

Washington County Family & Children First Council
Service Coordination Mechanism
September 2009 - Revised July 2010; April 2015

OVERVIEW

Ohio Revised Code Section 121.37 states, "The purpose of the county council is to streamline and coordinate existing government services for families seeking services for their children." ORC requires each county to develop a county service coordination mechanism (SCM), which serves as the guiding document for coordination of services in the county. Those involved in developing the Washington County Service Coordination Mechanism (SCM) include the Washington County Family & Children First (FCF) Council (including parents, Children Services, DJFS, Juvenile Court, City and County Health Depts, EI/HMG, DD, Education, FCFC, MHARB, community members); the Family and Community Enrichment Team (FACET); a Service Coordination Mechanism Workgroup; the Community Options Team (COT) and Council staff.

Families residing in Washington County, who meet criteria, are eligible to seek service coordination services through Washington County Family & Children First. When standard services provided by individual agencies are unable to fully meet the needs of a multi-need child and family, the Washington County Family & Children First Service Coordination Mechanism (SCM) may be implemented.

In order to provide for collaborative delivery of strength-based, needs-driven services, the agencies that assist the family join to create a *Family Service Coordination Plan Team* (Family Team). The Family Team shall also include other community and family members who are important to the family.

The following are general guidelines for the operation of *Family Teams*:

1. Composed of the people who know the child and family best;
2. Composed of family, community and care provider representatives;
3. Embodies the community's commitment to unconditional care;
4. Features strong parent involvement;
5. Encourages participation of family advocates;
6. Assures commitment to community based care;
7. Responsive to the strengths, needs, family culture, race and ethnic group;
8. Has the ability to "hear" family needs;
9. Fosters a blame free environment; and
10. Supports Ohio's Commitments to Child Well-Being:
 - *Expectant parents and newborns thrive* - *Infants and toddlers thrive*
 - *Children are ready for school* - *Children and youth succeed in school*
 - *Youth choose healthy behavior* - *Youth successfully transition into adulthood*

Collaborative Services are those services specified on an *Individualized Comprehensive Family Service Coordination Plan* (Plan) representing a unified service delivery system for a child and family (attachment A). Collaborative services planning includes the monitoring of each service provider to assure that services are implemented as stated in the plan and that outcomes of the services are recorded and reported to the Council. In all cases, the reporting mechanisms shall ensure the confidentiality of each individual child and family.

POLICIES and PROCEDURES

Any agency, entity, school, juvenile court or family may refer a child/youth to Washington County Family & Children First (FCF or Council) for service coordination. A *Referral Packet* (attachment B) must be completed in its entirety and returned to the Central Intake site at Washington County Family & Children First.

Criteria for referral to the Service Coordination Mechanism:

1. Child/youth must be a resident of Washington County and under the age of 22.
2. Families (parent/guardians) and referring entity must be willing to accept and actively participate in the Service Coordination Planning process.
3. Child/youth must have multi-systemic needs (i.e. child is not necessarily involved in two or more systems, but child's needs involve more than one system. Schools are considered a system).

Upon receipt of referral, the Central Intake site shall screen each referral and determine its appropriateness and level for service coordination. *(Exception: children under the age of three years are referred on a standard Help Me Grow Referral Form and shall be referred to Help Me Grow. Help Me Grow shall abide by the policies and guidelines set forth by the lead agency. However, if needed and requested, families can access both service coordination models. Families in the Help Me Grow Program may also access the Service Coordination Mechanism and would thereby also abide by the policies of the Washington County SCM).*

LEVELS OF REFERRAL:

Level 1

Level One Service Coordination referrals do not meet the criteria for enrollment in the Service Coordination Mechanism. These referrals include:

- a. Referrals for those children/youth who are not involved in multiple agencies, yet are seeking services that they are having difficulty accessing through one agency. Level One referrals will be referred to an appropriate agency for assistance prior to Service Coordination being considered as an option. The Service Coordinator will assist referred family in linkage to standard services.
- b. Referrals for those youth who may have needs in more than one system, but for whom a full Service Coordination process may not be necessary. Less intensive or intrusive options shall be explored with the family, including pursuing other community options or supports that may be more appropriate. The FCF Service Coordinator shall schedule a meeting with the family to assess the needs of the family and thus make a final determination for level of referral. If assessment concurs that the family can be assisted with standard services, it shall be referred back to the referring entity for assistance to family and/or the FCF SC shall assist in identifying referral sources.

Level 2

Level Two referrals are those children whose needs are 'multi-systemic', although they may not yet be involved in more than one agency and the needs of the family cannot be met through already existing collaborative efforts. After an initial meeting and assessment with the family, the FCF Service Coordinator shall enroll the child/youth in FCF Service Coordination. Families in the SCM at Level Two may access direct-service funds, if available, to meet needs identified on their Family Plan.

Level 3

- a. Out-of-Home Placement for youth involved in the FCF SCM. For children/youth already in the FCFC Service Coordination Mechanism, Family Team meetings must be conducted *before* a non-emergency out-of-home placement for all children. If the Family Team has identified that there is a potential for out-of-home placement, the FCF Service Coordinator shall call a meeting of the Community Options Team to assess placement and funding options. The parent is required to attend this meeting along with the Service Coordinator and a parent advocate, if applicable. Placement must be approved by the *Family Team* and documented on the Family Plan. Nothing in this document shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement. The Community Options Team shall approve or deny all funding requests for placements.
- b. Imminent Out of Home Placement for youth NOT in the FCF SCM. For children/youth who are referred to Family & Children First for funding support of an out-of-home placement, the Service Coordinator shall contact the referring entity to gather information. An emergency meeting of COT will be held within one-week of referral. The referring entity and parent/guardian shall attend the meeting to inform COT of needs and current presenting issues. COT shall determine if additional efforts of Service Coordination should be attempted prior to out of home placement. If funding is being requested, prior to the COT meeting, the Service Coordinator shall research placements and costs and present a budget sheet to COT. Any funding for placement must be approved by COT. While a child/youth is in out of home placement, the Service Coordinator shall continue to work with the family and provider(s) for quality assurance and a successful transition back home.

Timelines:

- ➔ Within 10 days of receipt of referral: Initial contact with family by phone.
The FCF Service Coordinator (Coordinator) shall contact the referring entity, as well as the referred family, to gather additional information, review criteria for service coordination and determine level of referral.
- ➔ Within three (3) weeks of referral: Initial face-to-face meeting with family.
The Coordinator shall meet with the child and family to review and complete the following:
 - b. *Parent/Family Strengths Based Assessment (attachment C)*
 - c. *Child/Youth Strengths Based Assessment (attachment D)*
 - d. *Consent for Release of Information Form (attachment E)*
 - e. *Potential Family Team Meeting Participants (attachment F)*
 - f. *Dispute Resolution Process (attachment G)* This process will be discussed and reviewed with the family and a copy left with them.
 - g. *Service Coordination: a Guide for Families*
 - h. *Implement the CASII (Child and Adolescent Service Intensity Instrument)*
- ➔ Within 45 days of referral: Initial Family Service Coordination Plan Team Meeting.
The Coordinator shall be responsible to assist the family in identifying and inviting community, agency, appropriate school district reps, family members, support persons and/or advocates to a *Family Service Coordination Plan Team* (Family Team) meeting. The Coordinator shall notify and invite Team Members in writing (by mail or email), and/or by phone if immediate need, preferably at least one week in advance of the meeting. The location of the meeting shall be

identified with the approval and preference of the family, when possible. At the initial Family Team meeting, team members shall be asked to sign the *Expectations for SC Plan Team Members* (attachment H) and be given a copy of *Introduction to Wraparound* (attachment I). Information gathered on family/child strengths shall be shared; ground rules identified; and family goals identified. Resources and steps to achieve goals will be identified and written in the Plan, which shows who will do what and when they will do it in order for families to accomplish goals. The Plan will be copied and shared with all members within 10 working days of the meeting. The confidentiality of all personal family information disclosed during service coordination plan meetings or contained in the comprehensive family service coordination plan shall be assured by those assisting in the plan and the mechanism.

