

Mastering the Maze:



A Service Coordination Tool for Parents of Multi-need Children

A collaborative project of:

Greene County Family and Children First
Family Stability Program
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Xenia, Ohio 45385
www.co.greene.oh.us/fcf

Family Solutions Center,
a Division of TCN Behavioral Health, Inc.
287 Cincinnati Ave.
Xenia, Ohio 45385
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A note to our partners:

Mastering the Maze: A Service Coordination Tool for Parents of Multi-need Children is meant to be used **with** parents, not simply handed to them to begin on their own. It is as much an educational tool as it is an organizational tool. Parents may need some time to gain familiarity with the notebook and become comfortable maintaining it on their own.

Families may have many years of information to condense and many have never been taught to present their information in an organized way to their providers. By investing the time to get them started, the goal is to help each family master system of care navigation and self-advocacy, thus becoming their own best service coordinators.

The notebook has intentionally been designed as a customizable system where whole sections and parts of sections can be removed, or never even added to the notebook, when inapplicable. A three-ring binder is strongly recommended so that new and/or individualized pages can be easily added. Other recommended additions are:

- a plastic business card pocket page that can be turned into a ready-made phone/address book
- a three-ring binder zippered pouch (available at office supply stores) to place small papers such as receipts or other non-standard sized records.

If you have any questions or concerns, or simply would like more information, please feel free to contact Greene County Family & Children First at 937-562-5600.

Renée Lammers

Family Stability Coordinator
Greene County Family & Children First

Place a photograph of your child here.

It assists helping professionals to remember you and your child when they can place a face with a name.

*“Don’t worry that your children never listen to you;
Worry that they are always watching you.”*

- Robert Fulghum

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SECTION 1 INTRODUCTION

- Acknowledgements
- How to use this book / How to get started
- To Do list
- Communication tips

INTRODUCTION

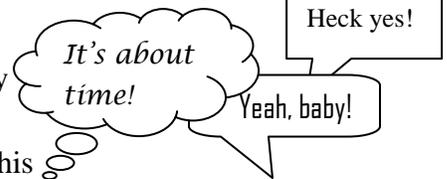
This notebook is designed for families who have children who are “multi-system”. Multi-system means that one or more children in a family are receiving help from more than one of the following agencies or programs: Help Me Grow, Family and Children First, special education, child protective services (Children Services), mental health counseling (such as Family Solutions Center), juvenile court, Board of Developmental Disabilities.

It is the job of Greene County Family and Children First to help families in this situation to coordinate the services; to help make sure that things a family needs to do, or a written plan that the family has, with each agency doesn't conflict with other things they're being asked to do. In other words, to help come up with one coordinated plan that includes each of the programs, agencies, or services involved. This is a big job and usually much easier said than done! And there are far more families who would like this sort of help than there are people available to provide the help.



Then some of us had that “Aha!” moment. Wouldn't families be better at providing their own service coordination if they simply had the tools to do it? After all, who knows their kids and their needs better? So we asked a bunch of folks, including parents, what they thought:

We collected ideas from a whole bunch of different people about what they thought should be included. We took those ideas to a whole bunch more people, and asked what they thought..... And, finally, we came up with this notebook. After you've used it for a bit we really want to know what you think, too. Send an email to rlammers@co.greene.oh.us and let us know what works and what could be improved.



ACKNOWLEDGEMENTS

It seems that very little of this book is actually original material. Rather it is a synthesis of input and resources from many different individuals and agencies. Special acknowledgement must be awarded to two entities in particular: **The Greene County Board of Developmental Disabilities Early Intervention Program** and **Cincinnati Children's College Hill Campus**. Both of these programs have well-developed organizational notebooks for parents within their systems that we were able to borrow materials and ideas from. We are very thankful for those opportunities.

We are also grateful for the verbal and written feedback received from our Greene County system partners including: **FCF Parent Involvement Committee, Greene County Juvenile Court, TCN-Family Solutions Center, Greene County Children Services, CASA (Court Appointed Special Advocates), Greene County Board of Developmental Disabilities**, and of course, colleagues at **Greene County Family and Children First - Help Me Grow, Greene County Visitation Center, the Parent Support Program**. One more big thanks goes to **Kim Cerney**, our administrative support tech, for her typing and valuable editing skills.

How to use this book:

- Use this notebook to store phone numbers and contact information, track changes in your child's medications and behaviors, file information about your child's history, and prepare for appointments.
- Look through the sections and pick the ones important to you. Take out the ones you don't need.
- Bring the notebook to ALL appointments regarding your child and make a quick note about the appointment in the notebook, or ask the doctor, nurse, therapist, probation officer, case worker, etc. to make a note for you.
- Write 'Questions for next time' as soon as you think of them so you don't forget what you want to ask.
- Remember to ask for help from a member of your team if you need ANY help in using this book.

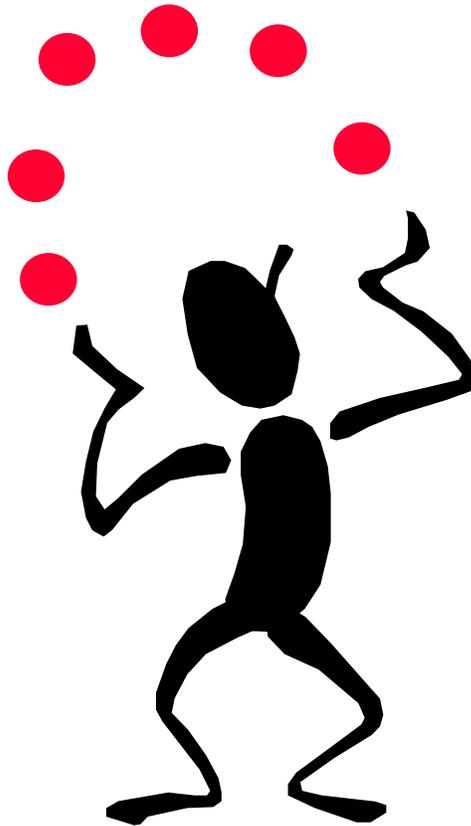
How do I get started?

1. Gather information you already have; this may include such things as behavior reports, IEP's, care plans or individual service plans, etc.
2. Look through the outline of the notebook and decide which sections are needed by your family. Remove sections that are not needed.
3. Decide which information will be helpful to have in your notebook. What information do you seem to look up regularly? What information do the professionals seem to ask for a lot?
4. Use a three-hole punch on the information that you've decided to keep in the notebook and file under the related section. If you don't have a three hole-punch, (Many of us don't keep one at home!) consider bringing the papers to one of your providers to punch for you – most offices DO have three-hole punches. Another idea is to work on this project at the library. Someone there would probably be happy to loan you a punch for a few minutes.
5. Any information about your child that you decide you don't need in your notebook can be kept in a labeled box or in a drawer
6. Store the notebook where it is easy to find and grab when you're in a hurry. (If your child needs to be hospitalized for some reason the notebook can be a HUGE help in getting the staff at the hospital information quickly without having to rely on memory or having to take the time to call doctors' offices or therapists' offices.

Don't forget to ask your service coordinator or another provider for help putting your notebook together.

Helpful Hints:

- Use the business card pockets to put the cards of all of your service providers. This is a no hassle phone / address book.
- In the diary section, jot notes about your child's progress, behaviors, or anything else that seems important. When you go to an appointment you'll have information right at your fingertips, instead of trying to remember what happened weeks ago.
- In the back, there is a handy pocket for receipts, prescriptions, and handouts that you don't want to punch and put into the notebook
- Don't forget to sort through things now and then, especially the pocket file, and throw away outdated information.
- Try to get in the habit of using a to-do list to stay organized. An example is included on the next page.



Communication

Speaking up for Your Child

All parents need to speak up, or advocate, for their children to make sure they are treated fairly. Just as you speak up for your child on the playground or in school, you also need to speak up for your child's special needs. This means speaking up for your child's needs with health care providers, educational professionals, and health plans.

Tips on Speaking Up for Your Child

- Remember that you are the expert about your child. Be prepared to provide information about your child's special needs, strengths and weaknesses, and accommodations that have worked.
- "Knowledge is Power", says one parent of a child with special needs. Get information from more than one place and more than one person. Use all the information you have to speak up for your child's needs.
- Go to meetings, workshops and conferences. These are great places to learn ways to speak up for your child. Also, you can talk to other parents and learn about what works for them.

You probably have a lot to say about your child's needs. It takes practice to learn how to communicate clearly and well. The better you communicate the more helpful and respectful your relationships will be with providers and professionals. Use these tips for meetings, phone conversations, and writing letters about your child.

Communication Tips

- At meetings, smile, introduce yourself, and shake hands.
- Bring a list of issues and concerns to discuss at the meeting, and hand it out.
- Bring a friend – two sets of ears are better than one.
- Listen carefully to what others say, and take notes.
- If you don't understand something, ask for an explanation. Don't be afraid to say, "I don't understand".
- Emphasize your child's needs instead of your own. For example, when you want a particular accommodation or modification for your child, use the phrase, "My child needs..." instead of "I want..."
- Talk about your child's strengths. This way, people can focus on helping your child succeed, not just get by.
- Show a photograph of your child. Sometimes pictures are worth more than words.
- Be positive. When you are asking for a service or an accommodation, try to keep a positive attitude.
- If you don't agree with decisions being made, speak up. Use expressions like, "I disagree". If you get angry or upset, try to stay focused on the discussion – not the feelings. Talk about the feelings later with people that you trust.
- Try to end meetings on a positive note. If you can't come to an agreement about a particular issue, try to 'agree to disagree' about that topic. Set another meeting time, or agree to continue the discussion on the telephone or via e-mail.
- Remember to thank people. Meeting your child's special needs can be hard work for everyone.

**Reprinted from the *Organizational Notebook for Parents of Special Needs Children*
Cincinnati Children's College Hill Campus.



SECTION 2

ALPHABET SOUP (general terms)

ALPHABET SOUP - General

| | |
|-----------|--|
| AGH | Alpha Group Home (GC Children Services) |
| ARC | Association for Retarded Citizens (now simply called The ARC) |
| BCMH | Bureau for Children with Medical Handicaps (located at the health department) |
| BRTC | boys residential treatment center (GC Juvenile Court) |
| BSC | Beavercreek City Schools |
| CAP | Community Action Partnership (formerly SCOPE) |
| CASA/GAL | Court Appointed Special Advocate / Guardian Ad Litem |
| CCHMC | Cincinnati Children's Hospital Medical Center |
| CMC | Children's Medical Center (usually meaning Dayton Children's) |
| CPO | Civil protection order |
| CORS | Council on Rural Services (Headstart) |
| CSB | Children Services Board (GCCSB – Greene County Children Services Board) |
| CSEA | Child Support enforcement Agency |
| CW | case worker |
| DD | Board of Developmental Disabilities (GCDD, ODD) Used to be called MRDD |
| DJFS | Department of Job and Family Services (used to be Human Services or simply “welfare department”) Also, GCDJFS or ODJFS |
| DOB | Date of Birth |
| DR court | domestic relations court |
| DT | sometimes used in written form as an abbreviation for detention |
| DV | domestic violence |
| DYS | Department of Youth Services (ODYS) |
| EI | Early Intervention (an early childhood program through the Board of DD) |
| EIS | Early Intervention Specialist |
| ESC | Educational Services Center (GCESC) |
| FaSt Wrap | Family Stability Wrap-around – a program of Family & Children First |
| FCFC | Family and Children First Council |
| FCFD | Family and Children First Department |
| FCF/FACF | Family and Children First (GCFCF, OFCF) |
| FCS | Fairborn City Schools |
| FSC | Family Solutions Center |
| FSS | Family Support Services (through the Board of Developmental Disabilities) |
| FVPC | Family Violence Prevention Center (GCFVPC) |
| FVPP | Family Violence Prevention Program (see above) |
| GAL | Guardian ad litem (see CASA) |
| GCBocC | Greene County Board of County Commissioners |

| | |
|---|---|
| GCCHD | Greene County Combined Health District (the health department) |
| GCCOA | Greene County Council on Aging (Kinship liaison for parenting grandparents and other kin) |
| GCJC | Greene County Juvenile Court |
| GCLC | Greene County Learning Center |
| GCVC | Greene County Visitation Center |
| GCS | Greeneview Community Schools |
| GMHA | Greene Metropolitan Housing Authority (Greene Met) |
| GRTC | girls residential treatment center (GC Juvenile Court) |
| HEAP | Home Energy Assistance Program (utility assistance program) |
| HEAP+ | “ “ “ “ |
| HMG | Help Me Grow (early childhood program) |
| I&R | Intake and referral (HMG) or more generically, Information and Referral |
| IDEA | Individuals with Disabilities Education Act (<u>Whose IDEA is it?</u> handbook) |
| IEP | Individualized Educational Plan |
| IFSP | Individualized Family Service Plan |
| IHN | Interfaith Hospitality Network (homeless assistance) |
| JC | Juvenile Court (GCJC) |
| JDC | Juvenile Detention Center |
| JSO | Juvenile sex offender (program) |
| KBMC | Kettering Behavioral Medical Center (formerly KYS) |
| LCDC | Licensed Chemical Dependency Counselor, followed by I, II, or III to indicate level |
| LISW-S | Licensed Independent Social Worker – when followed by an S, means “supervisor” |
| LPC | Licensed Professional Counselor |
| LPCC-S | Licensed Professional Clinical Counselor – Supervisor |
| LRE | least restrictive environment |
| LSW | Licensed Social Worker |
| MH | mental health |
| MHRB | Mental Health and Recovery Board of Clark, Greene, and Madison Counties |
| MRDD | Mental Retardation Developmental Disabilities (now called only DD) |
| MVRC | Miami Valley Rehabilitation Center – a local community correction facility for juveniles |
| MVJRC | same as above |
| ODADAS | Ohio Dept. of Alcohol and Drug Addiction Services |
| ODE | Ohio Department of Education |
| ODH | Ohio Department of Health |
| ODDD | Ohio Department of Developmental Disabilities (formerly ODMRDD) |
| ODJFS | Ohio Department of Job and Family Services |
| Ohio Coalition for the Education of Children with Disabilities, | usually simply called “Ohio Coalition” |

| | |
|----------|---|
| OLRS | Ohio Legal Rights Service (for people with disabilities) |
| OT | Occupational Therapy |
| OWF | Ohio Works First (part of DJFS – cash assistance program) |
| PASSS | Post-adoption Special Services Subsidy |
| PC | permanent custody |
| PO | probation officer |
| PRC | Prevention, Retention, Contingency (a funding stream managed by DJFS) |
| PT | Physical Therapy |
| RTC | residential treatment center |
| SAR | Semi-annual review |
| SBD/SBH | Severe Behavioral Disability, Severe Behavioral Handicap |
| SERRC | Special Education Regional Resource Center (locally Miami Valley SERRC or MVSERRC) |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Income |
| SSI | Supplemental Security Income (Social Security funding for disabled children) |
| SSN | Social Security Number |
| ST | speech therapy |
| SW | social worker, followed by I,II,III,IV to indicate level of experience |
| TANF | Temporary Assistance to Needy Families (cash assistance through DJFS; “welfare”) |
| TCN | The Community Network Behavioral Health Services (TCN-BHS) |
| VC | Visitation Center |
| 504 plan | Section 504 of the Rehabilitation Act of 1973, sometimes used as an alternative to an IEP |



