

Delaware County Service Coordination Plan

May, 2013

I. Purpose

This plan is being formulated so that agencies in Delaware County that serve children can meet the needs of those children and their families in a coordinated, simplified, and cost effective manner. It is written in compliance with the guidelines in House Bill 57 and Section 121.37 of the Ohio Revised Code. The Delaware County Service Coordination Plan makes the presumption that the needs of many youth and families who come into contact with the juvenile justice system, children services, developmental disability services, mental health services, drug and alcohol services and others are being adequately met by those systems. It recognizes that each system has areas of responsibility and expertise, and that the collaborative approach is not intended to replace the primary role of any one of these systems. This plan ensures that the need of other interventions can be identified prior to court involvement, and that services are put in place to meet those needs, building on family strengths. The critical aspect of the plan lies in the fact that it is a reinforcement and creative option for all the involved systems to access when the resources of one system are not adequate to address the needs of the youth and family, regardless of which system they first entered.

The Delaware County Service Coordination Plan was developed by a multi-disciplinary team that functions under the direction of the Family and Children First Council. Family representatives provided in put to this team. The on-going committee includes representatives from Job and Family Services, Delaware County Board of Developmental Disabilities, Delaware County Juvenile Court, Delaware –Morrow County Mental Health and Recovery Services Board, Delaware General Health District, local school districts (Big Walnut Schools, Delaware City Schools , Olentangy Local Schools and Buckeye Valley Schools), Family and Children First Early Childhood Coordinating Committee and Family and Children First Collaboration Committee.

This Service Coordination Plan will support the following:

- Ohio’s commitments to child well-being, expectant parents and newborns thrive; infants and toddlers thrive; children are ready for school; children and youth succeed in school; youth choose healthy behaviors; youth successfully transition into adulthood.
- Coordinate appropriate, effective and cost-efficient services for children and families.
- Increase family involvement throughout the levels of planning and services.
- Support early intervention to families.
- Encourage shared responsibility among systems serving children and families.
- Be locally driven.

II. Service Coordination Services

Service coordination for families in the Help Me Grow program and families in Youth Cluster receiving System of Care funding is directly accountable to the Delaware County Family and Children First Council. Types of Service Coordination in the county include:

- **HELP ME GROW**

This program serves youth age 0 to age 3. The services received for this population under the service coordination will be consistent with the laws and rules of Help Me Grow per federal regulations and Ohio Department of Health policy and procedures with compliance under Ohio Revised Code 3701.61.

- **YOUTH CLUSTER:**

This is predominately for families involved with multiple needs youth with moderate to high risk of being removed from the home or who have been removed from the home. A child with multiple needs, will be involved with two or more systems and /or has experienced multiple failures across multiple systems. System of Care funding is provided for children and families with extraordinary needs that cannot be served with local base and flexible services. (Addendum A). There are Two levels if Youth Cluster and they are as follows:

- **LEVEL 1**

Family and Child Team (FACT): The Family and Child Team (FACT) is a team which includes the child, family members and multi-need service providers. Family supports and case management services are provided at this level. Membership on this team will be guided by the family. The Family and Child Team (FACT) should include the child, family members, family support persons and all agency representatives that provide services to the child and family. The Lead Case Manager, FACT (Family and Child Team) Facilitator, usually acts as lead person to facilitate service coordination for the

family unless the family prefers someone else on the team to facilitate the process. FACT Facilitator will coordinate providers and natural supports for the family.

A comprehensive Strengths and Needs Assessment (Addendum D) and Individual Family Service Plan (IFSP) (Addendum E) will be completed by the family with the assistance of the team members and FACT Facilitator. The Family and Child Team (FACT) will meet on an as needed basis to review the success of the plan and the FACT Facilitator will meet with the family to provide support and follow through.

Family and Child Team meetings can be initiated by either that family or the team members. FACT Facilitator is responsible to arrange meeting date to fit family schedules, arrange a meeting place that is convenient for that families to access, confirm schedule for the meeting with the families and to encourage their participation. The FACT Facilitator is responsible to notify FACT members, including notification to the local school district, of the meeting date.

The family will also encouraged to bring or have invited any supportive family members, friends or community representatives they would like to come with them. The FACT Facilitator will also offer the family the services of a Family Advocate that could assist them in negotiating the systems. If the family requests a Family Advocate, the FACT Facilitator will contact the Advocate so they can contact the family directly prior to the family meeting.