The Coordinator shall:

- Assess referrals for level of services
 - Initiate contact with family and providers
 - Develop and maintain case files and all paperwork
 - Coordinate all Family Team meetings and invite members utilizing the *Team Meeting Notice Form*. (attachment U)
 - Develop and maintain a *Team Roster* (attachment J) that shall be shared with all members.
 - Facilitate Family Team meetings utilizing the *Meeting Agenda*. (attachment K)
 - Scribe *Minutes* (attachment L) and disperse minutes to all team members (both those in attendance and those not in attendance) within one week of each meeting.*
 - Scribe the *Task List* (attachment M) and assure that tasks are assigned and completed with the assistance of the Team Leader.*
 - Gather information on the *Mental Health Input Form* if applicable. (attachment N)
 - Draft the Plan at the Family Team meeting and disperse it to all Family Team members, with parental/guardian consent.*
 - Complete an Intersystem Services Budget Sheet/Funding Request form as applicable and present to the Community Options Team. (attachment O)
 - Respond to meeting requests by scheduling a meeting within two (2) weeks from when the request was made.
 - Maintain and document the *Outcomes Indicators Report* (attachment P) to track outcomes and develop reports.* The Coordinator shall be responsible to compile data required by the state or the Council as appropriate and report.
 - At the completion of each “Initial” and “Review” of the Family Plan, distribute the *Post-Meeting Survey* (attachment Q) to the Family Team for completion.
 - Complete a *Case Closure Form* (attachment R) once the Family Team closes a case.
 - Send a *Transition Survey* form (attachment S) to the family after case is closed.
 - Once the initial plan is complete, present to COT.
 - Submit a *Follow-Up Form* to referring entities (attachment T)
- * - *These tasks may be assigned to other team members, including a Team Leader, as necessary and appropriate.*

A *Team Leader* shall be identified by the team and approved by the family. The Service Coordinator may serve as the Team Leader. Team Leaders shall assist the Service Coordinator in all aspects of planning, scribing and documentation, as well as facilitation and shall be responsible for monitoring the plan with the Service Coordinator.

An *Individualized Comprehensive Family Service Coordination Plan* is developed at the initial Family Team meeting. The Plan shall:

1. Designate service responsibilities
2. Designate individuals to monitor progress of the plan
3. Assure responsiveness to culture, race and ethnicity
4. Provide services in least restrictive environment
5. Include a process for dealing with a child who is alleged unruly and divert the child from the juvenile court system. Note: Upon filing of an unruly complaint in the Juvenile Court, the Court shall review the complaint to determine if it is appropriate for diversion from the regular, formal court process. If diversion is appropriate, the matter shall be referred to the probation department for an informal diversion conference with the child and his/her parents to address the unruly behavior. As a part of the diversion conference the probation staff may make a referral to Washington County Family & Children First for service coordination and possible services.
6. Identify family goals and timelines and review processes to monitor programs
7. Identify crisis and safety concerns and develop a Crisis / Safety Plan (attachment V).

Parent Involvement and Advocacy

Each family in the SCM process shall be given information regarding “Service Coordination” and “Wraparound” upon entry into the system. The Coordinator shall explain the required component of parent involvement in the process. All families in the SCM shall be offered and encouraged to access the services of a Parent Advocate who shall become an active team member. The Service Coordinator will assist the family in identifying a parent advocate.

Service Coordination Mechanism Levels of Service and Quality Assurance

There are several team levels of involvement and quality assurance for the Service Coordination Mechanism.

Team Level #1 – Comprehensive Family Service Coordination Plan Team (Family Team)

The Family Team shall:

- Meet at least every 30-60 days; however, a team member, parent or the Coordinator may call a team meeting at any time necessary by notifying the Coordinator of their desire for a meeting. The parent/guardian may invite a family advocate, mentor or support person of the family’s choice to participate in any meeting.
- Develop, monitor and track the Family Plan for progress and outcomes in order to assure continued progress. Providers shall submit monthly progress summaries to the Coordinator, prior to each Team Meeting, which shall be reviewed by the Team.
- Complete monthly *Outcome Indicator Reports*.
- Identify wraparound services, and associated costs and providers, to meet goals identified on the Plan.
- Close a case when appropriate and agreed upon by all team members. SC cases may be closed for the following reasons:
 - Lack of participation / engagement by family
 - Family requests services to terminate
 - Goals on plan are achieved
 - Youth ages out of system

Membership on Family Teams includes the parent/guardian(s); members of the community and school who best know the family; informal supports; a parent advocate; as well as the Service Coordinator.

Team Level #2 – Community Options Team (COT)

The Community Options Team shall:

Meet twice monthly to:

- Review Service Coordination Plans developed by Family Teams.
- Approve funding requests for wraparound/direct services identified on Plans.
- Monitor the planning process to ensure fidelity to the SCM and/or Wraparound model.
- Offer additional resources and recommendations to Family Teams that they may not be aware of or have access to.
- Complete and review data and outcome collection.
- Address individual systems issues.
- Serve as the ‘gatekeeper’ of information within each system.
- Monitor referrals from their respective systems before referral is submitted to FCF.
- Review the FCF Service Coordination Mechanism on an annual basis.
- Review placement options for out-of-home placements
- Review and approve requests for pooled funding for out-of-home placement, assuring that all funding sources have been identified and tapped.

Membership on the Community Options Team includes, at a minimum:

1. Supervisory Representatives from: Children Services*; Juvenile Court*; Board of Developments Disabilities*
2. Representative of a local mental health provider
3. Representative from Education
4. Parent Representative
5. FCF Council Director
6. FCF Service Coordinator
7. Others as identified (i.e. law enforcement; faith-based, domestic violence shelter rep)

The FCF Council Director shall serve as the Chair of the Community Options Team and approves the funding source for each funds request. Approvals of funding requests shall be made by a majority of members present at a COT meeting.

Team Level #3 – Pooled Funds Group (PFG)

The Pooled Funds Group (PFG) of Washington County Family & Children First is comprised of:

- The Executive Director of the Children Services Board
- The Executive Director of the Behavioral Health Board.
- The Superintendent of the Board of Developmental Disabilities
- The Juvenile Court Judge or the court administrator.

Each of these agencies may contribute dollars to be used jointly to provide funds for special services, including out-of-home placement costs to children and for administrative costs of Council. The Pooled Funds Group is responsible for establishing a ceiling on total benefits to be provided by the inter-system fund. The committee also explores options for additional funding and the development of additional service providers to meet the needs of Washington County families and children.

Fiscal Strategies

Washington County Family & Children First shall utilize "Family-Centered Service and Support" (FCSS) dollars for the provision of Service Coordination and implementation of the Washington County Service Coordination Mechanism. The FCF Service Coordinator shall provide Service Coordination and/or Wraparound/direct services to families in Washington County.