SECTION 3

CALENDAR / APPOINTMENT PLANNER

Date of Appointment: _____ Time of Appointment: _____

Name of Person and Agency; _____

Questions I want to ask at this appointment:

1. _____
2. _____
3. _____
4. _____

Answers / Notes:

DATE / TIME OF NEXT APPOINTMENT: _____

Date of Appointment: _____ Time of Appointment: _____

Name of Person and Agency; _____

Questions I want to ask at this appointment:

1. _____
2. _____
3. _____
4. _____

Answers / Notes:

DATE / TIME OF NEXT APPOINTMENT: _____



SECTION 4 FAMILY / CHILD INFORMATION

- Family information cover sheet
- Family Strengths and Stressors inquiry
- My Child's profile
- Behavioral / Developmental / Medical Timeline
- Child Event / Behavior Diary

Family Information

DATE: _____ **PARENT NAME(S):** _____

Address: _____ **Zip:** _____

Home phone: () _____ **Cell:** () _____ **Work:** () _____
 () _____ () _____

List everyone currently living in your home (including yourself).

| NAME | BIRTHDATE | RELATIONSHIP |
|------|-----------|--------------|
| | | |
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Are there any children currently NOT living at home? **Y N** If so, who and where are they living?

Is English the primary language spoken at home? _____ If not, what is the primary language? _____

Do you need or prefer an interpreter for appointments? _____

Who is the main person that takes care of your child(ren) during the day? _____

Who is the main person who takes care of your child(ren) during the evening? _____

What agencies or organizations are currently involved with your family?

| AGENCY | PRIMARY STAFF CONTACT | FAMILY MEMBERS INVOLVED |
|----------------------------|-----------------------|-------------------------|
| Job & Family Services | | |
| Health Department | | |
| Children Services | | |
| TCN | | |
| Family Solutions Center | | |
| Juvenile Court | | |
| Developmental Disabilities | | |
| Family and Children First | | |
| Other | | |
| | | |
| | | |

Who is your family's and your children's primary care physician(s)?

**Greene County Family and Children First
Family Stability Program**

Family Strength and Stressors Inquiry

Family Name: _____ Date: _____

Completed By: _____

Completely fill in the circle that best describes how your family is doing in each category.

HEALTH – Family members are in good physical health, have adequate food and nutrition, and are able to go to the doctor and get prescriptions when needed.

| | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SOCIAL SUPPORTS AND COMMUNITY RELATIONS – Family members have connections to extended family and friends who can be counted on to help when needed. There is a general feeling of community belonging.

| | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

YOUTH ASSETS AND SOCIAL SKILLS – Children in the family have positive friends and adult connections. They have a feeling of belonging in their family and community.

| | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

FINANCES – The family has income to meet expenses and is not overwhelmed by debt. Money is no more of a stressor than it is for most people.

| | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

HOUSING – The family home is structurally safe, utilities are turned on, there is no immediate danger of eviction or being homeless.

| | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

EDUCATION/TRAINING – Working age family members are employed in relatively stable jobs or have marketable skills to become employed.

| | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CHILDREN'S EDUCATION – Children attend school regularly without truancy issues and get the learning resources needed to be successful students.

| | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

TRANSPORTATION – Family members can get to work and needed appointments.

| | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

MENTAL/EMOTIONAL HEALTH OR ALCOHOL/DRUG ISSUES – Family members are free from mental health **or** drug / alcohol issues that affect day-to-day life, or such issues are responding to treatment.

| | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SAFETY – Family members feel safe in their home and in their community.

| | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

FAMILY RELATIONSHIPS – Family members get along with one another without partner conflict or adult-child conflict.

| | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CHILD BEHAVIOR – Children behave in ways one would reasonably expect for their age, without violence or significantly unruly behavior.

| | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Are there other personal / cultural / religious aspects of your family that you would want your team to be mindful of when planning services or supports?

What are your child's diagnoses, if any?

| Diagnosis | Given by whom | Date diagnosed | Prescribed treatment |
|-----------|---------------|----------------|----------------------|
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| | | | |

Does your child have any Medical alerts: (Please describe.)

IF YOUR CHILD HAS A CRISIS SAFETY PLAN WITH ANY AGENCY PLEASE INSERT A COPY IN THIS SECTION.

School information:

School attending and grade: _____ Location: _____

Teacher / primary contact person: _____ Contact #: _____

Does your child have an IEP or 504 Plan? **Y** **N** If so, for what? _____

What is your child's favorite subject? _____ Least favorite? _____

What is school like for your child? (Does your child attend school willingly? Like school? Have friends at school?) Talk about any struggles your child might have at school such as feeling bullied, feeling like an outsider, trouble getting along with teachers, refusing to do homework / assignments, etc.:

Has your child or family experienced any recent stressors that might affect your child's overall functioning / well-being?

- | | |
|---|--|
| <input type="checkbox"/> death of a family member or close friend | <input type="checkbox"/> move to a new residence |
| <input type="checkbox"/> divorce/separation/marital problems | <input type="checkbox"/> new family member (i.e. birth of a new baby, new foster child, new step-parent) |
| <input type="checkbox"/> child starting a new school or program | <input type="checkbox"/> parent losing / changing a job |
| <input type="checkbox"/> change in financial situation | <input type="checkbox"/> parent arrested / incarcerated |
| <input type="checkbox"/> child legal problems / in trouble with the law | |
| <input type="checkbox"/> other (Please describe: _____) | |

Behavioral / Developmental / Medical Timeline

Many service providers, especially therapists and psychiatrists, say it is very helpful to have a timeline of when parents first started noticing problems, behaviors or differences their child may have been having compared to other children of similar age. Also, when your child may have experienced a significant event such as adoption, loss of a parent or loved one, arrival of a new sibling, or move to a new community. It helps to have these events in the order in which they happened, so it is a good idea to make extra copies of this page, or to write the information down on a separate piece of paper and when you are sure you have the order of events right, copy into this notebook.

| | |
|------------------|--------------------------|
| Date/Age: | Event / behavior: |
|------------------|--------------------------|

Description of event / behavior:

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| Date/Age: | Event / behavior: |
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Description of event / behavior:

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| Date/Age: | Event / behavior: |
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Description of event / behavior:

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| Date/Age: | Event / behavior: |
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| Description of event / behavior: |
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Timeline Graphic

Child _____

Birth date _____

YEAR

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IMPORTANT NOTES:

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SECTION 5 MEDICAL INFORMATION

- Medical / Dental providers
- Specialist providers
- Medical/surgical and hospital stay history
- Surgery/procedures/test/lab work tracking form
- Hospital stay information form
- Medication history
- Immunization record
- Diagnosis history tracking form
- Insurance information
- General information for parents on how to manage medical care
- Health care specialty provider definitions



MEDICAL/DENTAL PROVIDERS

Physician/Primary Care Provider (PCP) _____

Practice/Clinic Name: _____

Office Nurse: _____

Address: _____

Phone: _____ Fax: _____

Preferred Hospital: _____

Address: _____

Phone: _____ Fax: _____



Dentist/Orthodontist: _____

Address _____

Phone: _____ Fax: _____

SPECIALIST PROVIDERS

Specialist #1:

NAME: _____

Address: _____

Phone: _____ Fax: _____

Specialist #2:

NAME: _____

Address: _____

Phone: _____ Fax: _____

Specialist #3:

NAME: _____

Address: _____

Phone: _____ Fax: _____

Specialist #4:

NAME: _____

Address: _____

Phone: _____ Fax: _____

Hospital Stay Information

Child's name: _____ Birth Date: _____

| | |
|------------------------------------|------------------------|
| Date of Admission: | Discharge Date: |
| Hospital: | |
| Doctor: | |
| Reason for hospitalization: | |
| Results /Outcomes: | |
| Follow up needed: | |

**** Attach hospital discharge plan to this page.**

DIAGNOSIS HISTORY

Child's Name: _____

Birthdate: _____

| | |
|---|---|
| Diagnosis: _____ _____ | Diagnosis: _____ _____ |
| Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ | Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ |
| Diagnosis: _____ _____ | Diagnosis: _____ _____ |
| Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ | Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ |
| Diagnosis: _____ _____ | Diagnosis: _____ _____ |
| Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ | Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ |

Insurance Information

Child's full name: _____ Birth date: _____

Primary Insurance provider: _____

Policy holder name: _____ Birth date: _____

Policy holder SSN: _____ Employer: _____

Policy number: _____ Group number: _____

Primary Insurance provider: _____

Policy holder name: _____ Birth date: _____

Policy holder SSN: _____ Employer: _____

Policy number: _____ Group number: _____

Place a copy of your child's insurance card here:

Talking with Your Child's Health Care Providers

You know your child better than anyone else does. Your child's health care providers need your help to give the best care. It is your health care provider's job to listen to your concerns and answer your questions. *It is your job to speak up for your child.*

If you want more information, *ask your child's health care provider.* No question is silly or dumb. If you do not understand something, *ask your child's health care provider to explain it to you.* Your child's health care provider will not know that you have a question unless you ask it. Many parents find it helpful to write down questions ahead of time. Some health care providers have special "call-in times" to answer questions.

Questions to Ask Your Child's Primary Care Provider (PCP)

As you plan for your child's medical care, use these questions as a guide for learning more about your PCP's practice. You may want to use them whether you are choosing a new PCP for your child or if your child already has one. You can use them when meeting with a specialist or other health care provider too.

1. **Who in your office will be involved in my child's care?**
2. **Who do I talk to about:**
 - Scheduling or changing an appointment?
 - Medical information?
 - Insurance and billing information?
 - Help in an emergency?
 - Services related to my child's special needs?
 - Getting letters of medical necessity?
3. **Who do I talk to when you are not available?**
 - Will I be speaking to a nurse or a doctor?
 - Can you introduce me and my child to other PCPs in the practice so they will know about my child's special health needs?
 - What if I absolutely need to reach you?
 - What hospital(s) do you work with?
4. **What if my child needs to see a specialist?**
 - How do you choose a specialty doctor or a therapist?
 - How do you choose a counselor or mental health provider?
 - How will you communicate with the specialist caring for my child, and how will you keep me informed.
5. **How do you work with other people caring for my child?**
 - Will you help develop health care and education plans for Early Intervention and my child's school?
 - If my child needs to be hospitalized, and will you visit us in the hospital? Will you be involved in discharge and home care planning?

6. How will decisions be made about my child's care?

- What role will I have in making treatment decisions?
- Will you help me make decisions about specialty care options?
- I have certain beliefs about my child's care. How do you feel about them?
- If I want to get a second opinion regarding my child's diagnosis or treatment, will you help me?
- Can you advise me if I have questions about new treatments or procedures that could be helpful for my child?

7. How will I be kept informed about my child's special health needs?

- How will I get basic information about my child's diagnosis?
- Will you tell me about research developments that might affect my child's care?
- Who will train me if I need to give my child special medication or treatment?

8. Will you help me plan for my child's short and long-term needs?

- Will you help me understand what to expect about my child's development and long-term health needs?
- Will you be honest with me even if it means saying, "I don't know"?
- What if I am having trouble dealing with the stress of parenting my child? Are you willing and able to help me?
- As my child grows older, how can you help us prepare for the transition to adolescence and adulthood?
- Are you comfortable discussing sexuality, alcohol and drug use, and other risky behaviors with my teen?
- What will happen when my teen needs to transition to adult-oriented health care?

TIP:

When you ask a question and the answer is not clear, ask for it to be explained again (and again if necessary!)

Seeing a Specialist

Your child's primary care provider (PCP) may refer your child to a specialist. A specialist is a doctor or other provider with "special" training in a certain area of medical care. (See Health Care Providers by Specialty table.) A specialist will evaluate and treat your child's special condition. The specialist usually sends a written report of the visit back to your child's PCP. Ask the specialist to send a copy of this report to you. If you have questions about this report, ask your child's specialist or PCP.

TIP:

Your child's specialist may want you to bring results of lab tests, x-rays, and other tests to the first visit. Organize these tests before your child sees the specialist.

Understanding Your Child's Medical Team

What is Primary Care?

Primary care is the routine (regular) health care your child gets from a doctor or nurse. The goal of primary care is to keep your child as healthy as possible. This is done by preventing health problems or by treating them right away.

