessments (Developmental evaluation is required to establish eligibility for the program, in some cases, Child Assessment is required to determine your child's need for early intervention services in all cases initially and at least annually thereafter)
- Request to be present at, and contribute fully in all HMG meetings about your family, including IFSP meetings and the transition planning conference
- Opt out of personally identifiable information being provided to the local education agency (LEA-school district) once your child turns age two (you will be asked to make this decision at the IFSP meeting closest to your child turning 18 months old)



As a Parent, you have the right to:

- Receive one electronic or paper copy of each completed IFSP at no cost, within ten calendar days of the event
- Request reconsideration of an eligibility determination when you disagree with the eligibility determination made
- A Service Coordinator who is responsible, as a single point of contact, to assist you and your family. Your service coordinator has the following responsibilities:
  - Coordinating developmental evaluations and child and family assessments;
  - Facilitating and participating in the development, periodic review, and annual evaluation of your family's IFSP;
  - Conducting referral and other activities to assist you in identifying available early intervention service providers;
  - Helping you obtain access to needed early intervention services and other services identified in the IFSP;
  - Coordinating the provision of early intervention services and other services that your child needs or is being provided;
  - Coordinating, facilitating, and monitoring the delivery of services to assure that they are provided in a timely manner (In Ohio that is within 30 calendar days of your signature on the IFSP);
  - Conducting follow-up activities to determine that appropriate early intervention services are being provided;
  - Coordinating the funding sources for early intervention services on the IFSP; and,
  - Facilitating the development of a transition plan to preschool, school, or if appropriate, other services when participation in HMG early intervention is coming to an end.

Revised February 2015

WARREN COUNTY INTERAGENCY AGREEMENT

BETWEEN

Warren County Community Services Early Learning Centers

AND

Eight Warren County School Districts and Clinton Massie Schools

AND

Warren County Educational Service Center

AND

Warren County Board of Developmental Disabilities

AND

Warren County Help Me Grow

AND

Warren County Family and Children First Council

REGARDING

PROVISION OF SERVICES FOR CHILDREN WITH DISABILITIES FROM BIRTH TO AGE FIVE

ATTENDANCE AT INTERAGENCY AGREEMENT MEETING

February 20, 2015

1. Marcia Booher, Warren County ESC
2. Lisa Coughlan, Mason City Schools
3. Lisa Cayard, WCCS Early Learning Centers
4. Dana Martin, Kings Local Schools
5. Stefanie Post, Help Me Grow
6. Sandy Smoot, Warren County FCFC Coordinator

INTRODUCTION

This agreement is a "Work in Progress," recognized by all parties. The agreement has been written in accordance with the Joint Agreement between the Federal Region V and XII Administration for Children and Families, the Ohio Department of Education, and the Ohio Department of Health regarding Provision of Services for Children with Disabilities, birth through age five. This agreement will also include the transition process from Part C (early intervention) to Part B (preschool) services. The agreement meets all requirements of the Preschool Special Education Interagency Agreement Checklist.

Evaluation and Revision of Agreement: This agreement will be reviewed annually, to evaluate the effectiveness of identified strategies and to make any needed revisions. The updated agreement will be reviewed and signed by representatives of each agency and school district.

Agreement Partners: The following Warren County agencies and school districts identified representatives to work together on developing this agreement. These representatives were invited to each meeting, and were kept informed of the progress on writing the agreement:

- Carlisle Local School District
- Clinton-Massie Local School District
- Franklin City School District
- Kings Local School District
- Lebanon City School District
- Little Miami Local School District
- Mason City School District
- Springboro Community City School District
- Wayne Local School District
- Warren County Board of Developmental Disabilities
- Warren County Community Services Early Learning Centers
- Warren County Help Me Grow
- Warren County Educational Service Center
- Warren County Family and Children First Council

VISION STATEMENT

All the school districts and agencies serving children with disabilities from birth to age five in Warren County are committed to working in partnership to provide appropriate early childhood services in the least restrictive environment for all children with special needs in the county. We will work in collaboration to inform the community of available services, to identify and evaluate children with developmental delays and other disabilities, and to ensure that children are referred to the most appropriate service providers to best meet the child's needs. We will also work in collaboration to support the transitions of children between service providers as children move from one setting to another. We are committed to providing shared professional development opportunities for our staff, and to supporting the highest quality early intervention and early childhood education services to ensure that children are prepared for success when they transition to kindergarten.

ENDORSEMENT OF INTERAGENCY AGREEMENT REGARDING SERVICES FOR PRESCHOOL CHILDREN WITH DISABILITES IN WARREN COUNTY

With the understanding that this document continues to be a "work in progress", the representatives of the following agencies enter into this agreement, and commit themselves to upholding the intent of the agreement to deliver effective services to preschool children with disabilities.