○ **LEVEL 2**

ADMINISTRATORS: This level consists of administrative staff from Job and Family Services, Delaware County Board of Developmental Disabilities, Delaware County Juvenile Court, Delaware –Morrow County Mental Health and Recovery Services Board, School district representatives, Family and Children First Council Coordinator, FACT Facilitator and other agency representatives necessary to meet families needs. School district representatives may include: Educational Service Center of Central Ohio, Delaware City Schools, Olentangy Local Schools, Buckeye Valley Schools, Big Walnut Schools. Other agency representatives may but not limited to other foster care agencies, Head Start, Delaware General Health District (Help Me Grow), healthcare providers, counselors, etc.

At this level, administrative staff and providers of services review the progress of the children involved in Youth Cluster, brain storm additional innovative ideas that could assist families and children, discuss gaps in services in the community, and do service planning for new community programs that fill service gaps and exchange information and programmatic news. This meeting is essential to support the FACT members working with families and to keep the service development and gaps analysis process constantly moving forward. The Youth Cluster Administrators will be responsible for the approval of any shared funding requests made by the FACT Team.

III. Goals of Service Coordination

The goals of the Service Coordination efforts are:

- Services are delivered using a family centered approach.
- Services are responsive to the cultural, racial, and ethnic differences of the population being served.
- Service outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Community supports are utilized
- Specialized treatment for difficult to serve populations and evidence based treatment services are encouraged.
- Duplicative efforts among agencies are reduced or eliminated.
- Most importantly, families are fully involved in decision-making for their children and are provided with family advocacy options.

IV. Service Coordination Awareness

Families can become aware of the Service Coordination in a variety of ways: through a current service provider, from another family member, from the school district, by contacting any of the various child and family serving Boards in the county or through Family and Children First Council. They can also receive information on the process through the Family and Children First website, local family support groups and family advocates.

Family and Children First Council agencies involved with Youth Cluster will share the plan with their agency staff. Agency personnel will be trained on the Service Coordination Mechanism by agency administrators. Each agency administrator is responsible for ensuring that all agency staff is aware of the process.

Service coordination will be supported by the Delaware County Family and Children First Council. The Council will provide integration and planning to improve community based, family centered services. The Council supports program development.

V. Target Population

- **HELP ME GROW**

A child receiving services through Help Me Grow will be any child 0 to 3 years of age who has been determined to have a developmental delay through an evaluation/assessment, has a medical diagnosis known to result in a delay, is a victim of substantiated child abuse or neglect, or has a parent engaged in active military duty. Newborns, infants, and expectant first-time parents who meet financial eligibility criteria may also qualify for services. Eligibility for service coordination services will be consistent with the laws and rules of Help Me Grow program.

- **YOUTH CLUSTER**

Youth Cluster are multi-need youth who have been identified children who are at risk for becoming, abused, neglected, dependent, unruly, alleged unruly or delinquent under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. A typical child in service coordination will have multiple needs, is at risk of placement, or who has experienced multiple failures across multiple systems. Eligible Delaware county youth will be 0 through 21 years of age.

A child determined to be eligible for Help Me Grow service coordination may also have other multiple needs and could qualify for Youth Cluster service coordination. In those rare and exceptional cases a comprehensive team of care providers including the Help Me Grow Service Coordinator would be organized to serve the needs of the child and family.

VI. Referral Process

The different types of referral requests for service coordination are as follows:

- A. **Parent/Guardian Referral:** A parent and/or guardian may make a request for referral by requesting service coordination from agency providing services or contacting Family and Children First Council for information concerning service coordination services.
- B. **Agency, Organization or Court Referral:** Representatives providing services to the family will provide informal consultation with other agency and/or community representatives regarding the appropriateness of a referral. This consultation will assist the service providers in identifying additional resources and whether or not additional systems need to be involved. (Addendum B-Youth Cluster)

When referral is made the following information must be provided by the Parent/Guardian or agency representatives:

- Referral form completed by the family and/or the agency representative making the referral.
- Release of information signed by the parent or guardian
- Signatures from at least one agency or system involved with the referral (unless a parent or guardian made the referral.)

VII. Referral Process Timeline

- **HELP ME GROW**

Within two days from the date of the initial referral, a Service Coordinator will be assigned to the family. Informal screening is done with the family at the time of the initial referral.