There is a recommended schedule for regular check-ups and immunizations. You and your child's primary care provider (PCP) may decide that more frequent visits are a good idea for your child.

What is a Primary Care Provider (PCP)?

A PCP may be a:

- Pediatrician – a doctor who cares for children and adolescents
- Family physician - a doctor who cares for people of all ages
- Specialty physician - a doctor who cares for people with special conditions
- Nurse practitioner - a specially trained nurse who cares for children or whole families
- Physician's assistant - a health care provider who cares for people of all ages and works under a doctor's supervision

Your child's PCP should:

- Know about your child's overall health, growth, and development, including mental health issues
- Provide regular check-ups, immunizations, and tests
- Give you suggestions for keeping your child healthy
- Treat your child when he or she is sick
- Refer your child to specialists, benefits, or services
- Help you coordinate care with specialists and other providers
- Help connect you with community resources
- Provide telephone access for medical advice and emergencies 24 hours a day, 7 days a week
- Answer your questions – and your child's questions – about health and medical care

TIP:

Remember...your child's PCP is the doctor or nurse **you choose** in your health plan.

Changing Health Care Providers

There may be a time when you are not happy with the care your child is getting. Maybe you disagree with the provider's recommendations or you just don't get along. If this happens, try to talk about your concerns with the provider. Sometimes, talking together can resolve the problem and improve your relationship.

If you still disagree, you can always decide to change your child's primary care provider (PCP) or other health care provider. Here are some things to keep in mind:

- Contact a Member Services Representative at your child's health plan to find out how to make the change. The health plan can give you names of other PCPs and specialists in its network.
- Ask your child's PCP to help you find other providers who can care for your child. The PCP will usually need to make a referral for another specialist.
- Ask parents of other children with special health care needs for advice.

Your Child's Hospital Care

If your child ever needs to stay in the hospital, learning your way around can be a challenge. Your child's hospital team may include many health care providers – doctors, nurses, therapists, and others. At a teaching hospital, medical students and other providers in training may be involved too.

Understanding “who’s who” in the hospital means learning some new names and terms. For example, you may be dealing with:

You may also see:

- An attending physician
- A medical resident
- A medical fellow
- A medical student
- Nurses
- Social Workers
- Occupational Therapists (OTs)
- Physical Therapists (PTs)
- Child Life Specialists
- Mental Health Specialists
- Behavioral Specialists

And all of these people may be called “doctors”.

Tips on Supporting Your Child During a Hospital Stay

- **Prepare your child ahead of time.** As much as you can, explain to your child what will happen in the hospital. You may want to use an age-appropriate book or video. (Ask someone at your local library or the hospital family resource center or child life department for ideas.) Depending on your child's age and needs, you may also want to ask one of your child's providers to use a doll to act out tests or procedures before the real thing.
- **Know your rights.** Hospital regulations allow you to stay in your child's room overnight in certain circumstances and during tests or procedures.
- **Tell the hospital team about your child.** Explain to the team your child's current services and what circumstances brought him or her to the hospital. Tell them about favorite foods, most enjoyed activities, toileting, and sleeping habits. Bring a copy of the **All about me** form from *Chapter 1* to give to the team.
- **Bring your child's familiar objects and reminders of home.** Such as highly-preferred toys, pictures, music, books, and pajamas. Bring any materials used for communication such as P.E.C.S., etc.
- **Ask to have non-routine procedures that might be painful or uncomfortable done in a treatment room....rather than the child's room.** This way your child can feel better about his or her hospital room.
- **Think about how to schedule visits.** It's important for relatives and friends to visit your child to receive emotional support during their stay in the hospital. Don't let those visits become overwhelming and/or tiring.
- **Bring *Directions* to the hospital** and your child's care notebook to organize papers and reports given to you during the stay.

Making the Most of a Hospital Stay

It is important to update the hospital staff on your child's current services, therapies and medications. Helping the staff to understand what services you have in place for your child will aide in determining what is working for your child and what isn't. You are an important member of your child's medical team. Bring this book with you to the hospital to stay organized and to utilize as a reference when talking with the medical team.

Resources to Help during a Hospital Stay

The hospital may have resources to help you and your family. Ask the hospital staff about:

- Family resource centers and libraries
- Interpreter services
- Support groups and counseling
- Activities and care for siblings
- Educational tutoring
- Religious services and counseling
- Meal Tickets
- Parking Vouchers
- Check cashing and ATMs
- Laundry and cooking facilities
- Lodging or short-term housing for parents
- Blood donation

Preparing for the Hospital Discharge

Your child should leave the hospital with a written discharge plan prepared by hospital staff. The discharge plan will help to make sure that your child has the right support to stay healthy when it's time to leave the hospital.

The following checklist can help you prepare for your child's discharge from the hospital. Some questions may not apply to your child's discharge plan. Use the checklist to make sure your child's discharge plan is complete.

Hospital Discharge Checklist

- Have you received written information about your child's current condition? Do you understand it?
- Do you have prescriptions for all of your child's medications and services?
- Do you have referrals to other programs and services, such as : Outpatient Providers, Psychiatrist, Community Agencies?
- Have you had a discharge-planning meeting?
- Does your child's crisis plan need updating?
- Have your child's community providers been contacted (including your child's therapist, school, primary care and other providers)?
- Have you discussed the importance of getting support for yourself (from support groups, family, friends, community, house of worship, etc.)?

Medical Privacy and Communication

Under federal law, health plans and most health care providers are required to ensure the privacy and security of your child's health care information. Generally, they may use and share your child's health information for limited purposes including:

- **For treatment:** Your child's health care provider may share health information with doctors, nurses and other health care personnel who are involved in your child's care.
- **For payment:** Your child's health care provider may use or share health information with your child's health plan in order to bill and collect payment for your child's health care services.
- **For health care operations:** Your child's health care provider or your health plan may use or share information in order to better manage his or her program and activities, such as improving treatment for your child.
- **For public health activities:** Your child's health care provider may share information for public health activities, including sharing your child's immunization records with the school nurse to meet the requirements of Ohio law.

As a parent you have rights regarding your child's health information. You may request a copy of your child's medical records. Also, there are certain times when your child's health care provider or health plan may need your permission before sharing your child's health information. If you have questions about medical privacy, ask your child's health care provider or health plan about how they protect your child's privacy.

A federal law that protects a person's health information is called HIPAA. HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. This law requires most entities that provide or pay for health care (like most doctors, hospitals, and insurance companies) to protect the privacy of health information, and to standardize the way they exchange health information.

Tips on Making the Most of a Health Visit

| Before the Visit | During the Visit | After the Visit |
|--|--|---|
| <ul style="list-style-type: none"> • When making the appointment, tell the receptionist your child will need extra time. • If you need to cancel the appointment, call your provider <u>at least 24 hours</u> beforehand. • Ask your provider whether your visit needs a referral and/or authorization. • Think about the purpose of the visit. What matters to you most? • Make a list of questions and concerns to talk about. • Bring paper and pen to take notes during the visit. • Bring along any medical records you might need. Bring <i>Directions</i>. • Bring your child's medications or medication list. • Prepare your child for the visit. Encourage your child to ask questions too. | <ul style="list-style-type: none"> • Be on time • Bring health insurance referral and/or authorization paperwork, if needed. • Talk about your list of questions and concerns. • If your child is a teen or young adult, encourage your child to talk to the provider alone. • Discuss any changes in your child's health since the last visit. • Talk about important events that have occurred lately. • Ask about any treatments or procedures you may have questions about. • Take notes. • Leave paperwork (such as school physical forms, nursing orders, etc.) with your health care provider to be filled out and sent back to you later. • Ask about future medical tests and appointments. | <ul style="list-style-type: none"> • Review your notes. Think about whether your questions were answered. • If you have more questions after the visit, it's okay to call your provider. • Did your provider give you any new instructions about your child's care? If so, share these and other things you learned at the visit with those who need to know – like caregivers and family members. • If you were given a referral to see another provider, make sure to call and make that appointment. • On your calendar, write down the next appointment or when to call for the next appointment. • Update <i>Directions</i>. |

****Reprinted from the *Organizational Notebook for Parents of Special Needs Children***
Cincinnati Children's College Hill Campus

Health Care Providers by Specialty (What They Do)

| Specialty | Physician Specialist | Non-Physician Specialist |
|--|--|---|
| Blood | Hematologist | Phlebotomist |
| Bones and Joints | Orthopedist Orthopedic Surgeon Physiatrist Rheumatologist Sports Medicine Specialist | Physical Therapist Occupational Therapist Chiropractor Orthotist |
| Breastfeeding | Primary Care Provider Obstetrician/Gynecologist | Lactation Consultant |
| Cancer Care | Oncologist | Nurse Practitioner Hospice Worker |
| Case Management | Primary Care Provider | Social Worker Care Coordinator Case Manager Nurse |
| Complementary and Alternative Medicine | Medical Doctor Osteopathic Doctor | Chiropractor Acupuncturist Homeopath Herbalist |
| Critical/Intensive Care | Critical Care Specialist Intensivist | Nurse Practitioner |
| Diet/Nutrition | Gastroenterologist | Dietitian Nutritionist |
| Ears, Nose & Throat Hearing & Speech | Otolaryngologist (ORL) | Audiologist Speech & Language Therapist |
| Emergency | Emergency Physicians | Emergency Medical Technician (EMT) Paramedic Nurse Practitioner |
| Eyes/Vision | Ophthalmologist | Optometrist |
| Foot Care | Podiatrist | Orthotist/Prosthetist |
| Genes | Geneticist | Genetic Counselor |
| Head/Neck/Back | Orthopedist Physiatrist | Chiropractor Physical Therapist Orthotist |
| Heart | Cardiologist | Nurse Practitioner |
| Hormones and Glands | Endocrinologist | |
| Immune System | Immunologist Allergist Infectious Disease Specialist | Nurse Practitioner |
| Kidney | Nephrologist | |
| Lungs/Chest | Pulmonologist Pulmonary Specialist | Respiratory Therapist |

Health Care Providers by Specialty (What They Do)

| Specialty | Physician Specialist | Non-Physician Specialist |
|--|---|--|
| Medical Imaging (x-rays, CT, PET, and MRI scans) | Radiologist | X-ray Technician |
| Mental, Emotional, or Behavioral Health | Psychiatrist Neuropsychiatrist Behavioral Neurologist | Psychologist Clinical Social Worker Nurse Practitioner Counselor/Therapist Mental Health Specialist |
| Muscles | Rheumatologist Physiatrist | Physical Therapist |
| Nervous System | Neurologist Neuropsychiatrist Neurosurgeon | Occupational Therapist |
| Newborn Babies | Neonatologist | Nurse Practitioner |
| Pain Management | Rheumatologist Palliative Care Specialist Anesthesiologist Neuro Physiatrist | Acupuncturist Hospice Nurse |
| Rehabilitation | Physiatrist Rehabilitation Medicine Specialist | Physical Therapist Occupational Therapist Orthotist/Prosthetist Exercise Physiologist Speech Pathologist |
| Reproductive Health (female) | Gynecologist Obstetrician | Nurse Midwife Nurse Practitioner |
| Reproductive Health (male) | Urologist | |
| Skin | Dermatologist Plastic Surgeon | |
| Stomach, Colon, Intestines, and abdominal organs | Gastroenterologist (also called GI Specialist) | |
| Surgery | Surgeon Anesthesiologist | Nurse Practitioner Nurse anesthetist |
| Teeth and Gums | Dentist Orthodontist Periodontist Oral Surgeon | Dental Hygienist |
| Urinary Tract | Urologist | |

TIP:

For more information on specialists, ask your child's primary care provider (PCP). You may also want to visit the American Academy of Pediatrics web site.

www.aap.org/family



SECTION 6 EDUCATIONAL INFORMATION (IEP's)

- IEP Preparation and notes
- Schools attended
- Glossary of Special Education terms
- Special Education abbreviations
- Special Education specialists and their services

Schools Attended

Pre-school

Name: _____

Address: _____

Years / months attended: _____

Teacher/Director's name: _____

Name: _____

Address: _____

Years / months attended: _____

Teacher/Director's name: _____

Kindergarten / Elementary School

Name: _____

Address: _____

Years / grades attended: _____

Teacher/Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

Middle Schools

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

High Schools

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

Name: _____

Address: _____

Years / grades attended: _____

Teacher/ Principal name: _____

GLOSSARY OF SPECIAL EDUCATION TERMS

Americans with Disabilities Act – (ADA) ~ Public Law 101-336 took effect in 1992 which defines “disability” (a substantially limiting physical or mental impairment which affects basic life activities such as hearing, seeing, speaking, walking, caring for oneself, learning or working) and prohibits discrimination by employers, “public accommodations” (any facility open to the general public), and by state and local public agencies that provide such services as transportation.

Advocate ~ Someone who takes action to help someone else, also to take action on someone’s behalf.

Appeal ~ A written request for a change in a decision; also, to make such a request.

Appropriate ~ Able to meet a need; suitable for fitting; in special education, it usually means the most normal/natural setting possible where children without disabilities and/or developmental delays would be. (For school-aged see LRE)

Assessment ~ A collecting and bringing together of information about a child’s needs, which may include medical, physical, developmental, social, emotional, psychological, and educational evaluations used to determine assignment to special programs or services; a process using observation and testing to determine an individual’s strengths and weaknesses to plan his or her services.

Assessment Team ~ A team of people from different areas of expertise who observe and test a child to find out his or her strengths and weaknesses.

At Risk ~ A term used with children who have, or could have, problems with their development that may affect later learning.

Behavior Specialist ~ An individual highly trained in the psychology of learning and behavior management principles who specializes in the application of this knowledge as it relates to presenting behavioral challenges in various settings. This person often works in partnership with other service providers.