Larry Hook, Superintendent — 5/8/2015 Date
Carlisle Local School District

Michael Sander, Superintendent — 5/8/15 Date
Franklin City School District

Tim Spinner, Superintendent — 5/8/15 Date
Kings Local School District

Mark North, Superintendent — 5-19-15 Date
Lebanon City School District

Greg Power, Superintendent — 5/8/15 Date
Little Miami Local School District

Gail Kist-Kline, Superintendent — 5/8/15 Date
Mason City School District

David Baits, Superintendent — 6/29/15 Date
Clinton-Massie School District

Todd Petrey, Superintendent — 5/26/15 Date
Springboro Community City School District

Pat Dubbs, Superintendent — 5/8/15 Date
Wayne Local School District

Megan Manuel, Superintendent — 5/20/15 Date
Warren County Board of Developmental Disabilities

Lisa Cayard, Director — 5/20/15 Date
WCCS Early Learning Centers

Stefanie Post, Director — 5/12/15 Date
Warren County Educational Service Center Help Me Grow

Tom Isaacs, Superintendent — 5/8/15 Date
Warren County Educational Service Center

Sandy Smoot, Coordinator — 5/19/15 Date
Warren County Family and Children First Council

CHILD FIND & IDENTIFICATION OF CHILDREN WITH DISABILITIES

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
The Local Education Agency (LEA) is the lead agency for locating and identifying children with disabilities under Part B, ages 3 through 21. The LEA will work in cooperation with Help Me Grow (HMG) service providers and Early Learning Centers to identify, recruit and evaluate children with disabilities. Most school districts utilize school calendars, cable TV ads, newspaper publications and/or other venues to fulfill child Find requirements.	WCCS Early Learning Centers will work in cooperation with Help Me Grow (HMG) service providers and LEAs to recruit and enroll children with disabilities. **WCCS Early Learning Centers will participate in the Child Count/Child Find** plan under Part B of IDEA through recruitment activities that reach out to parents, community agencies, and health care providers to offer Head Start (HS) and Early Head Start (EHS) services to children with disabilities.	**The Ohio Department of Health is the lead agency for locating and identifying children with disabilities from birth until the child's third birthday.** • The **Warren County Educational Service Center (WCESC)** as the Administrative Agent for the Warren County Family and Children First Council (FCFC) is the centralized coordination contractor for the Warren County Help Me Grow (HMG) Early Intervention and Home Visiting programs who provides services for children birth to 3. The phone number for all referrals is (513) 695-2900 (push 3 for Help Me Grow). A referral can also be made at www.ohiohelpmegrow.org or www.warren.k12.oh.us. • Public awareness activities are completed to engage current and/or potential referral sources, and parents of infants and toddlers. The HMG program will disseminate information about the importance of early identification of children with disabilities, the services and supports available to eligible families, and how to make a referral. When opportunities allow, HMG will participate in local community events for the purpose of child find. • HMG will create and maintain a directory of early intervention service providers, resources available in the county, and other professionals and groups that provide assistance to pregnant women, infants and toddlers with disabilities. • HMG will send all the LEAs in the county reports by the first day of every February, May, August, and November. The report will include the name, birth date, and address of each HMG Part C eligible child that is 18months and older. • Any child referred to HMG 45 days or less from their 3rd birthday will be referred to the LEA or other community programs as appropriate. a. When a child with a suspected disability or delay is referred, the parent will be provided with the contact information of their local LEA. b. When a child without a suspected disability is referred, the parent will be provided with the contact information for the community program(s) appropriate to their needs. • When a child is referred through HMG between 90 and 46 days before their 3rd birthday, HMG will work collaboratively with the local school district to complete the child's evaluation.

JOINT TRAINING OF STAFF AND PARENTS

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
The LEAs will participate in planning training for preschool, Early Learning Centers, and LEA staff. • The training will include information about terminology, policies and procedures, and the ETR and IEP processes. • Local child care and private preschool providers will be invited to attend training *or* the annual conference to learn about resources available for children with special needs, and the process for referring children with suspected disabilities. • Support from SST (State Support Team Region 13) will be utilized for training. LEA representatives will participate in County Task Force Meetings and Regional Early Childhood Task Force Meetings to share information about serving children with disabilities. A minimum of at least one LEA representative from the county will participate in the ECCC.	**WCCS Early Learning Centers will participate with the school districts in planning and providing joint training opportunities** for staff and parents regarding the Evaluation team report (ETR) and Individual Education Plan (IEP) process. Early Learning Centers will participate in Warren County Task Force Meetings to share information about serving children with disabilities. A representative from Early Learning Centers will participate on the Early Childhood Coordination Committee. The Early Learning Centers and HMG will provide joint training or share trainings when appropriate and possible.	**The Early Childhood Coordination Committee of FCFC will facilitate planning for joint staff development for HMG, WCBDD Early Intervention, preschool/child development programs, Early Learning Centers, LEA staff and other early childhood staff.** At each meeting of the Early Childhood Coordination Committee, information about upcoming training opportunities for parents and staff are shared with all participating members. A HMG representative will participate in Regional Early Childhood Task Force Meetings to share information about serving children with disabilities prenatal to age three as schedules and HMG funding permit. HMG, Early Learning Centers and Warren County Board of Developmental Disabilities- Early Intervention Division will provide joint training or share trainings when appropriate and possible.