Public Awareness / Outreach

Washington County Family & Children First Council corresponds with local child serving agency staff, juvenile court, school districts, community coalitions and others to define and identify the services provided through the Service Coordination Mechanism. Staff is also available to present the Mechanism at various venues such as: CA/N Training; College Class presentations; Community Health Council; LDC Group; School Counselors Group, etc. The completed and approved Washington County Family & Children First Service Coordination Mechanism and referral packets shall be dispersed to all Council members. A SCM brochure was developed for distribution to schools and throughout the county, along with referral packets for accessing the referral process. Parent representatives on Council shall be encouraged to share their knowledge of the Mechanism with other parents. The forms and information can also be accessed on the Washington County Family & Children First website at www.wcfcfc.org.

GUIDING PRINCIPLES

- a. Family Team meetings shall be held at a safe and neutral location.
- b. Family Team meetings do not take the place of or should they be held in conjunction with other required meetings of agencies/schools (example: IEP meetings).
- c. Children/youth in the Service Coordination Mechanism should be in the process no longer than 18 months, with a goal of all children exiting the process by one year.
- d. While other agency-specific plans may be developed, the *Comprehensive Family Service Coordination Plan* shall be the guiding document for family-centered, family-driven goals and services.
- e. The *Family Team Meetings* form shall be shared with families prior to initial Team meetings. (attachment W)
- f. The *Family Team Meeting Information for Service Providers and Participants* form shall be shared with all Team members prior to initial meetings. (attachment X)
- g. Washington County commits to utilizing the Hi Fidelity Wraparound Model in its Service Coordination Mechanism process. Wraparound is a 'process' used to deliver service coordination.
- h. When a youth is placed in the Washington County Juvenile Center, the case will be placed 'on hold'. No services will be offered through the Service Coordination Mechanism or Community Options Team. The Juvenile Court COT representative will notify the FCF Service Coordinator when the youth is exiting placement.

MONITORING AND TRACKING

- a. The Service Coordinator shall collect and tabulate information from the “Outcomes Surveys” and share with the Community Options Team and the family. A summary shall be presented to the FCF Council annually.
- b. The Community Options Team shall review all initial Family Plans. The Coordinator shall utilize COT for feedback on plans as necessary.
- c. Post-Meeting Surveys (wraparound fidelity measure). Surveys are compiled and tabulated by the Service Coordinator and a summary shared with the Family Team and the Community Options Team. If surveys indicate an immediate concern, the SC will address the concerns at the next Family Team meeting and document. Annual survey results will be shared with the FCF Council.
- d. Transition Survey (family satisfaction and empowerment measure). Surveys are compiled and tabulated by the Service Coordinator and results shared with the Community Options Team and FCF Council.
- e. Family-specific data collection including demographic information, diagnosis, funds expended, etc. are captured in various reports. A Family Centered Services and Supports report is submitted semi-annually to OFCF. A monthly caseload report including diagnosis, referring entity, meeting dates, etc., shall be shared at monthly Family & Children First Council meetings, with child/youth names deleted.
- f. The Pooled Funds Group shall meet quarterly to review and assess placement cases.
- g. The FCF Community Options Team shall review the county’s Service Coordination Mechanism on an annual basis and recommend any revisions to the FCF Council. The FCF Council Director shall monitor the plan on an on-going basis for any required updates.
- h. SC data will be sent to the state for purposes of evaluation, upon request.

All information gathered through the above processes shall be utilized to annually evaluate and prioritize services, fill service gaps and invent new approaches to achieve better results for families and children.

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

CHILD/YOUTH'S NAME: _____

BIRTHDATE _____ FCF CASE NUMBER _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

Phone Numbers _____ (H) _____ (W) _____ (cell)

CHILD'S ADDRESS (if different from above): _____

Team Leader: Name _____ Title _____

Agency _____

Family & Children First Service Coordinator _____

Initial Referral Date _____ Date initial plan developed _____

90-Day Review Date _____ 90-Day Review Date _____ 90-Day Review Date _____ 90-Day Review Date _____

~Note: Review Outcome Indicator Data at each Review~

HISTORY/COMMENTS: _____

LIFE DOMAIN AREAS

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

What's Happening Now? Current Residence/Services: _____

Goal for next 3 months? _____

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

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

Child's Name _____

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

What's Happening Now? Current Services: _____

Parent/Child Goal for next 3 months? _____

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

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

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

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

NOTES: _____

Child's Name _____

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

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

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

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

NOTES: _____

Child's Name _____

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

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

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

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

NOTES: _____

Safety/Crisis: written plan; participants; recent events

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

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

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

NOTES: _____

Child's Name _____

Other Community Supports: Names

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

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

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

TEAM MEMBER SIGNATURES

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

TEAM MEMBER SIGNATURE	AFFILIATION
	Parent / Guardian
	Family & Children First Service Coordinator

By my signature, I agree to allow this Service Coordination Plan to be shared with members of the Service Coordination Plan Team and the Family & Children First Council's Community Options Team and FACET Committee.

Parent/Guardian Signature Date

***Note: A new signature page shall be added at each review of this plan.**

Washington County Family and Children First

SERVICE COORDINATION REFERRAL PACKET

For referral of a child/youth to Family & Children First for Service Coordination

To make a referral for Family & Children First Service Coordination:

1. Complete **ALL** pages of the *Referral for Service Coordination Packet* in its **entirety** including **signature** of the parent/guardian
2. Mail, fax or email all above information to:

Washington County Family and Children First
202 Davis Avenue
Marietta, OH 45750
Fax: 740-376-7084
Office: 740-376-7081
fcfc@suddenlinkmail.com

CRITERIA for Referrals:

1. Child/youth must be a resident of Washington County and under the age of 22.
2. Families (parent/guardians) and referring entity must be willing to accept and participate in the Service Coordination Planning process.
3. Child/youth must have multi-systemic needs (i.e. child is not necessarily involved in two or more systems, but child's needs involve more than one system. Education is considered a system).
4. Participation in the Service Coordination Mechanism is at no cost to families.

**Note: Referrals shall be screened for appropriateness of receipt of the Service Coordination Mechanism. Referrals to standard services may be offered.*

What is Service Coordination? – Service Coordination is a process of service planning that provides family-centered, individualized services and supports to families. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. The purpose of service coordination is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems. Each system has areas of responsibility, and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. Service Coordination should build upon the strength of services in the community that are already working for families. It is not intended to override current agency systems, but to supplement and enhance what currently exists.

What is a Service Coordination Plan Team? - A family service coordination plan team (Family Team) consists of those who know the family best and includes parents, informal supports, advocates, and staff from agencies and schools who know the child and/or family.

What is an Individual Family Service Coordination Plan? - The individual family service coordination plan (written by the Team) identifies and organizes services for a child and family and identifies who is responsible for each part of the plan. Families have an active role in writing the Plan.

For more information contact Cindy Davis @ 376-7081 or fcfc@suddenlinkmail.com

Washington County Family & Children First

REFERRAL for SERVICE COORDINATION

Submit packet to: Family & Children First, 202 Davis Avenue, Marietta, OH 45750 Phone: 376-7081 Fax: 376-7084

From: _____ Today's Date: _____

Your Affiliation: _____ Phone # _____ Fax # _____

Your Address: _____ Email: _____

Name of Child being referred: _____ **DOB** _____

Why are you referring to Service Coordination and what do you hope it will accomplish?