Bureau of Early Intervention Services - (BEIS)

Child Find ~ A service directed by each state’s Department of Education for identifying and diagnosing un-served children with disabilities. Child Find looks for ALL underserved children, but makes a special effort to identify children from birth to six years old.

Cognitive ~ A term that describes the process used for remembering, reasoning, understanding, and using judgment.

Counseling ~ Advice or help given by someone qualified to give such advice or help (often psychological counseling, family counseling or social work counseling).

Developmental ~ Having to do with the steps or stages in growth and development before the age of 22.

Developmental Delay ~ The condition of a child who is not achieving new skills in the typical frame and/or is showing behaviors not appropriate for their age. Some children who are developmentally delayed eventually obtain a specific diagnosis of a particular developmental disability, while other children with delays catch up to their typically developing peers.

Developmental Disability/Disorder - (DD) ~ Any physical condition (such as cerebral palsy, epilepsy, any specific syndrome, or a neurological disorder) that begins before the age of 22 years and causes the child to gain skills at a slower rate than his/her peers.

Developmental History ~ The developmental progress of a child (ages birth to 22 years) in such skills as sitting, walking, or talking.

Developmental Milestone ~ A skill that is recognized as a measurement of a child's functioning, or development, and that is typically achieved by a certain age. Walking is an example of a developmental milestone.

Developmental Tests ~ Tests that measure a child's development as it compares to the development of other children at that age.

Disability ~ The result of any physical or mental condition that affects or prevents one's ability to develop, learn, and/or function at a typical rate.

Due Process (procedure) ~ Action taken to protect the educational rights of students with disabilities and/or developmental delays. (See Mediation)

Early Intervention - (EI) ~ Early Intervention includes services and supports to infants and toddlers, ages 0 – 3, who have a developmental delay or disability, and their families. Early Intervention Services are identified for each child and family through the development of an Individual Family Service Plan (IFSP). Early Intervention services are provided in the home, Early Childhood Center or other natural environments. Such services include child development and family support provided by certified Early Intervention Specialists, service coordinators, nurses, social workers and therapies provided by licensed professional Speech, Physical, and Occupational Therapists. Early Intervention Services are provided under public supervision and at no cost to families.

Early Intervention Specialist - (EIS) ~ Someone who specializes in early childhood development, having at least a Bachelor's degree in an area related to early childhood education and/or development.

Education of Handicapped Children Act - Public Law 94-142 ~ This Federal Law was passed by Congress in 1975. The law mandates that states provide children with disabilities special education services in a free appropriate public education in the least restrictive environment. The law is now called IDEA (*Individuals with Disabilities Act*).

Education of Handicapped Children Act Amendment of 1986 - Public Law 99-457 ~ An amendment to Public Law 94-142 passed in 1986 which requires states and territories to provide “free and appropriate public education” to all children ages 3 to 5 and provides funds for states and territories to offer programs and services to infants and children, ages birth to two years, with disabilities and/or developmental delays.

Evaluation Team Report – (ETR) ~ see MFE

Evaluation ~ Procedures used to determine the child’s level of functioning and/or eligibility for programs and services.

Expressive Language ~ The ability to communicate thoughts and feelings by gesture, picture, sign language, verbalization, or written word.

Extended School Year - (ESY) ~ Special education and/or related services which are provided outside of the normal 180 day school year.

Fine Motor ~ A developmental area that involves skills which require the coordination of the small muscles of the body, including those of the hands and face. Some examples of fine motor skills include feeding skills, stacking small blocks, stringing beads, tracking an object with the eyes, and smiling, etc.

Free Appropriate Public Education - (FAPE) ~ Special education and related services which are provided at public expense, under public supervision and direction, and without charge.

Global Developmental Delays ~ Delay in the child’s skills in most areas of development. A child with a global developmental delay may not have an identified diagnosis.

Gross Motor ~ A developmental area that involves skills which require the coordination of large muscle groups, such as those in the arms, legs and trunk. Some examples of gross motor skills include walking, jumping and throwing a ball.

Home Education - (Home Schooling) ~ Education that is directed by the parent or guardian of a child who has been excused from compulsory attendance.

Home Instruction ~ Instruction provided in the home, or sometimes a public place like a library, by educational personnel usually several hours per week. This instruction is for children with special needs or who have exhibited behaviors at school that it has been determined cannot be safely managed in the school setting. Not to be confused with home schooling/home education.

Help Me Grow – (HMG) ~ The birth to 3 programs Newborn Home Visiting, Ohio Early Start, and Early Intervention have been consolidated into the Help Me Grow program. The Help Me Grow program, a communication and public awareness initiative for wellness programs at the Ohio Department of Health, now includes prenatal services and newborn home visits along with information about child development. The program helps families with young children connect with resources they need. The program provides service coordination and ongoing specialized services to those families that are eligible. Help Me Grow also provides services to children birth to age 3 with disabilities. This part of the program ensures children from birth to age 3 with developmental delays and disabilities or at risk for delays have access to and receive needed intervention services.

Individuals with Disabilities Education Act - (IDEA) Public Law 105-17 ~ A federal law reauthorized in 1997, that amends the education for All Handicapped Children Act. Part C (formerly know as Part H) focuses on the development of services to infants and toddlers who are at risk or have disabilities and/or developmental delays. Part B focuses on services to preschoolers and school aged children with developmental disabilities.

Individualized Education Program - (IEP) ~ A written education plan for preschool through school-aged children with disabilities and/or developmental delays developed by a team of professionals (teachers, therapists, etc.) and the child's parents; it is reviewed and updated annually. Parents may request a review at any time. The IEP includes the child's level of development, strengths and needs, major goals or outcomes expected and services needed (for children ages 0-3 years, the IFSP is used).

Individualized Family Service Plan - (IFSP) ~A written plan for an infant or toddler (ages birth to 3 years old) developed by a team of people who have worked with the child and the family; the IFSP must contain the child's level of development, strengths and needs, major goals or outcomes expected and services needed. The IFSP is updated every 180 days. Parents may request a review at any time.

Lead Agency ~ The agency (office) within a state or territory in charge of overseeing and coordinating early childhood programs and services. From the ages of birth to three years, the Ohio Department of Health's Help Me Grow Program is the Lead Agency. From the ages of three years to 22 years, the Department of Education is the Lead Agency.

Least Restrictive Environment - (LRE) ~ An educational setting or program that provides a student (preschool through school-age) with disabilities and/or developmental delays the chance to work and learn to the best of his or her ability; it also provides the student with as much contact as possible with children without disabilities, while meeting all of the child's learning needs and physical requirements.

Mediation ~ Aids the parties in resolving disputes that may arise from IFSP or IEP implementation. Mediation is voluntary and confidential. The neutral mediator fosters a cooperative discussion. The parties alone make the final decisions. If they cannot reach a decision, the parties can move on to the hearing process. A successful mediation can result in a written, signed agreement that can be incorporated into an IFSP or IEP.

Multi-Factored Evaluation – (MFE) ~ An evaluation that looks at many possible aspects of the learning problems of children with disabilities; may include cognitive, physical, social, and psychological factors.

Board of Mental Retardation and Developmental Disabilities – (MR/DD)

Natural Environment ~ A home or community setting, such as a childcare/developmental program, in which children (birth to age three) with/or without disabilities and/or developmental delays would participate.

Occupational Therapy - (OT) ~ A therapy or treatment provided by an occupational therapist that helps an individual develop mental or physical skills that will aid in daily living. It focuses on the use of hands and fingers; vision skills; coordination of movement; and self-help skills, such as dressing and feeding.

Parent Training and Information Groups ~ Programs that provide information to parents of children with special needs about acquiring services; working with early intervention programs, schools and educators to ensure the most effective educational placement for their child; understanding the methods of testing and evaluating a child with special needs; and making informed decisions about their child's special needs.

Physical Therapy - (PT) ~ Treatment of (physical) disabilities and/or gross motor developmental delays given by a trained physical therapist (under doctor's orders) that includes the use of massage, exercise, adaptive equipment, etc. to help improve the use of bones, muscles, joints, and nerves.

Placement ~ The classroom, program, and/or therapy that is selected by the parents and educational team for a student with special needs.

Policy/Policies ~ Rules and regulations; as related to early intervention and special education programs, the rules that a state or local school system has for providing services for and educating its students with special needs.

Preschooler ~ A child between three and five years of age.

Private Therapist ~ Any professional (therapist, tutor, psychologist, etc.) not connected with the public school system or with a public agency.

Program(s) ~In special education, a service, placement, and/or therapy designed to help a child with special needs.

Psychologist ~ A specialist in the field of psychology, usually having a Master's Degree or Ph.D. in psychology

Public Agency ~ An agency, office, or organization that is supported by public funds and serves the community at large.

Receptive Language ~ The ability to understand what is being expressed, including verbal and nonverbal (e.g. sign language, gesture and pictures) communication.

Related Services ~ Transportation, developmental, behavioral, and other support services that a child with disabilities and/or developmental delays requires in order to benefit from education; examples of related services include: speech pathology and audiology, psychological services, physical and occupational therapy, recreational, counseling services, interpreters for individuals with hearing loss, and medical services for diagnostic and evaluation purposes.

Self Help ~ A developmental area that involves skills that enable a child to care for their own needs, such as feeding, bathing, and dressing themselves.

Self Stimulation ~ Behaviors, such as head banging (which is also self-injurious), watching their fingers wiggle, or rocking side to side, that interfere with the child's ability to "sit still" and pay attention or to participate in meaningful activity. It may also be considered self-stimulation if the child plays with a toy, but without purpose, such as only spinning the wheels on a toy truck rather than exploring it in other ways as well. The child may engage in self-stimulatory behavior (often referred to as "stimming") if he cannot readily participate with people and objects in his environment.

Sensorimotor ~ Refers to input from the senses, in conjunction with purposeful motor responses. For example, catching a ball is a sensorimotor activity because both vision and raising the arms to the right place and at the right time are required.

Sensory Impairment ~ A problem with receiving information through one or more of the senses (sight, hearing, touch, etc.). For example, deafness is a sensory impairment.

Sensory Integration ~ The process the body uses to take in sensory (sound, touch, smell and movement) information, organize that information, and how the brain uses that information so the body can respond appropriately to a situation.

Service Coordinator ~ Someone who works in partnership with the family and providers of special programs and services.

Social/Emotional ~ A developmental area that involves skills which enable the child to function in a group and to interact appropriately with others, such as playing a circle game with other children or comforting someone who is crying by offering a hug.

Special Education Coordinator ~ The person in charge of special education programs at the school, district, or state level.

Special Education Programs/Services ~ Programs, services, or specially designed instruction including special learning methods or materials (offered at no cost to families) for children birth to 22 years of age with special needs who are found eligible for such services.

Special Needs ~ A term used to describe a child who has disabilities or developmental delays or is at risk for developing disabilities or developmental delays who requires special services or treatment in order to progress.

Speech/Language Therapy ~ A planned program to improve and correct speech and/or language or communication problems.

Tactile ~ Relating to or used for the sense of touch.

Special Education Specialists and their Services

Adaptive Physical Education Instructor – (A.P.E.) ~ Plans and provides a special education program for special education students; may serve several schools.

Audiologist ~ Conducts screening and diagnosis of hearing problems.

Educational Aide/Classroom Aide ~ A person who helps the teacher in a special class or learning center.

Guide ~ A person who helps a visually impaired child in his/her travels within the education setting.

Home-Based Specialist ~ Comes to a family's home to provide instruction or therapy for the child. May also provide information/instruction to caregivers.

Interpreter ~ A person who translates from one language into another language, so that speakers of different languages can communicate. Provides oral, simultaneous or manual interpreter services. They should be certified for interpreting into the target language and should be trained for specialized interpreting (educational, medical, legal etc.) if required.

Nutritionist ~ Evaluates a person's food habits and nutritional status and provides information about normal therapeutic nutrition and special feeding equipment/techniques to increase a person's self feeding skills.

Occupational Therapist ~ Specializes in evaluation and treatment of problems related to fine motor skills, learning, visual skills and activities of daily living (bathing, feeding, and dressing) and developmental concerns including sensory integration treatment. (Adapted from Dayton Children's Medical Center website)

Orientation Mobility Instructor ~ Provides children with visual disabilities with specialized training in moving about their environment.

Physical Therapist ~ Specializes in evaluation and treatment of problems related to mobility strength, coordination, balance, flexibility, pain and developmental concerns (sit, crawl, walk).