DIFFERENTIATED REFERRAL PROCESS

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
Preparation for IFSP Transition Planning Conference • Upon notification of child transitioning from Help Me Grow, the LEA will work with the Service Coordinator of Part C services to coordinate setting up the Transition Pre-Assessment Conference (TPAC) for no later than 90 days prior to the child's third birthday. • LEA will provide district-required enrollment packet to parents **The LEA will accept the Request for Assistance from the parent.** • Upon receipt of the Request for Assistance, the LEA will meet for the Transition Pre-Assessment Conference (TPAC) at least 90 days prior to the child's third birthday. **Transition Pre-Assessment Conference (TPAC)** (At least 90 days prior to the child's third birthday): • The LEA will: 1) participate in Transition Planning Conference 2) inform families of due process and procedural safe guards, 3) explain school district procedures 4) review child's records, 5) review the Preschool Request for Assistance form. • The LEA will: 1) review documentation of interventions, 2) decide with family and other team members what options to consider which could include a disability is not suspected, monitoring, screening, or suspecting a disability. • LEA will provide Prior Written Notice (PR-01) documenting outcome of conference.	WCCS Early Learning Centers will ensure that each enrolled child has a current physical exam, and will screen each child in the areas of speech and language, vision, hearing, growth, and development. When screenings or teacher observations indicate a delay, or if a child is suspected to have a disability, the Early Learning Centers will notify the LEA that a Request for Assistance will be sent. The Early Learning Centers will provide support to the parent or guardian in obtaining documents needed for possible future services, including birth certificate, social security number, custody papers, and proof of residency, etc. When a child enrolled in Early Head Start exhibits indications of a possible delay, the EHS point of contact person will make a referral to HMG Central Intake.	**Preparation for transition** • Each child's parent will be informed, prior to their child turning 18 months of age or before the initial IFSP development if the child is determined eligible after 18 months of age, that contact information will be shared with the LEA. The IFSP documents if the parent consents to share or not share information with the LEA and whether they consent to invite an LEA representative to the Transition Planning Conference. • For children who are at least 2 years 3 months old, the HMG service coordinator must include a transition outcome on the IFSP that includes steps that will be taken and services that will be provided to support a smooth transition of the child from HMG early intervention to preschool special education or other possible program options (public preschool, Early Learning Centers, home, childcare, etc.) **Preparation for IFSP Transition Planning Conference** • For every child in HMG early intervention, a Transition Planning Conference must be held no less than 90 days, but no more than 9 months prior to the child's 3rd birthday. • For children who are potentially eligible for special education preschool, the HMG service coordinator must, with parent consent, notify the local LEA and a representative must be invited to the transition planning conference. • The HMG service coordinator will be responsible to obtain parental consent to release and share information with the identified meeting participants and specify what records are to be shared. • The service coordinator will determine a mutually agreed upon time and date for Transition Planning Conference and send each identified individual/agency written notification of the Transition Planning Conference including the date, time and location.

DIFFERENTIATED REFERRAL PROCESS, continued

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
		• The service coordinator will provide support to the parent or guardian in obtaining documents needed for possible future services, including birth certificate, social security number, custody papers, and proof of residency, etc. The service coordinator will inform the family that they must bring above documentation and the child to the Transition Planning Meeting. **Transition Planning Conference** • During the Transition Planning Conference, the service coordinator and all invited participants will discuss the transition process to ensure a smooth transition by age three. • The service coordinator will complete a review of the IFSP which includes reviewing and updating the transition outcome. • If a disability is not suspected the team explores other options. Warren County Board of Developmental Disabilities-Early Intervention Division primary service provider staff member will attend and participate in meeting. If for any reason assigned staff is not able to attend said staff will provide written documentation or phone conference of IFSP progress and any other input as needed.