Adopted? Yes No Current School _____ Grade _____ Gender _____

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

Guardian's Name:		Guardian's Name:	
Marital Status:	Relationship:	Marital Status:	Relationship:
Address:		Address:	
City:	Zip:	City:	Zip:
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Cell:	Email:	Cell:	Email:
Employer:		Employer:	

Child lives with: Mother Father Other _____

Address of child if different from above: _____

Other household members:	Age	Relationship to Child	Gender

By my signature I agree to this referral to Family & Children First and to the release and sharing of information to FCF by the referring entity: _____ Date _____
Parent/Guardian Signature

Office Use

Date Referral received _____ Reviewed by _____ Date REFERRER contacted _____
 Referral: accepted incomplete not appropriate Date FAMILY contacted _____

FORMAL SUPPORTS

CURRENT SYSTEM(S) INVOLVEMENT

Check all appropriate responses and include contact name and phone number of those CURRENTLY involved with the family.

<input type="checkbox"/> Help Me Grow Contact Name and Phone:	<input type="checkbox"/> Juvenile Court Contact Name and Phone:
<input type="checkbox"/> Board of Dev. Disabilities Contact Name and Phone:	<input type="checkbox"/> Wash. County Health Dept/ Contact Name and Phone:
<input type="checkbox"/> Children Services Contact Name and Phone:	<input type="checkbox"/> Head Start Contact Name and Phone:
<input type="checkbox"/> Job & Family Services Contact Name and Phone:	<input type="checkbox"/> School System* List <u>school</u> , Contact Name, & Phone:
<input type="checkbox"/> EVE, Inc. Contact Name and Phone:	<input type="checkbox"/> L&P Services Contact Name and Phone:
<input type="checkbox"/> Family & Children First Contact Name and Phone:	<input type="checkbox"/> Worthington Center Contact Name and Phone:
<input type="checkbox"/> OH Dept. of Youth Services Contact Name & Phone:	<input type="checkbox"/> Hopewell Health Center Contact Name and Phone:
<input type="checkbox"/> Primary Physician Contact Name and Phone:	<input type="checkbox"/> Other: Contact Name and Phone:

INFORMAL SUPPORTS

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

Name	Nature of Relationship	PHONE	Email Address

List past efforts or interventions? Other comments?

CURRENT PRESENTING RISKS CHECKLIST

***Please review the following current presenting risks and check all that apply:**

- Suicide ideation, gestures, or attempts:**
 - Ideation:** Youth states, talks, or thinks about hurting or killing self.
 - Gestures:** Youth engages in non-life threatening behavior, concurrent with thoughts and/or talk about suicide.
 - Attempt:** Serious life threatening attempt with clear intent and desire to commit suicide. (attempted hanging; potentially lethal overdose; involvement of a gun)
 - Self-Injurious Behaviors:** Self-harming behaviors that are not life threatening and may be of a chronic nature such as: cutting, head banging, ingestion or insertion of objects.
 - Violent Behaviors:** (Towards others, animals or property): Behaviors that cause serious harm, injury, or damage to people, property or animals. Example: domestic violence, animal torture, extensive property damage with intent to harm.
 - Fire Setting Behaviors:** Fascination with fire, play with matches or objects that have the potential to set fire and harm self or others. Previous reports of fire setting or a pattern of concerns related to fire.
 - Runaway:** History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.
 - Chargeable Sex Offense:** Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.
 - Aggressive Behaviors** (Towards animals, property, others, etc): Youth demonstrates behaviors that are potentially dangerous or harmful to people, property, or animals, without serious damage. Examples: Bullying, threatening.
 - Verbal or Written Threats to Others:** Youth states or writes threats of harm toward people, places, or things.
- Suspended, Expelled, or Dropped Out of School:** Youth has multiple suspensions from school that places him or her at risk of expulsion, is expelled from school, or has dropped out of school.
- Known/Suspected Criminal Activity:** Youth is suspected of, or admitted to, being involved in activities that are chargeable offenses; has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges.
- Availability of Weapons:** Youth has access to obtaining weapons through self, family, friends, or neighbors.
- Depression:** Youth or parents state that the youth appears to be depressed, withdrawn, and/or shows marked diminished interest or pleasure in activities.
- Hears voices or sees things:** Youth states hearing voices or seeing things that are not based in reality.
- Impulsive Behaviors:** Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others.
- Anorexia or Bulimia:** Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.
- Victimization:** Reports of sexual and/or physical abuse of the youth, past or present. [Professional must follow duty mandated to report if this event has not already been reported.]
- Sexual acting out:** Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcomes.
- Youth uses drugs or alcohol:** Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.

Continued on back

- Negative peer involvement or gang activity:** Peer or gang involvement that results in negative behaviors by the youth.
- Parent with chronic/acute mental illness, developmental delay, or mental retardation:** Parent or caretaker has significant mental illness, developmental disability, or mental retardation where the disability compromises or limits his or her ability to care for the needs of youth and family. Parent's disability may limit their ability to monitor and supervise the youth.
- Parent with Drug or Alcohol Problem:** Parent or caretaker has a substance abuse problem which compromises or limits his or her ability to care for the needs of youth and family. Such use may limit their ability to monitor and supervise the youth.
- Parent with severe chronic illness:** Parent or caretaker has significant chronic illness that is debilitating and limits his or her ability to care for the needs of youth and family. Parent's illness may limit their ability to monitor and supervise the youth.
- Resides in high crime neighborhood:** Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal daily activity and functioning is limited because of these safety concerns.
- Prejudicial thinking:** Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views pose a potential risk to others or property.
- Unrestricted internet access:** Evidence of access and/or exposure to internet sites that pose a risk or danger to the youth; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.
- Lack of caregiver monitoring and or supervision:** Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes.
- Emotional or Educational Disabilities:** Youth has been assessed to have a serious emotional, developmental, and/or learning disability, which may cause functional impairment or limit daily activities, or educational progress.
- Acute Family Crisis:** Family is experiencing a crisis (family defined) that restricts or limits their resources or abilities to care for or monitor/supervise youth's safety or behaviors.
- Family Conflict:** Verbal or physical family disagreements that pose a real or potential risk or safety concern to the youth and/or family.
- Youth's Lack of Stable Residence/Homelessness:** Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns.
- Current Placement Suspected Child Abuse:** Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.
- Limited Developmental Capacity to Maintain Personal Safety:** Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.
- Truancy:** Admitted or reported failure to attend school on a regular basis, which may result in legal action.
- Limited Ability to Control Anger:** Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.
- Held Back/Behind in Grade:** Youth has been retained one or more years in school.

Washington County Family & Children First Council Parent Strength Assessment

Family Name _____ Date of Visit ___/___/___ Date of Referral ___/___/___
Child's Name _____ School _____ Grade _____
Father's occupation _____ Mother's occupation _____
Father's education _____ Mother's education _____
Number of moves in last 5 years _____ Birth order of child _____

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

2. My life would really be better in six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

5. I am happiest when:

6. The best times we have had as a family are:

7. Name some special rules that your family has:

8. Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Who do you feel you can trust to be there when you need them?

9. What activities do you and your family enjoy together? What do you enjoy most about yourself?

10. What are your family traditions? In which cultural events does your family participate?

11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

13. What teacher does your child talk most about? What classes is your child involved in?

14. Is your child involved in any extra curricular activities? Does your family attend? Who is the coach/instructor?

GENERAL FAMILY ASSESSMENT/INFORMATION

1. Is anyone in family currently seeking any mental health or substance abuse services? Who? Frequency of services? Agency/person involved? Diagnosis?