Parent Coordinator – (PC)

Service Coordinator – (SC)

Speech Language Pathologist ~ Specializes in evaluation and treatment of problems related to communication [may include language (understanding and expression), speech/sound development, feeding/swallowing, voice, stuttering and developmental/learning concerns]. (Adapted from Dayton Children's Medical Center website)

Special Education Abbreviations

| | |
|-----------|--|
| ADA... | Americans with Disabilities Act |
| ADD... | Attention Deficit Disorder |
| AD/HD... | Attention Deficit/Hyperactivity Disorder |
| APE... | Adaptive Physical Education |
| ARC... | The Arc: Advocates for the Rights of Citizens with Developmental Disabilities and their Families |
| ASL... | American Sign Language |
| AT... | Assistive Technology |
| BEIS... | Bureau of Early Intervention – see Help Me Grow |
| BSP... | Behavior Support Plan |
| CCG... | County Collaborative Group |
| CD... | Cognitive Disability |
| CORSP... | Council on rural Service Programs (Headstart) |
| D/B... | Deaf-Blind |
| DD... | Developmental Delay/Disability |
| D/HOH... | Deaf/Hard of Hearing |
| DP... | Due Process |
| EI... | Early Intervention |
| ETR... | Evaluation Team Report (aka MFE) |
| ESC... | Educational Service Center |
| ESY... | Extended School Year |
| FAPE... | Free Appropriate Public Education |
| FBA... | Functional Behavior Assessment |
| FIN... | Family Information Network |
| FSS... | Family Support Services/Specialist |
| HI... | Hearing Impairment |
| HMG... | Help Me Grow |
| IDEA... | Individuals with Disabilities Education Act |
| IEP... | Individualized Education Program |
| IFSP... | Individualized Family Service Plan |
| IRC... | Instructional Resource Center |
| ITP... | Individualized Transition Plan (Part of an IEP for students ages 14+) |
| LDA... | Learning Disabilities Association |
| LD... | Learning Disabled |
| LEA... | Local Educational Agency |
| LRE... | Least Restrictive Environment |
| MD... | Multiple Disabilities |
| MFE... | Multi-Factored Evaluation |
| MR/DD... | Mental Retardation and Developmental Disabilities |
| OCD... | Obsessive-Compulsive Disorder |
| OCECD... | Ohio Coalition for the education of Children with Disabilities |
| ODD... | Oppositional Defiant Disorder |
| ODH... | Ohio Department of Health |
| ODMRDD... | Ohio Department of Mental Retardation and Developmental Disabilities |

Special Education Abbreviation

| | |
|----------|---|
| OEC... | Office for Exceptional Children |
| OES... | Ohio Early Start |
| OT... | Occupational Therapy |
| PBI... | Positive Behavior Intervention |
| PDD... | Pervasive Developmental Disorder |
| PT... | Physical Therapy |
| SEA... | State Educational Agency |
| SERRC... | Special Education Regional Resource Center (local-Miami Valley SERRC) |
| SLD... | Specific Learning Disability |
| SLP... | Speech Language Pathologist |
| ST... | Speech therapy |
| TBI... | Traumatic Brain Injury |
| TDD/TTY | Telecommunication Device for the Deaf |
| 504... | Section 504 (Rehabilitation Act of 1973) |



SECTION 7 MENTAL HEALTH

- Mental health / Psychiatric information cover sheet
- Medication history
- Diagnosis history
- Procedure/test/lab work tracking form
- Psychiatric hospitalization tracking form
- Hospital stay information form
- Seeing and finding a mental health provider
- Family solutions Center program information
- Alphabet Soup – mental health and diagnostic terms

Mental Health / Psychiatric Information

Child: _____ Birth date: _____

| |
|---|
| Mental health therapist: _____ Phone: _____ |
| Since when: _____ How often seen: _____ |

| |
|---|
| Second MH therapist: _____ Phone: _____ |
| Since when: _____ How often seen: _____ |

| |
|--|
| School-based therapist: _____ Phone: _____ |
| Since when: _____ How often seen: _____ |

| |
|---|
| Psychiatrist: _____ Phone: _____ |
| Since when: _____ How often seen: _____ |

| Most Recent Diagnosis | Date diagnosed | By whom diagnosed |
|-----------------------|----------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

****See medication history in section six of this book for current medication summary.**

DIAGNOSIS HISTORY

Child's Name: _____

Birthdate: _____

| | |
|---|---|
| Diagnosis: _____ _____ | Diagnosis: _____ _____ |
| Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ | Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ |
| Diagnosis: _____ _____ | Diagnosis: _____ _____ |
| Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ | Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ |
| Diagnosis: _____ _____ | Diagnosis: _____ _____ |
| Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ | Doctor(s) Who Diagnosed: _____ Agency or Clinic: _____ Date(s) Diagnosed: _____ |

Hospital Stay Information

Child's name: _____ Birth Date: _____

| | |
|------------------------------------|------------------------|
| Date of Admission: | Discharge Date: |
| Hospital: | |
| Doctor: | |
| Reason for hospitalization: | |
| Results /Outcomes: | |
| Follow up needed: | |

**** Attach hospital discharge plan to this page.**

Seeing a Mental Health Provider

If you worry about your child's behavior or emotions, ask for help. Find out what the problem is and where to get services that will help. Talk to your child's primary care provider (PCP), care coordinator, or teacher to learn more. Your child may be referred to a **mental health** or **behavioral health provider** (sometimes known as a counselor or therapist). There are different types of mental health services and they are provided by a variety of people. A mental health provider may be a:

- Psychiatrist
- Psychologist
- Social Worker
- Mental Health Counselor
- Nurse Practitioner

All of these providers are trained in understanding feelings and behaviors. They know ways to work together with you to support your child (such as counseling and/or medication therapy). Try to find a mental health provider who makes you and your child feel comfortable.

Finding a Mental Health Provider

Counseling and therapy are provided in many different settings, including

- The home
- Community health centers
- Schools
- Churches & religious communities
- State agencies
- Hospitals
- Private Offices

Your first step is to call a Member Services Representative at your child's health plan. Find out which mental health providers in your area accept that insurance. **If you have decided to use health insurance to pay for your child's treatment, you must choose a provider from their list.**

You may also want to ask people you trust for referrals. You may be able to get suggestions from your child's primary care provider (PCP), your child's school, your religious leader, your friends, and members of your family. You can talk with your child's teacher or school principal to get information about what services are available at school.

Working with a Care Coordinator

Sometimes it can be hard to get the information, care, and services your child needs. A specially trained individual such as a **care coordinator** or **case manager** may help you:

- Identify the needs of your child and family
- Understand the full range of available public benefits
- Identify community resources to help you
- Find access to specific programs and services
- Become a more effective advocate for your child
- Find other families to talk to who have some of the same experience

ALPHABET SOUP – mental health / diagnostic terms

ADD/ADHD Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder

AOD / ATOD Alcohol and Other Drugs Alcohol, Tobacco, and Other Drugs

BPD bi-polar disorder

CBT Cognitive Behavioral Therapy

CD conduct disorder or chemical dependence

d/o in written form usually is an abbreviation for ‘disorder’, i.e. BP d/o
dx. sometimes used in written material to mean diagnosis

IOP Intensive out-patient

KBMC Kettering Behavioral Medical Center (formerly KYS)

LD learning disabilities, learning disabled

NOS not otherwise specified, frequently follows a mental health diagnosis (i.e. PDD-NOS)

OCD Obsessive Compulsive Disorder

ODD Oppositional Defiant disorder

OP out-patient

PDD pervasive developmental disability

RAD Reactive Attachment Disorder

SI suicidal ideation

SIB self-injurious behavior

TI-CBT Trauma informed cognitive behavioral therapy

Tx. In written form, used to abbreviate “treatment”

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FAMILY SOLUTIONS CENTER

PROGRAM DESCRIPTION

*Mental Health, Youth Recovery, Psychiatry,
Alcohol and Drug Treatment, Case Management*

MENTAL HEALTH

The Mental Health program serves youth in Greene County (and some surrounding counties) from ages 3-18, but ages served can vary depending on circumstances. Services include: diagnostic assessment, individual outpatient counseling, group counseling, case management, family counseling, daytime crisis services for youth, and community support services for youth involved in various Greene County agencies. Additionally, Liaisons are placed at the Greene County Juvenile Court and Greene County Children Services. Liaisons provide consultation and referral for youth involved in the respective agencies. The Mental Health program seeks to provide mental health treatment for youth within the family system, by utilizing solution-focused and cognitive-behavioral approaches.

YOUTH RECOVERY PROGRAM (YRP)

The Youth Recovery Program (YRP) is an intensive, 12 week clinical treatment service designed to stabilize severe mental health problems in youth ages 6-18. Services include: diagnostic assessment, psychiatric evaluation, 4 hours of daily group counseling, individual and family counseling, 2 hours of education per day with a licensed teacher and case management to enhance communication and transitioning with referring school. Program seeks to provide significant symptom relief when in the therapeutic environment of YRP, while clinical staff pay specific attention to the child's individual, developmental and environmental needs.

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TCN Behavioral Health Services, Inc., is a contract agency of the Mental Health & Recovery Board of Clark, Greene and Madison Counties



PSYCHIATRY

This program provides psychiatric assessment and pharmacological treatment to children and adolescents as determined appropriate by our FSC Child Psychiatrists. Youth in this program will also be served by Registered Nurses that assist the Psychiatrists with patient care and provide linkage and consultation to the psychiatrists and mental health therapists.

YOUTH ALCOHOL AND DRUG

The Alcohol and Drug program provides alcohol and drug treatment, prevention and education for youth in Greene County (and some surrounding counties) up to age 18, or older if youth is registered in school. Services include: diagnostic assessment and referral to appropriate level of care. Youth can be referred for individual AOD counseling, group once per week or intensive outpatient (IOP) AOD group of 3 times per week- 2 hours per group, as well as an Aftercare program for youth that have complete IOP. AOD therapists also provide case management, consultation, linkage and collaboration with the families, schools, juvenile court and other youth serving agencies as appropriate. The program seeks to provide immediate treatment and education to youth currently abusing drugs and/or alcohol and also educate youth that are at risk for abusing drugs and/or alcohol.

YOUTH CASE MANAGEMENT

The Youth Case Management Program provides case management services to youth and families in Greene County. Youth in this program often have more than one community provider and are involved with multiple programs within FSC in addition to being at high risk for placement out of the home or school. The Youth Case Manager assists in the coordination of the youth's treatment plan, consults with various providers involved in the youth's care (both FSC and outside providers), attends school meetings and collaborates with teachers to problem solve school related issues as impacted by the clients mental health symptoms. Case Managers also are able to make home visits to provide added support to youth and families with improved linkage to resources, assist in crisis management and continuity of care among FSC Programs.



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Referral for Crisis Assessment

1. **8:00 am to 4:45 pm M-F**

Parent/Guardian or youth call **937-427-3837 or 937-376-8701**. Caller needs to identify that they need to speak with a therapist regarding a youth crisis situation.

2. The assigned clinician will speak with the identified caller and based upon the reported situation, symptoms and concerns will determine the appropriate response. FSC is able to see patients for a one hour Crisis Assessment same day, if needed, however in some cases the therapist may direct that youth be referred to hospital, such as KBMC (if the parent/guardian cannot bring client to appt. offered that day, or the youth is at high risk and needs referral to hospital immediately). Additionally, an alternative appt may be offered (usually within 24 hours) depending on parents ability to bring youth for assessment.

Between 4:45pm and 8:00am M-F and weekends, parents and youth should be directed to call the TCN crisis number, **937-376-8701**.

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Referral for Diagnostic/Mental Health Assessment or Alcohol/Drug Assessment

1. Parent/Guardian should call **937-376-8700, select option 1, select option 1 again** to schedule a Diagnostic/Mental Health Assessment or Alcohol/Drug Assessment.
2. This initial assessment is necessary in order to begin services at FSC. An assessment can only be scheduled with a Social Security Number.

“Hello....I am calling because I need to schedule:

_____Mental Health Assessment _____Drug/Alcohol Assessment
for my: son _____, daughter _____, other _____)”

3. Parent/Guardian should arrive **30 minutes prior** to scheduled assessment and bring the following documentation: Insurance card; Documentation that parent/guardian is the legal guardian; Any relevant medical/educational paperwork- ie; Medical testing or an I.E.P.

If the appointment needs to be cancelled or rescheduled then please call **937-427-3837** at least 24 hours in advance.

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Family Solutions Center

YOUTH RECOVERY PROGRAM

CURRICULUM

2012-2013

The Youth Recovery Program (YRP) is a therapeutic program with a set structure and curriculum. The content areas (identified below) are enriched by the personal experiences of the client. Each client participates in 2, two hour process groups each day, each with a different theme and focus. The content areas were identified in response to feedback from clinicians, parents, and teachers indicating that all were areas where information, skill development, and behavioral rehearsal were needed in order to maximize client's ability to benefit from the program.

All group modules follow the same structure which includes check-in time (including introduction of new group members), review of content areas and introduction of new material, group process, and specialized activity to reinforce concepts and skills. Staff members regularly add new group activities to each content area so that group members are continually challenged by new applications of learned material, concepts, and skills.

Content Areas and Schedule

Monday: Affect and Emotional Regulation, Coping Skills

Tuesday: Family Dynamics, Empathy and Compassion

Wednesday: Interpersonal Relationships (friends and community), Anger Management

Thursday: Executive Functioning, Self Esteem

Friday: Self-Hygiene / Management, Creative Expression/Leisure

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YOUTH RECOVERY PROGRAM **REFERRAL**

Referrals can be received from, school personnel, treatment facilities, or parents.

For Parents

If your child is an open client with FSC, please discuss the referral with your therapist or psychiatrist. They will complete the referral form and forward it to Dawn Tharp or Kelley Callahan. If your child is NOT an FSC client, please call Dawn Tharp at 427-3837 ext 1818 or Dr. Kelley Callahan at 427-3837 ext 1801 and state that you would like to schedule your child for a YRP assessment.

For Treatment Facilities

Please call Dawn Tharp at 427-3837 ext 1818 or Dr. Kelley Callahan at 427-3837 ext 1801 and state that you would like to make a referral.

For School Personnel

Please call Dawn Tharp at 427-3837 ext 1818 or Dr. Kelley Callahan at 427-3837 ext 1801 and state that you would like to make a referral.

REGARDLESS OF REFERRAL SOURCE: You will be contacted regarding your request within 24-48 hours and scheduled for an assessment within one week. You will be notified of the outcome of the assessment within 24 hours of the assessment.

Parents/guardians should arrive 30 minutes before the scheduled assessment time if their child is not a current client of FSC. In that case the appointment time will be 2 hours. The following documentation is needed: insurance card and proof of guardianship- if needed.

Should the appointment need to be cancelled or rescheduled, please call 937-427-3837 at least 24 hours in advance

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SECTION 8 CHILDREN SERVICES

- Children Services Information cover sheet
- Greene County CSB informational brochures

Children Services Information

Children Services caseworker: _____

Contact number: _____ County: _____

Caseworker supervisor: _____ Phone: _____

About the Children Services Board



Family Support

For children who have been or are at risk of being abused or neglected, we first attempt to keep the family together by coordinating needed services. When it is necessary to remove a child from the home, we work with families to develop the problem-solving skills they need to live together in a safe and stable environment.