EVALUATION & ELIGIBILITY DETERMINATION

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
Evaluation team report (ETR) Process: If a disability is suspected, the LEA will: 1) Determine what information is needed for the evaluation team report (ETR) with the interdisciplinary team and document on the preschool planning grid. A request for information from HMG will be included on the grid. 2) Obtain written permission for the ETR, 3) Provide Prior Written Notice (PR-01) and information on procedural safeguards to the parent ("Whose IDEA is This?"), and 4) Provide copies of planning grid and invitation to meeting participants and WCELC if appropriate. Eligibility criteria for special education and related services will be determined according to state requirements described in Ohio Administrative Code Chapter 3301-31, Rules for the Education of Children with Disabilities Served by Public Schools. These state rules determine eligibility in accordance with the requirements of IDEIA State Operating Standards. The process of identification, referral and evaluation protected under procedural safeguards begins as soon as a child is suspected of having a disability. This may occur after the initial screenings conducted as part of the differentiated referral process. Parents have the right to consent or to refuse an evaluation.	WCCS Early Learning Centers will assist the LEA in obtaining needed evaluations and parent information for children enrolled in Head Start who have a suspected disability. For enrolled children who are referred for evaluations, teachers will provide present levels of performance, and results of developmental screening and assessments. For children about to turn three years old, an Early Learning Centers representative will attend team meetings to present the Head Start services available for children with disabilities, and bring a Head Start application form. The Head Start eligibility criteria will be explained (income eligibility, consideration of special family needs, 10% of enrolled children must be children with disabilities). Parents will be informed that children are accepted from the waiting list according to selection criteria that weighs child and family needs. Although income is the primary criteria for Head Start eligibility, federal regulations allow up to 10% of enrollment slots to be filled with over-income children if the child or family has special needs. The Early Learning Centers will attempt to retain as many over-income slots as possible for children with LEA IEPs and HMG IFSPs. For children ages 0-3 enrolled in Early Head Start who are suspected to have a developmental delay, the Early Learning Centers staff will assist HMG in obtaining needed evaluations and parent information. Early Head Start is also required to enroll 10% of children with an active Part C IFSP.	**Evaluation Team Report (ETR) Meeting:** The Service Coordinator will: 1) Attend meeting 2) Continue to update transition plan and IFSP as needed 3) Provide written observations or documentation as requested A primary service provider staff member from Warren County Board of Developmental Disabilities- Early Intervention Division will provide written documentation of present levels of development upon request if Warren County Board of Developmental Disabilities has provided Early Intervention services. The primary provider will also attend ETR meeting as appropriate.

IEP DEVELOPMENT

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
IEPs will be developed in accordance with Model Policies and Procedures for the Education of Children with Disabilities. • Invitations will be provided to all IEP meeting participants by the LEA designee. • The Service Coordinator must be invited to the initial IEP meeting if the child is receiving services via the Help Me Grow system (Part C) and provided with a copy of the IEP. • An Early Learning Centers representative must be invited to be present during development of a district IEP if Early Learning Centers initiated the Request for Assistance or if an IEP team is to consider Early Learning Centers as a placement option. • IEP reviews are conducted at least annually. • Initial IEPs are developed in collaboration with all other agencies, and thereafter with the IEP team members.	WCCS Early Learning Centers will participate in developing an IEP for a child enrolled in the Head Start program who has been determined to be eligible for special education services, in collaboration with the child's local school district. The Early Learning Centers will participate in writing an IFSP for children birth to 3 years of age enrolled in Early Head Start who have been determined eligible for Part C services, in collaboration with Help Me Grow.	**IEP Meeting:** • The Service Coordinator will: 1) Attend meeting 2) Continue to update the IFSP as needed. • IEPs are developed in collaboration with the school district. • A primary service provider staff member from Warren County Board of Developmental Disabilities- Early Intervention Division will attend and participate in IEP development, if Warren County Board of Developmental Disabilities has provided Early Intervention services

SERVICE DELIVERY

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
Each LEA is responsible for providing a free, appropriate public education (FAPE) for preschoolers with identified disabilities at no expense to the family. The LEA is, however, not responsible for providing all the comprehensive services as defined by the Head Start Performance Standards. According to the individual needs of the child, a continuum of service delivery options will be provided. These service delivery options may include center-based programming or itinerant services. Least Restrictive Environment (LRE) will be determined by the IEP team.	**Early Learning Centers provides comprehensive child and family services** to all children enrolled in Head Start or Early Head Start (EHS) as required by Federal Performance Standards, including education, health, dental, nutrition, mental health, social services, parent education and family engagement activities, and special services for children with disabilities. The Early Learning Centers also offer a full day, full year child care option for children 0-5 if parents are working or attending school full time. Staff-child ratios ensure that children with special needs receive individualized care and support. • Preschool classrooms have 17 children, staffed with three teachers • Infant-toddler classrooms have 8 children, staffed with three teachers who provide primary caregiving. If a family is not eligible for Head Start, a private pay option is also available for either child care or part-day preschool. For children ages 3 to 5, enrollment in the Head Start program will be offered to the child if the IEP team determines that the needs of the child and family will best be met by this program, and if the child meets Head Start eligibility criteria.	**For children birth to age three, Help Me Grow provides:** • Central intake location • Part C Service Coordination/Home Visits • Developmental screening • Developmental evaluation/assessment • Coordination of services • Referral and resource linkages • Family support and socialization opportunities • Parent to parent linkages • Education on parents rights • Explanation of service options • Parent education on child development using PAT or HELP curriculum and training opportunities • IFSP education and updates • Opportunities for parent participation on advisory groups • Service directory • Home Visiting Program for eligible families • Transition coordination services • Will coordinate services with Early Head Start when appropriate. **For children birth to three years, Warren County Board of Developmental Disabilities provides the following, as determined by agreement with Help Me Grow, the IFSP or eligibility for Warren County Board of Developmental Disabilities:** • Developmental evaluations/assessment • Program planning • Ongoing assessment • Ongoing developmental screening • Part C Service Coordination/Home Visits • IFSP development • Education on parent rights • Transition-coordination of services • Referral and resource linkages • Family interaction opportunities