2. Has child ever seen a psychiatrist, been hospitalized or prescribed any pschy. medications?

3. Who is family physician? Any major health concerns within family? Current prescriptions?

4. Any legal issues involving child or family? Probation? Children Services? Municipal or Common Pleas Court?

5. Who in your family is responsible for discipline?

Notes/additions:

Interviewer's signature: _____ Date: ___/___/___

Parent's signature: _____ Date: ___/___/___

Washington County Family & Children First Council Child Strength Assessment

Name: _____ Age: _____ Date: _____

1. The things I like to do after school are _____

2. If I had ten dollars I'd _____

3. My favorite TV programs are _____

4. My favorite game at school is _____

5. My best friends are _____

6. My favorite time of day is _____

7. My favorite toy is _____

8. My favorite CD/music is _____

9. My favorite subject at school is _____

10. I like to read books about _____

11. The places I'd like to go in town are _____

12. My favorite foods are _____

13. My favorite inside activities are _____

14. My favorite outside activities are _____

15. My hobbies are _____

16. My favorite animals are _____

17. The three things I like to do most are _____

Other _____

Washington County Family & Children First Council

CONSENT FOR RELEASE OF INFORMATION

Intersystem Services

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

Designated Youth:	FCF Case #:
Date of Birth:	Parent/Guardian:

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

Washington County Board of Developmental Disabilities	Bureau of Vocational Rehabilitation
Washington County Children Services Board	Community Action Programs
Washington County Commissioners	EVE, Incorporated
L&P Services, Inc.	Help Me Grow
Washington County Department of Job & Family Services	Ohio Department of Youth Services
Washington County Family & Children First	Social Security Administration
Washington County Juvenile Center	Washington County Health Department
Washington County Juvenile Court	Marietta City Health Department
Washington County Behavioral Health Board	Belpre City Health Department
Washington County Prosecutor's Office	Ohio Valley Educational Service Center
Hopewell Health Center	Worthington Center

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

School District (list) - _____

Placement Facility / Home - _____

COT Members – Parent Rep _____

Community Rep _____

Other - _____

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian (Printed Name) _____

Witness: _____ Date: _____

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

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

Signature: _____ Date: _____

Witness: _____ Date: _____

Potential Family Team Meeting Participants



Child/Youth's Name _____ Date _____

List Dates

	Planned/Possible participants (Persons to be invited to the FTM)	Relationship/Role	Address	Phone#/e-mail	M - Message L - Letter P - Phone	Will Attend (Y or N)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Washington County Family & Children First Council
DISPUTE RESOLUTION PROCESS

The local dispute resolution process shall serve as the process that must be used first to resolve disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services.

The following local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. The county council, through the Family & Children First Service Coordinator (or Help Me Grow Service Coordinator for families enrolled in Help Me Grow), shall inform the parents or custodians of their right to use the dispute resolution process and submit a copy of this document to the parent/guardian. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code. Each agency represented on a County Family and Children First Council that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process.

Conflicts may arise in three distinct types of situations:

- The family is in disagreement with one agency;
- The family is in disagreement with the service plan; or
- One agency is in disagreement with another agency or the service plan

1. The process for handling each of the above situations is dependent on the premise that individuals and agencies will, in all instances, seek clarification and resolution at the Family Team level prior to initiating the formal conflict resolution process. If difficulties in resolution at this level occur, the Council Director can be asked to sit on the team as a mediator for conflict resolution. At no time during the dispute resolution process will services to the family be disrupted. This keeps the conflict mediation and dispute resolution as close to the direct level of care as possible. The process itself is a mediating process and is based on a "stay at the table" approach, which is understood and accepted by the participants. The final Family Team plan, which emerges, is the negotiated document and contains "team" solutions.
2. If the Family Team cannot resolve the conflict, a referral can be made by contacting the Council Director in writing. Upon receipt of the written referral, the Council Director shall present the referral to the Community Options Team at their next regularly scheduled meeting (COT meets twice monthly). The Community Options Team will review all relevant information and issue recommendations within five business days beginning the day after the Community Options Team reviews the referral. For *emergency* dispute resolution, the family or provider brings the emergency situation to the attention of the Council Director. (An emergency situation is defined as disruption to an essential service provision, which jeopardizes the safety and well being of the child or family). The Council Director will request an emergency meeting of the Community Options Team to review the referral and issue a recommendation within five days of the emergency meeting.
3. If a resolution cannot be found at the Community Options Team level, then the Council Director makes a referral to the Executive Committee of the Family & Children First Council. This committee shall review a written statement of the problem and the steps previously taken to resolve it. The Executive Committee shall have fact-finding and recommending functions and may require any additional information or ask any participants

for further details regarding the conflict. All parties to the action may be present during the review by the Executive Committee. Any additional information requested will also be provided to all Family Team members. The Committee will issue a written majority recommendation within 10 working days of review of the referral to the Council Director and complainant. The recommendation is then conveyed to the Family Team. This decision is considered to be locally binding.

4. At the next regularly scheduled Council meeting, the Executive Committee will report its actions along with recommended policy changes to improve the overall delivery of services.
5. In the event the Family and/or Agency are not satisfied with the action taken by the Family and Children First Council, the final arbitrator of individual case resolution will be the presiding juvenile court judge. The party may pursue the issue by filing an action with Juvenile Court within seven (7) days of the failed dispute resolution process. Interagency assessment or treatment information shall be submitted to the court. Where the Juvenile Court is a party to the action, a Court in another county shall hear the complaint. Decisions of the Juvenile Court shall be subject to the standard appeal process of the Justice System.

Washington County Family & Children First Council shall assure that there is a process, through the Ohio Department of Health (ODH), for complaint resolution that includes mediation and civil hearing procedures for parents in the Washington County Help Me Grow program. If a complaint is unresolved the complainant may forward the complaint to the Ohio Department of Health and/or the Washington County Family & Children First Council for further action. (See **Ohio Administrative Code 3701-8-10. Ohio Department of Health Help Me Grow Rule "Parent's rights in help me grow"**). Discussion of parent's rights and the HMG complaint process should occur with families at the initial IFSP and Family Plan meeting and all subsequent reviews.

The Ohio Family & Children First Cabinet Council has an established State Appeals Process to resolve disputes among participants of local Family & Children First Councils when local Council participants agree that reasonable responsibilities are not being shared. Local Councils may access the appeal process only by a majority vote of their local membership.

ADDRESSES:

Washington County Family & Children First Council
202 Davis Avenue
Marietta, OH 45750
Phone: (740) 376-7081

Washington County Help Me Grow
202 Davis Avenue
Marietta, OH 45750
Phone: (740) 374-4954

Help Me Grow
The Ohio Department of Health
246 N. High Street
Columbus, OH 43215
(614) 728-9152

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

Parent/Guardian Signature

Date

*Washington County Family and Children First Council***EXPECTATIONS FOR FAMILY SERVICE COORDINATION
PLAN TEAM MEMBERS**

Thank you for agreeing to be a member of a Family Service Coordination Plan Team. As a member of the Family Team, you are committing to the following:

1. Attend all Team Meetings (if unable to attend, provide pertinent written information to Service Coordinator prior to meeting).
2. Actively participate in meetings.
3. Encourage participation by all members including parents.
4. Willingly accept and perform assigned tasks in a timely manner.
5. Contribute to the development of the Service Coordination Plan document.
6. Be willing to perform as a "team" member for the benefit of the child/youth and family.
7. Share pertinent agency/organization/school information as necessary.
8. Be willing to "think outside the box" in developing services and plans of action for clients.
9. Commit to embracing and utilizing a 'wraparound' model of service delivery, respectful of the family's needs and goals including review of Wraparound Introduction materials.
10. Respect all viewpoints and ideas and assure TEAM decision-making.
11. Maintain CONFIDENTIALITY of all information shared at Family Team meetings and pertaining to case. No family personal information shared by team members during an individual family team meeting will be shared with others outside the identified individual family team members without written consent of the family.