Whether the children are in the home, with relatives, or with a foster family, we work in partnership with families to make changes that will reduce the potential for abuse and neglect. For example:

- We hold family team meetings to assist and empower families in developing a plan of action. A family team meeting is a gathering of family members, friends, support people and community specialists who join together to focus on the care and protection of a child. Families talk about their concerns, identify family strengths, and set goals to make their home a safer place for children.
- We coordinate needed services, which are provided directly by our caseworkers or through referrals to appropriate community resources.
- We hold follow-up meetings to review the progress families make on their goals.
- We continually monitor child safety and risk factors as families work toward providing a stable and nurturing environment for children.

Support Services

At Greene County Children Services, support comes in many forms. We provide case aides to help with important services for families such as:

- Transportation
- Supervision for parent/child visits
- Parenting classes
- Life-skills training
- A listening ear/support
- And much more

We also rely on the support of other community agencies for services we do not provide directly. Working in partnership with area agencies, we help connect families to a variety of social services such as:

- Drug and alcohol abuse services
- Family and individual counseling and psychological testing
- Job and family services
- Housing assistance
- Domestic violence services
- Health care needs

Family Team Meetings

A family team meeting is a gathering of family members, friends, support people, agency staff, and an impartial moderator who join together to plan for the care and protection of a child. Meetings take place when a child's safety is at risk. At a meeting, the people who know the child best—the family, extended family and community—work in partnership with the agency to find a solution to ensure the child is well cared for and safe.

Family team meetings may occur:

- When there is a risk of a child being removed from the home.
- After a child has been removed from the home.
- Before a child is reunited with the biological family.
- When there is a change in placement.
- To review progress made towards goals.

If a family team meeting is needed, the family's Greene County Children Services caseworker will work with the family to help gather information and decide who else should attend. Anyone who is committed to the well-being of the child may be involved such as parents, children (depending on age and emotional maturity), extended family, social workers, foster parents or counselors. Meetings usually last one to two hours.

At the meeting, the family can talk about their concerns, identify family strengths and set goals, which will make the home a safer place for their child. The caseworker will help the family develop goals into a written plan that outlines the steps that need to be taken for the safety of the child.

Greene County Children Services can help families get services they may need to strengthen their family and reduce the potential for abuse or neglect. It is important for parents to attend family team meetings and take an active role in the care and safety of their child.

Family team meetings can have far-reaching benefits. They help the family identify steps to take for a more safe and supportive environment. They help families identify support and resources. And safe and permanent families make our community a better place for all of us to live.

Kinship Care

Kinship care is an alternate living arrangement for a child who cannot remain at home. The child may live with a relative through blood or marriage or with an unrelated person who has a close, supportive relationship with the child (kin).

Kinship care plays an important role in helping a child through a difficult time. To become an approved caregiver, the friend or relative must participate in a home study. This includes a criminal background check, a health assessment (including a TB test), a reference check and a home safety audit.

Greene County Children Services will provide training and support to help the caregiver meet the needs of the child. We will also work to make the transition as smooth as possible.

Relatives may apply for financial and medical assistance for the child from the Greene County Department of Job and Family Services. Kin (unrelated caregivers) may apply only for medical assistance for the child. The Greene County Department of Job and Family Services will decide if the child is eligible for both financial and medical assistance. Greene County Children Services may help with some of the expenses involved in transitioning the child to your home.

Customer Service — Ombudsman Program

What is the Ombudsman Program?

The Ombudsman Program uses a standardized method to review concerns and complaints about the actions and procedures of **Greene County Children Services Board (GCCSB)** when normal communication channels fail. Normal channels include talking with the caseworker assigned, the supervisor, the program manager, and ultimately the Executive Director if concerns are not satisfactorily addressed.

The Ombudsman provides a centralized management of inquiries and information for past and present clients of GCCSB. The Ombudsman operates through the Quality Assurance Department and reflects the strong commitment the agency has toward continually evaluating and improving services. This means that when there is a question, concern, or complaint regarding action(s) taken by GCCSB there will be someone who will listen and work with the consumer to address their concerns.

When should the Ombudsman be called?

- If a consumer has a question that cannot be resolved through normal channels
- If a consumer believes there has been an act of discrimination
- If a consumer believes there has been unfair treatment
- If a consumer has been denied a service believed to be appropriate and necessary
- If a consumer needs information concerning closed records or a finalized adoption

What will the Ombudsman do?

- Listen
- Assess the complaint
- Respond quickly to the request or complaint
- Explain what is happening and why
- Help clarify regulations and laws
- Mediate conflicts between the consumer and the agency
- Contact people who may help
- Provide concise reports as allowed by agency rules and regulations and state statutes
- Provide a disposition on the consumer's concerns

The following information requests should be directed to the Ombudsman:

- Concerns/Complaints
- Closed Records Inquiries
- Finalized Agency Adoption Inquiries

If assistance is needed call (937) 562-6600 and ask for the Ombudsman.

It takes a community

About us

Greene County Children Services helps provide the support many families need to offer their children safe and loving homes. We offer a spectrum of services from family assessment and support to temporary and permanent child placement through foster care, adoption, group home and independent living programs. Every day we assess reports of abuse or neglect, collaborate with other organizations that serve children in Greene County, and help families meet the needs of our community's most vulnerable children.

Our mission, with the support of the community, is to provide family-centered services to protect children from abuse and neglect by building safe and permanent families.



601 Ledbetter Rd. Suite A
Xenia, OH 45385
937.562.6600 fax 937.562.6650
www.greenecsb.org



It takes a community to protect a child

"Family-centered casework practice is rewarding when a family that has been in a crisis situation says 'thank you' for showing compassion, kindness, respect, support and understanding. I try to practice following this saying: Let me dedicate my life today to the care of those who come my way, touching each with a healing hand and the gentle art for which I stand."

—J. P., Greene County Children Services Caseworker

Protecting children is our top priority

In the United States, a child is abused or neglected every 36 seconds.* That's 876,000 children a year who need help from an agency like Greene County Children Services.

Reaching out to children and families in need is what Greene County Children Services is all about. Every child deserves to grow up in a safe and loving home. For those who don't, we help provide the support they and their families need. Every day we assess reports of abuse or neglect, work to assist families struggling to stay together safely, and look for permanent and loving homes for children.

With compassion and commitment, we touch the lives of thousands of people in Greene County every year by providing a voice for children and supporting the families who care for them. Please join us in our unwavering dedication to making a difference.

**According to the Children's Defense Fund*



Stronger families, safer children



“Every community needs good foster homes that offer a safe and stable environment. We are happy just knowing that our foster child is thriving and we can help give her a good start in life.”

– Jodi H., foster parent

Who we are

Greene County Children Services, with the support of the community, provides family-centered services to protect children from abuse and neglect by building safe and permanent families.

Our strength lies in the experience and commitment of our skilled staff, our dedicated foster and adoptive parents, and our collaboration with other organizations that serve Greene County families.

We are funded by state and federal dollars as well as local levy support. Many Greene County residents, businesses and organizations provide additional assistance through their generous donations of time, talent and money. We are accredited by the Council on Accreditation for Children and Family Services, a national acknowledgement of



our commitment to maintaining the highest standards of professional performance in the field of child welfare.

What we do

Family assessments – Each year, Greene County Children Services responds to more than 1,000 reports of possible child abuse, neglect or dependency. We thoroughly assess all referrals and work in cooperation with community members who are required by Ohio law to report their concerns to us such as attorneys, health care professionals, and school and day care personnel. Assessments allow us to work with families to determine the best course of action for their needs. The safety of the children in the home is always our top priority.

Family support – For children who have been or are at risk of being abused or neglected, we first attempt to keep the family together by coordinating services needed to strengthen the family. Counseling, parent education

and other services can help families develop the problem-solving skills they need to remain intact and reduce the potential for abuse and neglect. Services are provided directly by our caseworkers or through referrals to appropriate community resources.

Placement services – We make every effort to keep children safe in their own homes with their primary family. If this is not possible, we work with the family to find another safe living arrangement, either temporary or permanent, that is in the best interest of each child. Many families have relatives who are able to provide care. Other alternate living arrangements include:

- **Foster care** – Foster families provide full-time temporary care for children. We help arrange foster care in homes with fully screened, qualified families. Our goal is to reunify children with their primary families once their homes are safe and stabilized.
- **Adoption** – If children cannot return safely to their own family, we work diligently to find a permanent home for them. We help nearly 100 families each

year continue to build new hope for their adoptive children.

- **Independent living services** – Our independent living site and independent living program serve youth between the ages of 15 and 21. Participants receive support and education in the critical life skills needed to transition to independence as responsible adults.
- **Group home** – We serve children ages 10 to 18 in a group-living setting when their behaviors prevent them from living successfully in a family foster home.

Be a part of the solution

We are committed to strengthening families and initiating positive, new beginnings for children in Greene County, but we cannot do it alone. We depend on you to report suspected child abuse or neglect. Your input is critical to our success.

Abuse and neglect can come in many forms including physical, emotional and sexual. Anyone who knows or suspects that a child has been or is at risk of being abused, neglected or dependent should report it by calling (937) 562-6600, 8 a.m. to 5 p.m., Monday through Friday. On weekends, holidays or after 5 p.m., please call (937) 372-HELP (4357).

Please let our mission become your mission as well. Reaching out is the first step. It takes a community to protect a child.



SECTION 9 DEVELOPMENTAL DISABILITIES

- Board of DD Information cover sheet
- Greene County Board of DD informational brochures

Board of DD Information

Child's Name: _____ **Birth date:** _____

Board of DD services:

- | | |
|--|---|
| <input type="checkbox"/> Family Support Services | <input type="checkbox"/> Service Coordination |
| <input type="checkbox"/> Behavioral Support Services | <input type="checkbox"/> I/O or Medicaid waiver |
| <input type="checkbox"/> Early Intervention services | <input type="checkbox"/> Other _____ |

Primary contact person: _____ **Phone:** _____

Title / role: _____

What are your child's specific needs that qualified him/her for DD services?

COMMUNITY SERVICES

The Community Services Division provides a variety of services to individuals eligible to receive services from the Board (GCBDD). Among these are:

Service and Support Administration, Supported Living, Family Support Services, Behavior Support Services, Medicaid Waiver Administration , Unusual Incident Investigative Services, Recreation & Special Olympics, and Public Education. These services focus on providing appropriate supports to enhance the quality of life, enjoyment, and independence of the recipients. Services are provided free of charge or on a sliding fee scale as applicable.

For additional information, to schedule an appointment or a speaker for a function, please contact:

Director of Community Services
GCBDD
245 Valley Road
Xenia, OH 45385
937.562.6500
www.greenedd.org

HEMOCROFT, INC.

Homecroft, Inc., the Board's non-profit housing corporation was founded in 1991 to assist eligible Greene County residents who are developmentally disabled the opportunity to acquire safe, affordable, accessible housing. Individuals receive appropriate levels of support affording them the opportunity to become contributing members of their communities.

To learn more about Homecroft, please contact:

Director
Homecroft, Inc.
245 Valley Road
Xenia, OH 45385
937.562.6500

TRANSPORTATION

Greene CATS, the on demand, countywide transportation system contracts with the GCBDD to provide various levels of service to the Board's consumers. These include transportation to and from Adult Services, The Atrium, the Today Center, community employment sites, and some recreational activities.

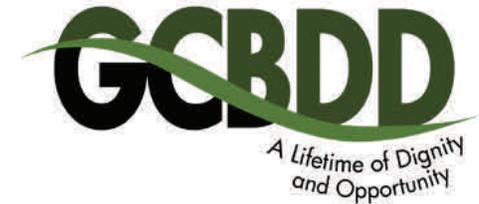
For additional information please contact:

Greene CATS
937.562.6523

Or check the website: www.greenecats.org

Greene County Board of Developmental Disabilities

GREENE COUNTY BOARD
OF DEVELOPMENTAL DISABILITIES



Administrative Office

245 Valley Road
Xenia, OH 45385
937.562.6500

Greene, Inc.

121 Fairground Road
Xenia, OH 45385
937.562.4200

Four Oaks Early Intervention

Beavercreek:

3182 Rodenbeck Drive
Beavercreek, OH 45432
937. 431.1790

Fairborn:

300 South Central Avenue
Fairborn, OH 45324
937.878.6333

Xenia:

623 Dayton-Xenia Road
Xenia, OH 45385
937.562.6779

COUNTY BOARDS Of DEVELOPMENTAL DISABILITIES

County Boards of Developmental Disabilities (formerly known as Boards of Mental Retardation and Developmental Disabilities) were created by House Bill 169 and established in October of 1967. This law provided for the establishment of county boards in all eighty-eight counties in Ohio. The name was formally changed to Developmental Disabilities (DD) in 2008.

GREENE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

The mission of the Greene County Board of Developmental Disabilities (GCBDD) is to help people lead dignified, successful lives. The Board strives to ensure the availability of programs, supports and services that assist eligible individuals with disabilities in making choices and achieving a life of increasing capability so they may live, work, and play in the community.

FOUR OAKS EARLY INTERVENTION

Four Oaks Early Intervention is the name given to the Board's Early Childhood Program. Four Oaks' goal is to support parents of children, between birth to three years of age, in gaining the competence and confidence to help their child learn within the family's daily activities and routines.

Some children are evaluated through a standardized test to determine eligibility if there is a concern for a developmental delay. Others with a diagnosed medical or genetic condition may qualify automatically. While the Early Intervention Specialist is the primary service provider, other team members might include consultative speech, occupational and/or physical therapists, behavior specialist, sign language specialist and / or a social worker for family support.

To inquire about services call Greene County Help Me Grow Central Intake and Referral Office at: 937.562.5648

Four Oaks also offers the P.L.A.Y. (Play and Language for Autistic Youngsters) - a program designed to provide individualized interventions for young children with autism spectrum disorders. The program emphasizes the importance of helping parents become their child's best P.L.A.Y. partner.