SERVICE DELIVERY, continued

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
	WCCS Early Learning Centers, in collaboration with the LEA and the Educational Service Center, will ensure that all related services identified in the IEP are provided for enrolled children, including speech, OT and/or PT. For children age 0-3, the Early Learning Centers will provide weekly home visitation services through Early Head Start to income eligible children, including children on a Part C IFSP if appropriate. EHS uses the Partners for a Healthy Baby curriculum for home visits. Home-based Early Head Start also provides bi-monthly play group activities for families to support socialization for parents and children. If a child is eligible for both Early Head Start and the Help Me Grow Home Visiting Program, parents may choose to participate in both programs.	• Primary Provider of Early Intervention Services in the child's everyday environment • Primary Provider of Services disciplines include, Developmental Specialist or Speech Therapist or Occupational Therapist or Physical Therapist • Intake and Referral Representative if applicable for waiver waiting list • Waiver Services, based on eligibility and availability • Service Coordination for waivers • Family Support Services • Home Based Behavior Supports based on eligibility, need and availability • Contracted Services based on eligibility, need and availability **For children three to five years old, Warren County Board of Developmental Disabilities may provide the following to eligible children: (Eligibility at age three requires documented established risk factors of two developmental delays or diagnosed medical, physical or mental disorder from approved list)** • Intake and Referral Representative • Waiver Services, based on eligibility and availability • Service Coordination • Family Support Services • Home Based Behavior Supports based on eligibility, need and availability • Contracted Services based on eligibility, need and availability

TRANSITION

EDUCATION: LEA	EARLY LEARNING CENTERS	HEALTH: HELP ME GROW
The LEA will participate in transition meetings and implement appropriate procedures to support children's transition into and out of preschool settings. Support for transition planning will be available from the SST (State Support Team Region 13) Re-evaluation for school age services will be completed by the current school district personnel as determined at the planning meeting.	WCCS Early Learning Centers will participate in Individual Family Service Plan (IFSP) transition conferences for EI children to present the option of Head Start services. The Early Learning Centers will work closely with parents to plan smooth transitions into and out of the program including site visits for potential Head Start or Early Head Start children. In cooperation with the LEA, the Early Learning Centers will participate in transition conferences for children entering kindergarten as appropriate. Re-evaluation for school age services will be completed by the current SLP, OT, PT service provider. Early Learning Centers will host an annual Transition Planning Luncheon, inviting representatives from all Warren County school districts, including speech pathologists, kindergarten teachers, special needs preschools, Head Start teachers, private preschool and child care teachers, and representatives from other county agencies serving preschool children. The Early Learning Centers teachers will meet with kindergarten teachers from receiving schools in the spring to share information about children's development, with parent consent. Support for transition planning will be received from the local SST (State Support Team Region 13)	Throughout a child's time in Help Me Grow there may be several transitions that occur. The responsibility of the Service Coordinator is to assist the family with these transitions and document them on the IFSP. When transitioning to another Help Me Grow program out of county, the Service Coordinator will provide contact numbers for parents, and will request parent consent to contact the out of county program to share information about the child. The Contract Manager will transfer the child's record in Early Track, upon parental consent. The Service Coordinator will, with parent consent, send the child's IFSP and pertinent documents to the out of county program. The Service Coordinator will coordinate services from Part C to Part B for suspected eligible children upon parental consent beginning at 6-9 months prior to the child's third birthday. If not suspected eligible for Part B services or the family does not give consent to do so, the Service Coordinator will support transition to other age three services such as Head Start or private preschool or setting of family choice

Ohio Department of Health

Help me grow.