If a developmental delay is indicated at the time of the intake, an evaluation team will be scheduled to meet with the family within 30 days of the initial intake to evaluate the child's developmental needs. Eligibility will be determined upon completion of the evaluation. If a child has a HMG qualifying medical diagnosis that might lead to a developmental delay, a developmental assessment is scheduled to determine the child's developmental needs.

When eligibility is determined, the Service Coordinator schedules a meeting with the family to create an Individualized Family Service Plan (ISFP). The services for the child are identified at the time the ISFP is written. Services will begin within 45 days of the date of the intake/referral .

- **YOUTH CLUSTER**

All children/families referred to Youth Cluster service coordination will be contacted within five working days from the date of initial intake and or the receipt of the completed referral forms and signed release of information with the determination whether or not the referral information indicates that a case will need to be opened. At that time a families needing service coordination will be scheduled for a Family and Child Team meeting within ten days of the initial contact or as soon as the family is available to attend the family meeting. A multi-need team of service providers, family supports and case management services will be provided. The Lead Case Manager is usually the FACT (Family and Child Team) Facilitator (unless family prefers someone else on the team to facilitate the process). The FACT Facilitator will coordinate providers and natural supports for the family. Membership on this team will be guided by the family. FACT Facilitator is responsible to arrange meeting date to fit family schedules, notify the families of the meeting dates and to encourage their participation. The FACT Facilitator is responsible for arranging team meetings, notifying the family and team members, including notification to the local school district, of the meeting date, time and place. Family and Child Team meetings can be initiated by either that family or the team members.

In the case of emergency situations, a family will be moved to the head of the list and a meeting scheduled as soon as possible in order to meet the critical needs of the child and family and ensure the safety of the child.

Not all families referred for service coordination will be appropriate for service coordination. However, no family will be turned away without an appropriate level of referral being made to assist them in meeting the needs of their child.

VIII. Confidentiality

All agency staff and administrators involved with a child receiving service coordination/intervention services will adhere to principles of confidentiality and privacy of all personal family information disclosed through the Individual Family Service Coordination Plans (IFSP) or team meetings. (Addendum C1 and Addendum C2)

IX. Individual Family Service Plan

A. A family will identify and prioritize their needs and will determine long range goal and initial short range goals.

B. Individual Family Service Plan (IFSP) will clearly identify the action steps towards accomplishment of short range goals and the team member responsible for each step. Responsibility for funding of services for each step will be agreed upon in the IFSP.

1. The action steps and services designated in the IFSP will be responsive to the strengths, needs and culture of the family. The team will refer to the Family Strength Assessment to help determine the action steps.
2. The family will be fully involved in choosing appropriate services and service providers.
3. Services will be provided in the least restrictive environment possible.

C. Service Coordinator for Help Me Grow Families or the FACT Facilitator for families in Youth Cluster will track the progress of the IFSP, schedule reviews as necessary and facilitate the team meetings.

D. For a child in Youth Cluster, if that child is alleged to be unruly this will be designated in the assessment process. With parental approval, the Juvenile Probation department will be invited to be a part of the team and the unruly behavior will be a focus of the IFSP in order to divert the youth from further court involvement.

E. Time lines to accomplish each goal will be established in the IFSP and agreed upon by the family. The full IFSP will be reviewed on a 2, 4or 6 month cycle. Cycles are determined by the level of care and risk level of the child.

X. Strength Based Assessment

At all levels of service coordination an assessment of family strengths and needs is to be completed. This assessment is intended to be a summary of the presenting issue, family strengths and prioritized needs. This assessment will be reviewed by the family and when approved will be distributed to team members prior to the first team meeting. (Youth Cluster- Addendum D)

XI. Funding for Children and Families

While exploring the strengths and needs of the child and family and developing the ISFP determinations will be made about how the cost of the services and interventions will be funded. The community agencies of Delaware County, both public and private, understand and agree that Base Services are those services that are mandated or routinely provided to an eligible population and has a funding stream allocated to that service. (Addendum A)

The Delaware County community agencies, both public and private, agree to and understand that Flexible Services are those services not mandated or routinely available by a community agency to an eligible population as they are created, developed or purchased on an individualized basis. In addition, Flexible Services can include those services that must be purchased outside the community because a local or comparable service has reached its maximum capacity OR is a specialized service currently unavailable from a local agency. Payment for flexible services will be shared according to a voluntary funding agreement by each community agency and will be decided on a case by case basis. (Addendum A)

Family funds and insurances are also sometimes part of the funding package whenever available and appropriate.