Call Four Oaks at : 937.562.6779 to schedule an appointment to discuss the appropriateness of this project for your family.

THE ATRIUM

The Atrium, is a progressive day services program providing habilitation to those adults who are eligible for services from the Board. Quiet restful spaces are provided so individuals may enjoy each other's company while learning or relaxing. A wide array of activities including the Synergy School of cooking, pet and art therapy and multi sensory activities designed for those on the Autism Spectrum Disorders are available.

ADULT SERVICES

Greene, Inc., is a component part of the Greene County Board of Developmental Disabilities and has been providing training and employment opportunities for individuals with developmental disabilities for more than 40 years. These members of a dynamic work force are trained to exceed customer expectations in business enterprises such as secure document destruction, commercial laundry services, commercial janitorial services and industrial contracting services.

The management and staff of Greene, Inc. are not only experienced in the field of disability services, but are also trained in business practices and the protocols needed to operate a safe and secure environment. They take seriously the responsibility of providing dignified access to quality employment choices for individuals with disabilities.

For additional information about The Atrium or Greene, Inc., please contact:

Greene, Inc.

121 Fairground Road
Xenia, OH 45385
937. 562.4200

Or check the website: www.greeneinc.org

STATE OF OHIO
ELIGIBILITY FOR
County Boards of Developmental Disabilities

THE INDIVIDUAL MUST MEET ALL OF THE FOLLOWING CRITERIA:

1. The individual must **reside or plan to reside in the county** where the application for services is made. (NOTE: Eligibility cannot be finalized until individual is a resident.)
2. The individual must have a **documented qualifying diagnosis of a developmental disability** made by a **qualified professional**.
3. The individual must have a **physical or mental impairment other than mental illness**.
4. The **onset of the disability** must be **documented as manifested prior to the age of 22**.
5. The individual's disability must be **likely to continue indefinitely**.
6. **After the above criteria are met, the COEDI or OEDI must be completed by a trained C/OEDI rater.**

COEDI=CHILDREN'S OHIO ELIGIBILITY DETERMINATION INSTRUMENT
OEDI = OHIO ELIGIBILITY DETERMINATION INSTRUMENT

The **COEDI** and **OEDI** are screening instruments developed by **The Ohio Department of Developmental Disabilities** and used to determine if an individual has **substantial functional limitation in the major life activity areas of:**

| COEDI Ages: 6 to 15 | OEDI Ages: 16 and over |
|---|---|
| self care receptive and expressive language mobility learning self direction capacity for independent living | self care receptive and expressive language mobility learning self direction capacity for independent living economic self sufficiency |

If the person has a qualifying diagnosis and three (3) areas of substantial functional limitations, then the person has met the eligibility requirements for the County Board of DD. Notification is sent following Administrative Review of the C/OEDI to notify the individual or legal guardian of the eligibility status. Informal Grievance and Due Process Procedures are included.

County Boards Developmental Disabilities may re-determine eligibility at their discretion. Examples of required re-determination are when an individual turns 3, 6, and 16 years old. It may also be done when qualifying diagnosis changes, functional skills change, within a year of high school graduation, following an extended "break" in services, or on an annual basis.

If you move to another county in Ohio, your eligibility status may be re-determined. You will maintain your current eligibility status until the re-determination occurs in the new county of residence.

**If you have any questions, please call your local
County Board of Developmental Disabilities**

Phone: _____

or

The Ohio Department of DD at 1-800-617-6733

Visit our website at <https://dodd.ohio.gov/>



SECTION 10 JUVENILE COURT

- Juvenile Court Information cover sheet
- Detention record
- Juvenile Court program descriptions
 - Diversion
 - Diversion hearings
 - Diversion Prevention
 - Teen Court
 - Strengthening Families
 - CARTEENS
 - Community Control (Probation)
 - Rules of Probation
 - Detention
 - Restitution / Community Services

Juvenile Court Information

Child's Name: _____ **Birth date:** _____

Court contact: _____ **Phone:** _____

Position (Diversion Officer, P.O., etc.): _____

Please explain how your child became involved with juvenile court:

Current or pending charges:

Lawyer: _____ **Phone:** _____

CASA: _____ **Phone:** _____

Juvenile Court Programs

Diversion Program

Greene County Juvenile Court began the Diversion Program in the summer of 1993, with one (1) full-time staff person. The Program has now grown to a staff of nine (9) and its primary purpose is to prevent formal court involvement for youth who have had no previous court history. The Diversion Program is based on the philosophy that not all cases are best handled through the formal court system.

Individuals referred to the Diversion Program are assured of the following due process rights:

1. A child who is referred to a diversion program may choose instead to have the matter handled officially by the court;
2. The child will be expected to admit or deny the alleged behavior at the onset of the diversion hearing. If the child admits the alleged behavior, the hearing officer may develop a diversion contract for the child to complete. If the child denies the alleged behavior, the case may be transferred to the formal court process. The hearing officer has the discretion to refer any case to the formal court at any given time.
3. The child has a right to consult an attorney before agreeing to program participation;
4. Any statement made by the child during participation in a diversion program or during negotiations leading to such participation is inadmissible as evidence in any subsequent adjudicatory hearing relative to the original charge as it relates to the child who was in the diversion program. Statements and/or documents in the diversion program may be used in the prosecution of a co-participant who is formally charged.

The benefits of the Diversion Program are that if the youth and parent(s) complete the program contract, the case will be handled informally with no official juvenile court record. If, however, the program is not completed, the case will be referred to Juvenile Court for a formal hearing.

Diversions Hearings

Once a child is scheduled for a hearing, said child and parent will receive a letter from Greene County Juvenile Court with the date and time. On scheduled date and time, the child and parent/guardian both appear to meet with a Diversion Counselor for an informal Diversion Hearing. At that time, the Diversion Program is explained to child and parent. The child will be asked to admit or deny the complaint. If the child enters a denial to the complaint, the diversion hearing ceases, and the complaint is forwarded to the formal court per the child's request. If the child enters an admission to the complaint, the Diversion Hearing will continue. During the hearing, the following will be addressed: child must explain accountability for behavior; home issues, school issues; etc. After all issues have been addressed, a Diversion Contract will be developed by the hearing officer that youth and parent/guardian must complete. Youth will be monitored by Diversion Counselor over a 2-3 month period through home, office, and/or school visits. Once the youth successfully completes the Diversion Program, the complaint will be dismissed, resulting in no formal court record. If a youth fails to complete the Diversion Program, the complaint will be forwarded to Juvenile Court for a formal review hearing.

Diversions Prevention

The Diversion Prevention Program is a voluntary court program offered to families who are concerned that their youth might be at risk of becoming involved with the Juvenile Court system through Diversion or Probation.

The primary purpose of the Diversion Prevention Program is to successfully intervene in the life of a child before Juvenile Court involvement appears necessary. Any youth who are between the ages of 6-17 **and** who have had no previous court involvement are eligible for the Diversion Prevention Program.

There are several ways that a referral can be made:

1. Parents can make referrals based upon behavior at home and/or in the community;
2. School officials can make referrals based upon school behavior and/or a request from the parent for assistance;
3. Law enforcement officials can make referrals based upon a response to an unruly child call.

The benefits of the Diversion Prevention Program are many. Youth will be given additional support to develop appropriate decision making skills; families will be strengthened through the use of community support services; and communities will be enriched through supporting families that are looking for assistance.

Teen Court

The Teen Court Program is an informal process for first time non-violent, non-drug related misdemeanor offenders between the ages of 11-17. Once a child is scheduled for a Teen Court hearing, said child and parent will receive a letter from Greene County Juvenile Court with the date and time to appear in Court.

The child must admit involvement in the offense in order to participate in Teen Court (denials are referred to the formal court). The child will face a jury of his/her peers and receive a disposition, which will include serving as a Teen Court member for four (4) sessions. The charge will be dismissed when all requirements of the disposition have been completed.

Strengthening Families

The Strengthening Families Programs I and II are each seven (7) sessions. The program is set up as follows: parents and youth meet separately for the first hour, and then together as a family the second hour. Each individual family will then have the opportunity to practice the skills which were just learned during the first hour. The Strengthening Families Program emphasizes the fact that youth do better when their parents/caregivers have two (2) basic skills: consistent discipline and support. The program is designed to help youth develop skills in handling stress and peer pressure, plan and build a positive future, and learn to have an increased appreciation for their parents/caregivers. The program is designed to help parents/caregivers build on their strengths in showing love and setting limits as well as learning nurturing skills to support their youth and help their family limits as well as learning nurturing skills to support their youth and help their family grow stronger together.

CARTEENS

The CARTEENS program is a traffic safety education program for first time juvenile traffic offenders. The CAR in CARTEENS stands for Cautious and Responsible, which is the main objective and focus of the program's presentations. The program format utilizes visual aids (i.e. videos, slides, etc.), lectures, group discussions, skits and an evaluation tool to help assist violators in becoming safer and more responsible drivers.

Community Control (Probation)

The services of any juvenile court can be quite complex and diverse, but the probation department is regarded as the cornerstone of these services. Probation, whereby a community control counselor actively supervises and monitors an offender's adjustment in his/her home, school and community is still the most widely used court technique to address severe unruly and delinquent behavior. It is used after an official court order by the judge or magistrate is issued.

The primary objectives of probation are to protect the community, to hold the offender accountable for his/her behavior and to provide programming which addresses individual and family growth issues. The underlying assumption is that the individual can best be helped within the community, as opposed to placement in an institutional setting.

Probation is a privilege and not an individual right. It works best with individuals who are willing to participate and cooperate. Community control supervision enables the offender to remain in the community while assisting him/her in making the necessary behavioral and attitudinal changes to function within the law.

When an offender in this court is placed on probation, it is for an unspecified period of time; however, the average length of supervision is six to nine months. Probation discharge is initiated by a recommendation from the community control counselor, but becomes official only upon approval of the Judge.

The rules of probation are the most important tools a community control counselor utilizes to maintain acceptable behavior and to effect change. These rules, which are mandated by an order of the court, are designed to establish behavioral guidelines. The following are the general rules for community control for this court:

Rules of Probation

1. You will obey all city, county, state and federal laws.
2. You will notify your probation counselor, immediately, if you are questioned or have contact with any law enforcement officer.
3. You will obey your parent(s) or guardian. Your parents will know and approve of your whereabouts at all times. Cooperate with parents to resolve any differences.
4. You will not leave the state, change your address, withdraw from school, get married or move from the county without permission of your probation counselor.
5. You will not possess a firearm, knife or other dangerous weapon.
6. You will not possess or use alcohol or drugs or go to places where alcohol is sold, or be with people under the influence or in possession of drugs or alcohol. You may be given random urinalysis tests by your probation counselor or court staff.
7. You and your parent(s) will immediately search all your belongings and all areas which you have access to (residence, vehicles, etc.) to remove all contraband (drugs, drug paraphernalia, weapons, etc.). If any contraband is found, you and your parents shall immediately deliver them to the probation counselor. Any contraband found after this search will be presumed to have come into your possession after being placed under probation supervision.
8. Report to your probation counselor as directed.
9. You will observe a curfew of _____ on week nights and _____ on weekends. You will stay at your residence unless otherwise permitted by your probation counselor.
10. You will work in the court's restitution/community service program for any of the following: victim restitution, fines and court costs, community service or suspended/expelled from school.
11. Attend school regularly. No truancy. Obey school rules. Report any absences, suspensions or expulsions promptly to your probation counselor. Upon the request of the school superintendents, any violations of probation that are in violation of school rules will be reported.
12. You will attend a counseling program as directed by your probation counselor.
13. No gang membership, affiliation or activities related to gangs.
14. All personal property that is in violation of probation rules will be confiscated and destroyed.

Detention

The Greene County Juvenile Detention Center is a 32 bed secured, locked facility serving Greene County. Youth who violate the law and require secure confinement may be placed in this facility pursuant to the order of the Greene County Juvenile Court. The facility provides short term care for youth who have been accused or adjudicated pending court hearings or while awaiting transfer to another facility. The Detention Center is part of the Greene County Juvenile Court Complex, the west wing of the building, located at 2100 Greene Way Blvd., Xenia, Ohio 45385.

Restitution / community Services

The Restitution/Community Service Program is designed to serve youth that have been ordered by the Court to perform:

- 1) community service hours;
- 2) work off court costs and fines;
- 3) work off restitution to reimburse victims for their losses.

Unique to the Greene County Restitution Program is a program structured for probation youth who are expelled or suspended from school and are ordered to work in the program. These youth are required to work in the community service program from 8:00 a.m. to 2:00 p.m. during school hours. The advantage of this program is to alleviate further delinquent acts by youth productively performing community service work under court supervision.

Youth found delinquent of a felony offense are also required to work in the program. These youth are required to work numerous hours of community service, to pay victim restitution.

The purpose of the program is to provide assurance to the community that juvenile offenders will be held accountable for their actions through involvement in this program.



SECTION 11

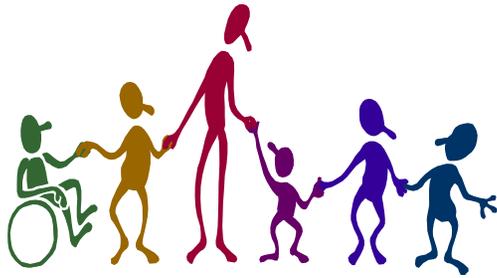
FAMILY AND CHILDREN FIRST SERVICE COORDINATION

- FaSt Wrap brochure
- FaSt Wrap referral form
- Individual Family Service Coordination form

Contact:

Greene County Family and Children First
Family Stability program
158 E. Main Street
Xenia, Ohio 45385
937-562-5600
937-562-5601 (Fax)

Greene County Family and Children First
Family Stability program



FaSt

Wrap



A family-driven wraparound process for families and children in Greene County that have multiple needs or multi-agency involvement and are looking for assistance in coordinating those needs and services.