Child's name:

ET#:

Section I: Our Child and Family Information	
Child's Name:	Nickname:
Date of Birth:	Child lives with: Relationship:
Child's Address/home contact:	
School District of Residence:	
Language(s) spoken with child:	
Parent's Name:	Parent's Name:
Address:	Address:
Best Phone:	Best Phone:
Email:	Email:
Best Contact Time:	Best Contact Time:
Method Preferred: Phone ☐ Email ☐ Text ☐	Method Preferred: Phone ☐ Email ☐ Text ☐

Section II: Our Service Coordinator Information	
If you have questions about this IFSP or any of the individuals working with your child and family, contact your Service Coordinator.	
Name:	Agency:
Email:	
Best Phone:	Address:

Section III: Our Concerns About Development	
Parent concerns about their child's development:	
Referral source and initial referral concerns about development, if different from above:	

Child's name:

ET#:

Section IV: Our Child's Early Intervention Eligibility Determination

☐ Initial Eligibility Determination Date:

☐ Redetermination of Eligibility Date:

_____ has been determined to be eligible based on (check one):

☐ Developmental delay in the following domain(s): _____
(see Attachment A)

☐ Diagnosed condition with a high probability of delay (specify diagnosis): _____
Check one:

☐ Eligible List of Conditions ☐ HEA 8024

_____ has been determined not to be eligible. Date: _____

S/He is demonstrating skills and behaviors similar to children of the same age and is not eligible for Early Intervention. Please see attached Prior Written Notice form (HEA 8022). If you have any concerns about your child's development before age three, contact Help Me Grow at:

Suggestions for addressing family concerns include:

Child's name:

ET#:

Section V: Our Child's Early Intervention Assessment Summary

Routine	Ease of Routine	What's happening now *(strengths and needs)* Date:
Wake up, Nap, Bedtime	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:
Diapering, Dressing, Toileting	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:
Mealtimes	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:

Spending time with family, friends, and other children	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:
Play	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:
Bath time, Tooth brushing, Cleaning up	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:
Getting around the home and community, Getting ready to go	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:

Other Routines	☐Easy ☐Some Concerns ☐Difficult	What's working well: What's not working well:

Our family's resources and supports:

What else the team should know about our child's health so we can better plan and provide services for our child and family:

Summary of the team (parent and professional) input on child's strengths and needs across routines, settings and people:

A. Developing Positive Social-emotional Relationships (engaging and relating to family members, other children, others; showing emotion; responding to touch; following group rules):

B. Acquiring and Using Knowledge and Skills (thinking, remembering, reasoning, problem solving; understanding symbols, including those in print; understanding the physical and social worlds):

C. Taking Appropriate Action to Meet Needs (getting from place to place, taking care of basic needs, showing hunger, following safety rules, avoiding inedible objects after 24 months; using tools, utensils, strings attached to toys):

Our family has the following priorities and has identified these routines as the focus of intervention:

Complete only when the family has not identified priorities in the above section

☐Team (parent and professional) has determined that _____and his/her family do not have a need for Early Intervention services at this time. *Provide family with Prior Written Notice form (HEA 8022).*

☐Parent(s) has declined further participation in HMG Early Intervention at this time.
If you have any concerns about your child's development before age three, contact Help Me Grow at:

Section VI: Our Child and Family Outcomes

Date: *Outcome #*

What we would like to see happen within our family routines:

Steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

Early Intervention Service(s) Necessary to Meet this Outcome

EI Service Type	Method	Location/ Setting	How Often	Session Length	Provider Agency	Funding Source	Projected Start Date	Duration of Service

Method – Direct (D); Joint (J) // In-person (P); Technology (T) Location/Setting – Home (H); Community (C); Other (O)

For each EI service that will not be provided in our child's natural environment, provide an explanation of why this outcome cannot be achieved in a natural environment and the steps the Service Coordinator and family will take, including projected date, for moving the service into a natural environment:

List any Early Intervention services which are needed, but not yet coordinated and the steps the Service Coordinator will take to coordinate the needed service(s):

List any services which are being received through other sources, but are not required, nor funded, under Early Intervention:

Outcome Progress Review

☐ *We met it!* ☐ *We're making progress* ☐ *Let's make adjustments* ☐ *Let's focus elsewhere*	Code	Comments	Date

As a result of the outcome progress review, the Team (parent and professional) wants to (select one and place into code box above: 1- Develop new outcome; 2-Revise outcome; 3- Modify strategies/activities or Early Intervention service; or 4- Other:

Child's name:

ET#:

Section VII: Meeting Dates		
Initial IFSP Completion Date:		
	Due By:	Completed On:
Six Month IFSP Review (may occur more often if needed)		
Re: determination of Eligibility, if applicable		
Re: determination of EI service need		
Annual IFSP Date		
Transition Planning Conference		
Exit Date		

Section VIII: Team Members Supporting Our Family

In addition to you and your Service Coordinator, your team includes:

Name/Role	Best Contact

Child's name:

ET#:

Section IX: Our Child's Transition Planning

Transition Notification: For children in Help Me Grow Early Intervention, notification that includes the child's name, address, birth date, his/her parent name(s), and telephone number, will be sent to the school district/Local Education Agency (LEA) of parent residence informing the district that a child may be eligible for IDEA Part B services at 3 years old. This notification is a requirement of Part C of the Individuals with Disabilities Education Act (IDEA) and is beneficial in preparing the school district for your child's possible eligibility for special education preschool services. This notification will automatically happen by your local HMG program unless you sign below opting out of the notification. Opting out of this notification must be obtained at the IFSP meeting closest to your child becoming 18 months old or immediately upon entry into HMG if your child enters after 18 months of age. Opting out of this notification must be recorded below with check box and parent signature.