By my signature I agree to the above commitments and pledge my willingness to be a participant in the Family Service Coordination Plan Team.

Team Member Signature

Date

INTRODUCTION TO WRAPAROUND

The wraparound process is a way to improve the lives of consumers who have complex needs. It is not a program or a type of service. The process is used to help communities develop individualized plans of care. The actual individualized plan is developed by a Wraparound Team, the four to ten people who know the consumer best, including the consumer and their family. The team must be no more than half professionals.

The plan is needs-driven rather than service-driven, although a plan may incorporate existing categorical services if appropriate to the needs of the consumer. The initial plan should be a combination of existing or modified services, newly created services, informal supports, and community resources, and should include a plan for a step-down of formal services.

This plan is family centered rather than child centered. The parent(s) and child are integral parts of the team and must have ownership of the plan. No planning sessions occur without the presence of the child and family.

The plan is based on the unique strengths, values, norms, and preferences of the child, family, and community. No interventions are allowed in the plan that do not have matching child, family, and community strengths.

The plan is focused on typical needs in life domain areas that all persons (of like age, sex, culture) have. These life domains are: family, living situation, financial, educational/vocational, social/recreational, behavioral/emotional, psychological, health, legal, cultural, safety, and others.

All services and supports must be culturally competent and tailored to the unique values and cultural needs of the child, family, and the culture that the family identifies with.

The child and family team and agency staff who provide services and supports must make a commitment to unconditional care. When things do not go well, the child and family are not "kicked out", but rather, the individualized services and supports are changed.

Services and supports are community-based. When residential treatment or hospitalization is accessed, these service modalities are to be used as resources and not as placements that operate outside of the plan produced by the child and family team.

Planning, services, and supports cut across traditional agency boundaries through multi-agency involvement and funding. Governments at the provincial, state, district, regional, and local levels work together to improve services. Outcome measures are identified and individual wraparound plans are frequently evaluated.

IF IT DOESN'T HAVE THESE ELEMENTS, IT ISN'T WRAPAROUND!

The wraparound process includes a set of framing elements which serve as the philosophical base for the process. The elements were presented at the first conference on the wraparound process, held in Pittsburgh in 1991.

1. Wraparound efforts must be based in the community.
 2. Services and supports must be individualized to meet the needs of the children and families.
 3. The process must be culturally competent and build on the unique values, preferences, strengths of children and families.
 4. Parents must be included in every level of development of the process.
 5. Agencies must have access to flexible, non-categorized funding.
 6. The process must be implemented on an inter-agency basis and be owned by the larger community.
 7. Wraparound plans must include a balance of formal services and informal community and family resource.
 8. Services must be unconditional. If the needs of the child and family change, the child and family are not to be rejected from services. Instead, the services must be changed.
 9. Outcomes must be measured. If they are not, the wraparound process is merely an interesting fad.
- Fortunately, the wraparound process is increasingly the object of scientific investigation. The results of

initial studies are promising.

TEN OPTIONS TO IMPLEMENT THE WRAPAROUND PROCESS

1. A community team with broad representation: Agencies, schools, the business community, cultural leaders, neighborhood leaders, clergy, advocates, law enforcement, and others. Larger communities may have multiple community teams, or one overall team with neighborhood subcommittees. *A good wraparound plan is always a blend of formal and informal resources. The agencies and schools broker the formal resources, the other team members broker the informal resources.*
2. A broker agency or agencies to work under the community team and broker implementation of the wraparound process. Broker agencies can be public or private, as long as they represent the larger community.
3. Establishment of a referral mechanism into the wraparound process. Many communities start with children and families with more complex needs, but the process can start with an early intervention focus.
4. Establishment of wraparound process facilitators (case managers, service coordinators, etc.) who often work for the broker agency and who are specialists in managing the wraparound process.
5. With the referred child and family, the facilitator does a thorough strengths discovery to identify the strengths, values, preferences, cultural identity, and norms of the child and family. *The wraparound process cannot be done without this step.*
6. The facilitator works with the child and family to identify four to ten persons (in addition to the child and family) who will form a child and family team. This team must not be more than 50% professionals.
7. The child and family team looks at strengths, values, preferences of the child, family and the community, systematically looks at life domain needs. The team produces a plan that is based on the discovered strengths, values, and preferences.
8. A crisis plan is produced by the child and family team. The crisis plan is intended to help prevent crises, but also to deal with them if they occur.
9. Outcome indicators are designed and outcome information is collected as the plan is frequently evaluated. *Without outcomes, the wraparound process is just one more fad.*
10. The plan is reviewed by a sub-committee of the community team. The community team reviews outcomes and begins to modify the system of care to better meet needs of children and families.

CHILD AND FAMILY TEAMS

FUNCTIONS: Developing wraparound plans; planning for crisis; supporting the implementation of the plan; accessing informal and formal supports/resources; monitoring services; inspiring unconditional care; long term support of family long after formal services are gone.

MEMBERS: Parents, kids (if they can handle it), and the 4-8 people who know the family best. If you don't know the strengths and needs of the family, you can't be on the child and family team.

WHO DETERMINES WHO IS ON THE TEAM: The facilitator works with the family to see who knows them best.

MEETING PLACES: Where ever it is comfortable for the family

MEETING TIME: Set the meeting times at the convenience of the team members who have the most difficult schedules.

MEETING FREQUENCY: At first, the team meets every week. Within four weeks or so, the meetings drop to once a month. Later, the team meets quarterly or as needed.

Ideally, the membership of the team should be at least one-half non-professionals who have access to informal resources and supports which the professionals may not be familiar with. Experience has shown that a team composed primarily of professionals can serve to discourage family access, voice, and ownership, and the resulting plan may be primarily composed of existing formal services which may not reflect the individual needs of the child and family. The professionals on the team must be those who are or have been involved with the family, since strangers are not likely to know the strengths, culture, and values of the family.

Facilitators are trained to see the team as a dynamic process in which some members may be added or subtracted as the needs of child and family change over time. If the team has been correctly configured, it is likely that the culture of the family will be represented by several members of that culture. Therefore, the eventual plan is likely to be culturally competent.