Wraparound is a **process**, not a **program**, which helps families who have complex needs and who are usually involved with more than one system or agency such as Children's Services, Juvenile Court, Mental Health Services, Special Education, and/or The Board of Developmental Disabilities.

Wraparound is a **family-driven service coordination process**, meaning the family makes the decisions about who is part of the team, where and when the team meets, and what issues are addressed. This is all done with the help and support of the wraparound facilitator.



Key ideas of wraparound:

- **Family** driven
- Based on **family strengths**
- **Family** identified needs
- **Family** identified team members
- Community-based
- Family supports such as friends, relatives, and church are important parts of the team
- Provides access to flexible funds to help with some services and supports
- Creativity is encouraged

What to expect:

The wraparound facilitator will schedule times to get to know the family and complete the application / referral. The facilitator and the family will talk about who would be helpful team members and when and where the team should meet. They will also discuss who would be a

helpful service coordinator for the family. The family will be asked to complete a *Strength and Stressors Inquiry* which will help the family identify needs and what the wraparound process should try to accomplish.

The facilitator will take care of scheduling meetings at a time and place that works for the family members participating.

How to get the FaSt Wrap ball rolling:

Call Greene County Family and Children First at 562-5600 to get more information or to schedule a referral appointment.

Or

Call one of your current agency providers and ask for assistance in making a referral for FaSt Wrap.



SECTION 12 RESOURCES / OTHER INFORMATION

- Greene County Community Resources brochure
- Web Resources
- Parent Checklist for Youth Activities
- Parent Advocacy Connection
- Business card pocket for personalized contact information

GREENE COUNTY COMMUNITY RESOURCES

Sponsored by: A Better Childhood E3C's & Help Me Grow

ABUSE

| | |
|---|--------------------------------|
| DR Protection Orders | 562-6249 |
| Family Violence Prevention Center of Greene Co..... | 376-8526 |
| | 426-6535 |
| <i>24 hour crisis line.....</i> | <i>372-4552 & 426-2334</i> |
| Greene Co. Children Services Board..... | 562-6600 |
| (Child Abuse & Neglect) | (Fairborn) 879-4357 |
| <i>24 Hour Emergency Line.....</i> | <i>372-4357</i> |
| Michael's House..... | 318-1660 |
| Victim's Assistance Program | 376-7283 |
| <i>After Hours Emergency Line</i> | <i>376-5111</i> |

CHILDCARE

| | |
|---|----------------|
| 4 C For Children..... | 1-800-340-0600 |
| Greene Co. Dept. of Job & Family Services | 562-6000 |
| | 426-1779 |

CLOTHING AND HOUSEHOLD ITEMS

| | |
|------------------------------------|----------|
| Community Action Partnership | 376-7747 |
| | 427-3377 |
| Goodwill Industries..... | 372-0759 |
| United Voluntary Services | 372-1101 |

DRUG & ALCOHOL

| | |
|-----------------------------------|---------------------|
| Family Solutions Center/TCN | 427-3837 & 376-8700 |
| <i>Crisis Line</i> | <i>376-8701</i> |
| TCN Behavioral Health Care..... | 376-8700 & 879-3400 |
| (Christopher House) | 376-8782 |
| Women's Recovery Center..... | 352-2900 |

EDUCATION

| | |
|--|----------------|
| Beavercreek City Schools | 426-1522 |
| Bureau of Vocation Education Rehabilitation | 372-4416 |
| Cedarcliff Schools | 766-3811 |
| CORS Kids Learning Place | 1-866-627-4557 |
| Fairborn City Schools | 878-3961 |
| Greene Co. Educational Service Center | 767-1303 |
| Greeneview Local Schools | 675-2728 |
| Miami Valley Regional Center | 236-9965 |
| Ohio State University Extension (Financial, Nutrition) | 372-9971 |
| Sugarcreek Local Schools | 848-6251 |
| Xenia Community Schools | 376-2961 |
| Yellow Springs Schools | 767-7381 |
| Greene Co. Career Center | 372-6941 |
| Adult Basic Literacy Education (GED) (ABLE) | 562-6071 |

EMPLOYMENT

| | |
|---|----------------|
| Greene Co. Dept. of Job & Family Services | 562-6000 |
| Greene Inc. Adult Services..... | 372-9974 |
| Greene Works | 562-6565 |
| Ohio Rehabilitation Services Commission | 1-800-589-4416 |

FAMILY PLANNING

| | |
|--|----------|
| Family Service Association..... | 222-9481 |
| Greene Co. Combined Health District..... | 374-5600 |
| Miami Valley Women's Center | 374-0001 |
| Planned Parenthood of the Greater Miami Valley | 754-4633 |

FOOD & NUTRITIONAL SERVICES

| | |
|--|---------------------|
| Angel Food Ministries | 1-877-366-3646 |
| Bellbrook Family Resource Center | 848-3810 |
| Jamestown Family Resource Center | 675-2697 |
| FISH PANTRY <i>Beavercreek.....</i> | <i>222-5444</i> |
| <i>Fairborn</i> | <i>879-1313</i> |
| <i>Xenia.....</i> | <i>372-8441</i> |
| <i>Yellow Springs (United Methodist)</i> | <i>767-7560</i> |
| Greene Co. Dept. Job & Family Services | 562-6000 |
| Ohio State University Extension | 372-9971 |
| Community Action Partnership | 376-7747 & 427-3377 |
| WIC | 374-5641 & 879-4093 |

Revised 06/11

HEALTH CARE & MEDICAL INSURANCE

| | |
|--|----------------|
| Bureau for Children with Medical Handicaps (BCMh) | 374-5600 |
| Children's Medical Center of Dayton | 1-800-228-4055 |
| Greene Co. Combined Health District | 374-5600 |
| | 1-866-858-3588 |
| Greene Memorial Hospital | 352-2000 |
| Medicaid HMO (Care Source, Amerigroup, Molina) | 1-800-605-3040 |
| Miami Valley Hospital | 208-8000 |
| Ohio Medicaid/Healthy Start Healthy Families (DJFS). | 562-6000 |

HOUSING

| | |
|---|----------|
| American Red Cross | 376-3111 |
| Greene Co. Fair Housing | 562-5350 |
| | 754-3060 |
| Greene Metropolitan Housing Authority | 376-2908 |
| | 429-7736 |
| Community Action Partnership | 376-7747 |
| | 427-3377 |
| Yellow Bird Housing | 376-2231 |

GREENE COUNTY SERVICES

| | |
|--|----------------|
| Child Support Enforcement Agency | 1-800-337-1740 |
| Dept. of Job & Family Services | 562-6000 |
| Family & Children First | 562-5600 |
| Greene Co. Switchboard | 562-5000 |
| Juvenile Court | 562-4000 |
| Probate Court | 562-5280 |
| Veteran Services | 562-6020 |
| Common Pleas Court | 562-5145 |
| Domestic Relations Court | 562-6249 |
| Adult Probation | 562-5266 |

LOCAL COMMUNITY RESOURCES

| | |
|--|----------|
| Bellbrook Family Resource Center | 848-3810 |
| Fairborn Community Center | 878-6061 |
| Jamestown Family Resource Center | 675-2697 |

MENTAL HEALTH & COUNSELING

| | |
|-----------------------------------|---------------------|
| Family Service Association | 222-9481 |
| Family Solutions Center/TCN | 427-3837 & 376-8700 |
| Marriage Works | 937-262-7010 |
| TCN Behavioral Health Care | 376-8700 |
| | 429-0933 |
| | 879-3400 |
| <i>Crisis Line</i> | 376-8701 |
| <i>Crisis Line</i> | 426-2302 |

SPECIAL NEEDS

| | |
|---|----------------|
| Bureau for Children with Medical Handicaps (BCMh) | 374-5600 |
| Four Oaks Early Intervention | 562-6779 |
| | 222-7474 |
| Greene Co. Board of Developmental Disabilities | 562-6500 |
| | 426-7022 |
| Help Me Grow | 1-800-862-5248 |
| Interpreters for the Deaf | 937-242-6047 |
| Miami Valley Regional Center | 236-9965 |
| Regional Infant Hearing Program | 937-222-2434 |

TRANSPORTATION

| | |
|---|----------------|
| Dept. of Job & Family Services | 562-6000 |
| | 426-1779 |
| Greene CATS Public Transportation | 1-877-227-2287 |

UTILITIES

| | |
|------------------------------------|----------|
| Community Action Partnership | 376-7747 |
| | 427-3377 |

OTHER

| | |
|--------------------------------------|----------------|
| Council on Aging | 1-888-795-8600 |
| Kinship Navigator Program | 1-888-795-8600 |
| Legal Aid Society | 1-888-534-1432 |
| Social Security Administration | 1-800-772-1213 |
| United Way | 376-5555 |
| | 426-4008 |
| United Way's Help Link | 2-1-1 |

Revised 06/11

WEB RESOURCES

Local School Districts

| | |
|--|--|
| Beavercreek | www.beavercreek.k12.oh.us |
| Bellbrook / Sugarcreek | www.sugarcreek.k12.oh.us |
| Cedarville | www.cedarcliffschools.org |
| Fairborn | www.fairborn.k12.oh.us |
| Jamestown | www.greeneview.k12.oh.us |
| Yellow Springs | www.yellow-springs.k12.oh.us |
| Xenia | www.xenia.k12.oh.us |
| Greene County Learning Center | www.greeneesc.org |
| Miami Valley Special Education Resource Center | www.mvserrc.esu.k12.oh.us |

County Agencies

Board of DD
Children Services
Family and Children First
Health Department
Job and Family Services
Juvenile Court

www.co.greene.oh.us

There is a sidebar menu that will link to all county departments / agencies.

State Agencies

| | |
|------------------------------|--|
| Children Services | www.jfs.ohio.gov |
| Department of Education | www.ode.state.oh.us |
| Department of Health | www.odh.ohio.gov |
| Department of Youth Services | www.dys.ohio.gov |
| Developmental Disabilities | www.odmrdd.state.oh.us |
| Family and Children First | www.fcf.ohio.gov |
| Job and Family Services | www.jfs.ohio.gov |

Local agencies and service providers

| | |
|----------------------------------|--|
| Community Action Partnership | www.cap-dayton.org |
| Family Solutions Center / TCN | www.tcn-bhs.org |
| Greene County Council on Aging | www.gccoa.org |
| Greene County Libraries | www.greenelibrary.info |
| Greene County Parks and Trails | www.gcparkstrails.com |
| Greene Metropolitan Housing | www.gmha.net |
| Mental Health and Recovery Board | www.mhrb.org |
| United Way / Helplink | www.dayton-unitedway.org/help |

Other helpful resources

The Red Tree House I & R
National Alliance for Mentally Ill
Help Me Grow
Autism
Benefit eligibility survey
Special Education law
Special Education advocacy
Disability Rights Ohio
The Ohio Coalition for the Education
of Children with Disabilities
Legal Aid of Western Ohio
Dayton Children's Hospital

www.redtreehouse.org
www.namiohio.org
www.ohiohelpmegrow.org
www.autismspeaks.org
www.ohiobenefits.org
www.wrightslaw.com
www.fetaweb.com
www.disabilityrightsohio.org

www.oecd.org
www.ablelaw.org
www.childrensdayton.org

Tab "Our Services" then Support Services

Parent Checklist for Youth Activities:

Questions to Ask

Adapted from www.scotland.gov.uk/publications/2002



1. Is the group affiliated with a larger organizations like the Scouts, 4-H, or Camp Fire? If so, does it have a good relationship with the parent organization?

These umbrella organizations provide the groups with access to professional support, training and advice. Not all groups have access to such a network, and not all umbrella organizations have control over the practices of their affiliates; but you should ask who runs the group and what kind of supervision the leaders get.

2. Can the group leaders give the name of a contact person within local community agencies who is familiar with the group and aware of their operational procedures?

(Not all groups will be able to answer yes to both questions one and two, it is okay to be satisfied with either one.)

3. Is the organization subject to inspection / regulation by an outside body?

The majority of youth activities probably won't fall under this category, but some may have COA (Council on Accreditation) certification or something similar, which shows that the organization voluntarily took the extra step of meeting some outside standards of operation.

4. Is there a flier or pamphlet readily available which gives basic information about the group, its purpose and aims, who the leaders are, the cost, a description of the daily activities, and meeting dates and times?
5. Is it an established practice that parental consent is sought for field trips or variations from the normal site and activities?
6. Does the group or activity have written procedures for how adult leaders are selected, trained, and background checked?
7. Is there a policy/procedure manual available for parent review?
8. Does the group or activity have written procedures for how adult leaders are selected, trained, and background checked?

9. Are there adequate numbers of adult leaders to supervise the size of the group and the ages of the youth being served, taking into account the location of the activities?

Indoor activities that are held in a smaller, more self-contained space may require fewer adult leaders than activities that take place in a large outdoor space that is share with other public uses, such as a park.

10. Is there a written code of conduct for both youth participants and adult leaders?

Where ever groups of children are gathered there is the potential need for adult intervention in inappropriate or unsafe behaviors. Is there a written policy shared with parents for how these interventions are managed?

11. Are parents encouraged and welcomed to visit and observe and to meet the adult leaders? (If not, you as a parent should consider if this should be cause for concern.)

12. Is there a health and safety policy. Is there a first aid kit, and someone trained in first aid, on site? What are the procedures for documenting accidents and for notifying parents / guardians?

13. Is there a policy and procedure for handling complaints / parent concerns?

Parents should encourage their children to tell them about any situations or occurrences about which they were unhappy or felt uncomfortable.

14. Have you asked other parents and children about this activity / organization?