☐ I have been informed of the notification requirement and choose NOT to have the above identified information sent to the LEA.

Parent Signature	Date	Parent Signature	Date

Consent to invite local education agency to transition planning conference:

For children who may be eligible for Part B pre-school services and supports, attendance by a representative from the school district at the Transition Planning Conference is essential to the transition process and preparation for the exit from Help Me Grow Early Intervention.

☐ I give my permission to invite the local education agency representative to my child's Transition Planning Conference in order to help plan for my child's transition from Help Me Grow Early Intervention.

Parent Signature	Date	Parent Signature	Date

Transition Planning Conference (TPC) date:

Transition Outcome (parent or child directed goal that supports a smooth transition):

Specific steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

Early Intervention Service(s) Necessary to Meet this Outcome:

EI Service Type	Method	Location/ Setting	How Often	Session Length	Provider Agency	Funding Source	Projected Start Date	Duration of Service

Method - Direct (D); Joint (J) // In-person (P); Technology (T)

Location/Setting – Home (H); Community (C); Other (O)

Child's name:

ET#:

Section X: Signatures & Acknowledgements

Parent:, please discuss any concerns or questions you have with your Service Coordinator and then initial each statement, if you agree:

	I/We have been informed of our child's eligibility and need for EI service determination(s) by the IFSP team in my/our native language or other mode of communication.
	I/We participated fully in the development of this plan and understand its contents.
	This plan reflects the outcomes that are important to me/us for supporting our child's development.
	The early intervention services will be provided as described in the IFSP. I/We understand that the IFSP will be reviewed at least every six (6) months.
	I/We understand the records will not be released without my/our signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows release of early intervention records to participating agencies in the early intervention system.
	I/We consent to provide a copy of the following sections of my/our IFSP to: ☐ All sections ☐ Only Sections:
	I/We understand that my/our consent is voluntary and that I/we may revoke consent at any time.
	I/We have a right to deny access to my/our private or public insurance, but in doing so, I/we may be subject to a fee for these services.
	I/We give consent to implement the EI services described in this IFSP.

Parent Signature Date	Parent Signature Date

We acknowledge that the outcomes reflect the family's priorities and concerns and the EI services support those outcomes. We agree to carry out the plan in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Signature	Name/Role/Agency	Participation Method	Date

CHILD'S NAME:

ET#:

ATTACHMENT A
INFORMATION USED TO DETERMINE ELIGIBILITY AND THE NEED FOR EARLY INTERVENTION SERVICES

Record Review (Background, health, medical information)			**Child Observations**	
Source(s):	Date(s):		Location(s):	Date(s):
Comments:			Comments:	
Eligibility Tool: ☐ Bayley ☐ Battelle ☐ N/A			**Family-Directed Assessment**	
Date(s):			Tool:	Date:
Adaptive ☐ Delay ☐No Delay			Other Source(s) of Family Input:	
Cognitive ☐ Delay ☐No Delay			Comments:	
Communication ☐ Delay ☐No Delay	Receptive:	Expressive:	**Vision Screen**	
Physical ☐ Delay ☐No Delay	Gross:	Fine:	Source(s):	Date(s):
Social/Emotional ☐ Delay ☐No Delay			Result: ☐ No Concerns ☐ Refer for Evaluation	
Comments:			Comments:	
Child Assessment			**Hearing Screen**	
Tool(s):	Date(s):		Source(s):	Date(s):
Tool(s):	Date(s):		Result: ☐ No Concerns ☐ Refer for Evaluation	
Comments:			Comments:	
			Nutrition Screen	
			Source(s):	
			Result: ☐ No Concerns ☐ Refer for Evaluation	
			Comments:	

Summary:
Summary of how eligibility based on a delay was determined utilizing all the information collected and reviewed and the use of informed clinical opinion (including when scores on administered tool do not reflect a delay):

Evaluation Team			
Name	Discipline	Name	Discipline

Help me grow.