Washington County Family & Children First Council
FAMILY SERVICE COORDINATION PLAN TEAM
MEETING AGENDA

CLIENT NAME: _____ CASE # _____ DATE: _____

1. Introduce team members, assign tasks recorder, assign note taker.
2. Ask if there are any questions about last meetings notes? Team members should review notes prior to meeting and be sure tasks were completed.
3. Proceed through life domains. Review the tasks from the last meeting as you discuss each life domain. (i.e., review the past Education tasks when you talk about Education.):
 - **Residence (own home)/Out of Home:** location (in own home or out-of-home), date of placement, relative placement, residential treatment facility, group home, detention, DYS, foster home/family, foster home/therapeutic, other, services, goals, evidence of goal attainment
 - **Educational/Vocational:** school name, school district, type of school/classroom, progress, educational disability, credits earned/needed, IEP/MFE, grade, proficiency results, ancillary services, school based therapy services, other services, goals, evidence of plan results, goals, evidence of progress
 - **Mental Health/Substance Abuse/Psychiatric:** diagnosis, agencies, case manager/therapist, services/frequency, meds: names, doses, frequency, psychiatrist, hospitalizations, goals, evidence of progress
 - **Medical/Health:** primary care physician/specialists, medications: names, doses, frequency, hospitalizations, pregnancy and birth control, adaptive equipment, dental, goals, evidence of progress
 - **Legal:** G.A.L., delinquency/unruly – probation officer, parole officer, custody status, court status-civil, custody status, custodian's name, abuse/neglect, goals, evidence of progress
 - **Social/Recreational:** camps, community activity, after school programs, YMCA, rec programs, Boys/Girls Club, Ely Chapman, goals, evidence of progress
 - **Safety/Crisis:** written plan, participants, recent events, goals, evidence of progress
 - **Family Natural Supports (as identified by the family):** name, type of support, goal, evidence of progress. Include: organizations, church, relatives, friends, neighbors, and Other Community Supports

➤ **Are funding requests up to date?** Missed expiration dates may not be funded.
4. Long term goal:
5. Other issues?
6. Review of Assigned Tasks
7. Schedule Next Meeting

Washington County Family & Children First
COMPREHENSIVE FAMILY SERVICE COORDINATION PLAN

FAMILY TEAM MEETING MINUTES

Child's Name _____ Case # _____ Today's Date _____

Life Domain	Current Information
Residence Own Home Foster Home Residential	
Educational/ Vocational	
Mental Health/ Substance Abuse/ Psychiatric	
Medical/ Health	
Financial/ Legal	
Social/ Recreational	
Safety/ Crisis	
Family / Natural Supports	

Child's Name _____

NOTES: _____

Family Team Members Sign In:

Information Changes?

Next Meeting Date: _____ **Time:** _____ **Location:** _____

Washington County Family & Children First Council
Family Service Coordination Plan Team

TASK LIST

CHILD'S NAME: _____ FCF Case # _____

LIFE DOMAIN	TASK	PERSON RESPONSIBLE	TODAY'S DATE	DUE DATE

Washington County Family & Children First Council – Service Coordination

Mental Health Input FORM

From: _____ Agency: _____ Today's Date: _____

Name of Child/Youth: _____

Parent/Guardian Name: _____ Phone # _____ H _____ W _____

Parent/Guardian Address: _____

Psychologist &/or
Psychiatrist Name _____ Therapist _____ Case
Manager _____

QUESTIONS

ANSWERS

Current Diagnoses?	
Current Medications?	
Past Medications?	
Is the Youth attending the scheduled Doctors appointments? If so when are the appointments?	
Frequency Youth sees Therapist?	
Current areas being worked on during Therapy? <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Regression	
Frequency Youth sees Case Manager?	
Situations or Activities during visits with Case Manager?	

Any Other Information

--

IMPORTANT! – Please attach any current “Crisis/Safety” plans in place for this youth/family.

Washington County Family and Children First Council

INTERSYSTEM SERVICES BUDGET SHEET / FUNDING REQUEST

Name: _____ Date of Birth: _____ Case Number: _____
 Parent/Guardian Name(s): _____
 Address: _____

PLACEMENT
 Provider Name _____
 Address _____
 Phone _____ Contact Name _____
 Per Diem Room & Board Cost \$ _____ Maximum # of Days _____
 Funding Period Dates _____ Total Cost of Placement \$ _____

Funding Source	Amount	Funding Source	Amount
Pooled Funds		SSI	
Child Support		Adoption Assist.	
		TOTAL	

WRAPAROUND
 Provider/Vendor Name _____
 Address _____
 Phone _____ Contact Name _____
 Services: _____

Funding Source	Amount	Funding Source	Amount
Pooled Funds		FCSS Funds	
		TOTAL	

By signatures of the Community Options Team, this request is: Approved Denied Date: _____

PURCHASE ORDER INFORMATION
 Payable to: _____ Amount: _____ PO #: _____
 Address: _____
 Contact Name: _____ Phone: _____

 Financial Officer Signature _____ Date _____

Council Director Signature: _____ Date: _____

Washington County Family & Children First Council Outcome Indicators Report

This form is to be completed at monthly meetings by the Family Team and, if present, by youth. Data will be compiled for each 90-day review to track progress.

Name: _____ Case #: _____

Date: _____ Team Leader: _____

Please rate as follows in the spaces provided below:

- 0 = never displays this behavior
 1 = sometimes displays this behavior
 2 = regularly displays this behavior
 3 = almost always displays this behavior

Adaptive Living Skills

Total Parent/Provider Score _____

Treats family members with respect.
 Treats peers and/or other children with respect.
 Follows rules at home.
 When angry youth respects others property.
 Cares for personal grooming.
 Cooperates/compromises with others.
 Completes chores.

Self Score: _____ Parent/Provider Score: _____
 Self Score: _____ Parent/Provider Score: _____

Educational/Vocational Skills

Total Parent/Provider Score _____

Follows rules at school.
 Completes homework.
 Completes classroom work.
 Works at appropriate grade level.
 Treats teachers/other adults with respect.
 Gets along with peers at school.
 Attends school regularly.

Self Score: _____ Parent/Provider Score: _____
 Self Score: _____ Parent/Provider Score: _____

Community Living Skills Assessment

For this section only, please mark and X in the appropriate spaces provided below:
 If Yes is marked please provide the number of times.

Alcohol/Drug Use	[] YES: _____	[] NO
Suicidal Behavior	[] YES: _____	[] NO
Runaway Behavior	[] YES: _____	[] NO
Fighting	[] YES: _____	[] NO
Missed School/Job (unexcused)	[] YES: _____	[] NO
Arrested	[] YES: _____	[] NO
Self-injurious Behavior	[] YES: _____	[] NO
Other: _____	[] YES: _____	[] NO

Additional Comments:

Signature of Plan Team Members participating in Outcomes Indicator Report:

<hr/>	<hr/>

Parent signature/date

Child signature/date

Washington County Family & Children First
POST-MEETING SURVEY
Service Coordination / Wraparound

(Team Members complete this form at each Initial and Review Plan Team meeting)

4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree

1. _____ This meeting was a positive experience.
2. _____ This team has a balance of professional and non-professional team members.
3. _____ The youth was encouraged to participate and his/her opinions and preferences were respected.
4. _____ The Plan utilizes the strengths (skills, talents and assets) of the family, youth and other team members.
5. _____ The customs, beliefs and preferences of the family were considered as plans were developed.
6. _____ The team developed goals for the child based on the strengths and preferences of the child and family and their long range vision.
7. _____ The plan includes action steps needed to meet the goals to lead to the long range vision/mission.
8. _____ The safety of the child, family, and community was discussed and the plan developed addresses any needed safety concerns.
9. _____ I feel that this is a good plan to support this child.
10. _____ I feel that my input and contribution to this team was respected and valued.
11. _____ The facilitator did a good job ensuring that everyone's input was obtained.
12. _____ The facilitator did a good job keeping the meeting going and respecting people's time.

Washington County Family and Children First Council

INTERSYSTEM SERVICES CASE CLOSURE

Name: _____ Date of Birth: _____ Case Number: _____

Parent/Guardian Name(s): _____

Address: _____

Date Services Began _____ Date Services Ended _____

REASON FOR CASE CLOSURE

SUMMARY OF CASE

Service Coordinator Signature _____ Date _____

COT Member Signatures

Date Survey was sent/given to family by FCF _____

FINANCIAL
Amount of Funds Spent between dates listed above: _____
Funds expended for Direct Services from:
Pool: _____ FCSS: _____ Other: _____
Financial Officer Signature _____ Date _____
(Note: Signature obtained once all vouchers are submitted for payment)

CASE CLOSED
Council Director's Signature _____ Date _____

Washington County Family & Children First
TRANSITION SURVEY
Service Coordination / Wraparound

4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree

1. _____ I feel my family and I were prepared to transition out of Service Coordination / Wraparound.
2. _____ I know how to get services and supports that my family still needs.
3. _____ If my family does have a crisis, I believe the Crisis Plan my team developed will help us.
4. _____ I am comfortable with my child's school placement.
5. _____ I feel my family and I were treated with respect while involved with Service Coordination / Wraparound.
6. _____ I feel my team has been sensitive to my family's cultural and religious beliefs.
7. _____ Overall, I believe my Service Coordinator was helpful to my family and me.
8. _____ Overall, I believe that other services we received were helpful.
9. _____ I feel that my family has made significant progress in meeting the goals we were working on.

Completed at Case Closure



202 Davis Avenue
Marietta, Ohio 45750

(740) 376-7081
FAX (740) 376-7084

REFERRAL FOLLOW-UP

Referred Case Name _____

Today's Date _____ Referral received on _____

Referring Agency/Person _____

Thank you for your recent referral to the Washington County Family and Children First Service Coordination Mechanism.

Currently:

- The family is not interested or has refused our services
- We have been unable to locate the family
- The family/child does not meet eligibility to receive services
- The family/child has been enrolled in our Service Coordination Mechanism and has been assigned a Service Coordinator.
- Other _____

If any questions, please contact:

_____ at _____

Thank you!

**Washington County
Crisis / Safety Plan**

Attachment V
Addendum F

Family Name: _____

Date: _____

WrapAround Facilitator/Service Coordinator: _____

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

Who is involved in the crisis?

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

List the triggers that lead to the crisis:

What have you tried in the past to avoid this crisis? How well did it work?

Why do you think the crisis continues to happen? What is this individual getting from the crisis:

When triggers start what action can you take to prevent the crisis from happening?

What can the youth do instead of the crisis behavior?

If the crisis occurs what do I do: (Detailed, sequential action steps to be followed by the team). Include who (natural & formal supports) will do what, when and how often:

Caregiver/Parent Signature: _____

Date: _____

Caregiver/Parent Signature: _____

Date: _____

Youth/Child Signature: _____

Date: _____

Service Coordinator Signature: _____

Date: _____

When: (name and When Action/thought) _____

is to:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

is to:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

If this does not work, follow the phone tree:

- 1) _____
- 2) _____
- 3) _____

I assisted with the creation of and agree with the contents of this plan:

Client:	X _____	Date: _____
Parent/Guardian	X _____	Date: _____
Worker	X _____	Date: _____

*Washington County Family & Children First***FAMILY TEAM MEETING INFORMATION
FOR SERVICE PROVIDERS AND PARTICIPANTS**

A Family Team Meeting (FTM) is a gathering of family members, friends, community resource representatives, and other interested people who join together to strengthen a family, brainstorm ideas to assist the family in reaching goals, and develop a protection and care plan for the children. Family Team Meetings evolve from the way that families form a natural helping system to meet needs and solve problems. The Family Team Meeting is often the forum in which the child and family team comes together to help the family craft and implement a written plan for change.

The Family Team – Families need help in times of crisis and stress, so they draw together people whom they trust and who can help in responding to the issues they face. Almost everyone can identify a time when they formed a team, sometimes involving professional helpers, to meet a specific need. Likewise, most people who have drawn a team around them are willing to become contributors to such a team or circle of friends.

The FCF Service Coordinator will set up the Family Team Meeting by having met with the family; speaking with invited participants and service providers; arranging for a meeting place; inviting the participants; and sharing information with the participants as to the focus of the FTM. It is the Service Coordinator's job to facilitate / coordinate the actual FTM.

The Family Team Meeting will be held at a safe and neutral location. The average length of the FTM is approximately 1.5 hours. During the meeting the family will indicate the goal(s) that will be worked on and have a chance to tell their 'story'. Then the group will brainstorm family strengths, needs and concerns, and resources that may help meet the goals. (It is important that the participants be open and honest with information relevant to the family's situation and identify their concerns and needs at the meeting during the time in which needs and concerns are discussed). A strategic plan that everyone agrees to will be devised from the information gathered and each participant will receive a copy of the plan. Within 30 days a follow-up FTM should be held to review progress and additional goals and needs.

To be prepared for the FTM each participant should come prepared to share family strengths, needs and concerns that they have noted, and ideas on resources to meet the needs and goals for the family. *It is imperative that while we remain strength based, we also agree to be honest and open during the Family Team Meeting.

If you have questions, the best person to contact is the FCF Service Coordinator.

Washington County Family & Children First

FAMILY TEAM MEETINGS

What is a Family Team Meeting?

A Family Team Meeting is for people who care about you (and your family) to get together and support you with working on goals you have identified for your family. A Service Coordinator will meet with you to talk more about the Family Team Meeting and help you set it up.

What goals can I work on?

You get to decide which goals will be the focus of your Family Team Meeting.

Who is invited to the Family Team Meeting?

- You get to decide whom you would like to have invited to your Family Team Meeting
- We encourage you to invite family members, friends, and others from your neighborhood, community or church that you can count on for support
- You may invite Family Support Workers, counselors, teachers, or others involved with your family as service providers. A Family Advocate will also be offered to you.
- People you don't work with now but may be able to help you on working toward your goals or who can provide you with information, services, or resources
- There may be people who *must be invited* because of legal reasons and are necessary to have input from if you are involved with them (Juvenile Court or CSB staff)

Also present will be a Service Coordinator/Facilitator (whom you met before, that helped you set up the meeting) who will help your Family Team Meeting flow, make sure people stay focused on your goals, and writes up what the team talks about and decides.

Who will invite these people?

The Facilitator will contact people you have invited to be part of your team. You may also help make calls if you want to and let them know they are invited to your meeting.

What will happen at the Family Team Meeting?

- Everyone will introduce themselves to each other
- The Facilitator will go over "ground rules", such as: Be respectful of all participants; One person speaks at a time; It is Okay to disagree... You may make suggestions for other rules you think the team needs to follow at your meeting
- You will be able to tell everyone the goal(s) you have chosen to work on
- You will have the chance to tell "your story" (what has been going on?-what brought you here today?) You may share as much or as little as you would like. This can be used as an opportunity for you to help others understand your situation and give them a bigger picture of what's going on with your family
- Everyone in the group will help list you and your family's strengths that you already have that will help you reach your goals
- You and the team will list the needs and concerns you and your family have in order to meet your goals
- Everyone will help list resources and steps that may help meet your goals at the same time addressing the needs and concerns you and the team listed
- Using the lists made, a Plan that everyone agrees on is written out – the Plan will show who will do what and when they will do it in order for you and your family to accomplish your goals
- Everyone you invited to be part of your team will get a copy of the Plan mailed within 10 working days of your meeting