Family Plan

Child's Name: _____ Early Track ID: _____ Date of Birth:

Parent Name (Primary Caregiver): _____

Parent Name (Other): _____

Address: _____

Phone: Other Phone:

E-mail: _____ Other E-mail: _____

Home Visitor Name: _____

Home Visitor Agency: _____

Phone:

E-mail: _____

Initial Family Plan Date:

[To Be Completed After Each Family Plan Review]

Family Plan Review Scheduled Date:	Actual Date:
Family Plan Review Scheduled Date:	Actual Date:
Family Plan Review Scheduled Date:	Actual Date:
Family Plan Review Scheduled Date:	Actual Date:
Family Plan Review Scheduled Date:	Actual Date:
Family Plan Review Scheduled Date:	Actual Date:
Family Plan Review Scheduled Date:	Actual Date:

I would like my home visits to occur (Initial Family Plan):

Weekly (first 4 weeks in program/after D.O.B.),

Bi-weekly (until 6 months of age),

Monthly (from 6 months of age to age 3)

Parent initial: _____

OR

Other (enter schedule):

Parent initial: _____

Use of this form is required and it must be kept in child record.
Additional pages may be stapled with the required HEA number referenced in the upper right corner.

Help me grow.

Family Plan

Early Track ID: _____

FAMILY GOAL #____ (Duplicate as necessary)

We wrote this Goal on: ____/____/_____ Goal topic: _____

Our Goal:

People / information / services / resources that can help us reach our Goal:

We will know we have achieved our Goal when:

We would like to achieve this Goal by:

This Goal was achieved/discontinued on: [To Be Completed After Achieved or Discontinued]

Additional Information from Goal Development or Goal Review:

Family Plan Date: ☐ **Initial** ☐ **Review** **(Duplicate as necessary)**

Most Recent	**Result/Summary**	**Date**
ASQ:		
ASQ SE:		
Hearing:		
Nutrition:		
Vision:		
Edinburgh:		
HOME/NCAST-T:		
Safety:		
PSI-SF:		
AAPI 2:		
ISEL:		

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Help me grow.

Family Plan

Early Track ID: _____

Goals Reviewed (if Family Plan Review): ☐ N/A, if Initial Family Plan

#____ Date: ☐ Achieved ☐ Not Achieved, Goal Continued ☐ Not Achieved, Family Discontinued Goal

#____ Date: ☐ Achieved ☐ Not Achieved, Goal Continued ☐ Not Achieved, Family Discontinued Goal

#____ Date: ☐ Achieved ☐ Not Achieved, Goal Continued ☐ Not Achieved, Family Discontinued Goal

#____ Date: ☐ Achieved ☐ Not Achieved, Goal Continued ☐ Not Achieved, Family Discontinued Goal

#____ Date: ☐ Achieved ☐ Not Achieved, Goal Continued ☐ Not Achieved, Family Discontinued Goal

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I would like to change my home visits to occur (Family Plan Review):

☐ Check here if NO CHANGE

Weekly (first 4 weeks in program/after D.O.B.),

Bi-weekly (until 6 months of age),

Monthly (from 6 months of age to age 3)

Parent initial: _____

OR

Other (enter schedule):

Parent initial: _____

Additional Information:

Parent Signature (Primary Caregiver): _____

Family Plan Date:

Parent Signature (Other): _____

Family Plan Date:

Ohio's Help Me Grow Home Visiting
Program Home Visitor Signature: _____ Family Plan Date:

Ohio's Help Me Grow Home Visiting
Program Home Visitor Agency: _____

HEA#8036(rev 7/12)

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Consent to Release or Share Information

Child's Name: _____ Date of Birth: Early Track ID: _____

I, _____, the parent/guardian and legal custodian of _____, born on _____, do hereby give contractors within the Ohio Help Me Grow program and the indicated agencies below permission to share confidential Ohio Help Me Grow records initialed below for the purpose of serving my child and family in Help Me Grow.

The following information may be released or shared:	**With any of the following limitations (N/A) if none:**
☐ Medical Records, incl. immunization records, medical, hospital, discharge summaries, vision/hearing/nutrition status	
☐ Diagnosed physical or mental condition/statement of nature and severity of disability	
☐ IFSPs or Family Plans (to include all reviews)	
☐ Therapy records, evaluation, goals	
☐ Developmental assessments, screenings and summaries	
☐ Social security number/case number	
☐ Medicaid number	
☐ Other (specify)	
Information may be shared with the following individuals, agencies, or service providers.	**With any of the following limitations (fill in N/A if none).**

The Health Insurance Portability and Accountability Act (HIPAA), Family Education Rights and Privacy Act (FERPA) and all personally identifiable information regarding children and families receiving Ohio Help Me Grow services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to child's records and contains complaints and appeal procedures which apply to disputes over records in possession of Ohio Help Me Grow providers among other provisions. All Ohio Help Me Grow providers shall comply with these procedures.

This consent expires on my child's third birthday, unless consent is revoked in writing by me or when my child no longer receives Ohio Help Me Grow services. By signing below, I certify that I have authority to the above release of information and I have given my consent to share this information voluntarily and that I understand what signing this form means.

Parent/Guardian Signature: _____ Date: ___/___/___

HEA#8019 (rev 7/12)

Use of this form is required and it must be kept in child record.
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