XII. Short Term Crisis and Safety Plan for Children and Families

A Crisis Safety Plan (CSP) will outline the steps a family should follow in the event of a crisis. A contact person will be designated for the family and a plan set into place with the goal of minimizing the crisis and keeping the family together when possible. (Addendum F)

XIII. Out of Home Placement

A. If a child requires an out of home placement, the following conditions and procedures will be followed:

- If the out of home placement is not an emergency, family /team meeting will take place before the placement occurs.
- If the out of home placement is an emergency, a family/ team meeting will occur within 10 days after the placement.

B. The meetings will be used to make sure that all other community based options have been exhausted and will give team members an opportunity to consider alternatives to placement. If that is the case, the team members will put community supports in place for the family during the placement and begin planning for the child's reunification with family and the community. The Youth Cluster will monitor the out-of-home placement to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education. Nothing in this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an emergency out of home placement.

C. Payment for services will be shared according to a voluntary funding agreement by each community agency and will be decided on a case by case basis.

XII. Dispute Resolution Process

A grievance or a dispute resolution is a method to resolve conflicts between parties. The Delaware County Family and Children First Council agree that the conflict between any of the service partners and /or families must not impede the delivery of services. Therefore, the Delaware County Family and Children First Council are committed to resolving all conflicts at the lowest possible level and in the most expedient manner. The recommendation is that the entire process will be completed within 60 days or less.

The process of handling grievances or disputes is dependent on the premise is that individuals will be advised to seek resolution through the individual agencies prior to the initiating a formal dispute resolution process. If a child is in imminent danger of abuse or neglect, the emergency will be reported to Delaware County Job and Family Services and/or a local law enforcement agency.

Families are given information on the Dispute Resolution process when they begin participation in programs. The Council Coordinator is designated as the council's liaison for the receipt of complaints. The Council Coordinator will provide a copy of the dispute resolution process to the individual registering the complaint. The parent/guardian may file a complaint or grievance with Family and Children First Council within the county or they may choose to file a grievance with the state.

If the dispute involves a child in the Youth Cluster process Parent/Guardian file a grievance with the state by contacting:

Ohio Family and Children First
25 S. Front Street, Mail Stop 616
Columbus, OH 43215
Phone: 614-644-1506
Fax: 614-728-0170
Website: www.fcf.ohio.gov

If the dispute involves a child in the Help Me Grow program Parent/Guardian may choose to file a grievance with the state by contacting:

Ohio Department of Health
Bureau of Early Intervention
46 N. High Street, P.O. Box 118
Columbus, OH 43216
Phone: 1-614-644-8389
E-Mail: beis@gw.odh.state.oh.us

Grievances or disputes will be addressed in the following manner:

A. Agency Complaint

1. If the complaint is agency specific then the Council Coordinator will direct the parent/guardian to the appropriate agency representatives. The Council Coordinator will contact agency management to make them aware that a family has made a complaint and how and to whom they were directed.
2. The Council Coordinator will receive notification from the agency involved on the outcome of the parent/guardian complaint.
3. If parent/guardian is satisfied process ends. If the parent/guardian still has a complaint about the agency, the parent/guardian can take it to the next step.

B. Individual Family Service Plan Complaint

1. If a family wishes to grieve the formation of the service plan, then all agencies involved with the case will be called to a team meeting by the Council Coordinator to discuss the concerns of the family and modify the plan as needed with direction from the Family.
2. A written report will be forwarded to the parent/guardian and a copy of the report will be provided to all agencies involved.
3. If parent/guardian is satisfied process ends. If the parent/guardian still has a complaint about the plan, the parent/guardian can take it to the next step.

NEXT STEP:

The family can contact the Family and Children First Coordinator. The Council Coordinator will assist the family in completing a formal grievance. The Council Coordinator will forward the letter of complaint and schedule a meeting to review the case and make the necessary modifications. Agency heads will be notified and they will designate the appropriate representative to the meeting. A written report will be forwarded to the parent/guardian and a copy provided to all agencies involved. If the parent/guardian is satisfied the process ends.

If the parent/guardian is still unhappy with the decision then they may file an appeal to the Delaware County Juvenile Court. The Council Coordinator will assist the family in filing an appeal to the Delaware County Juvenile Court within seven days in accordance with Ohio Revised Code #121.38. The Council Coordinator will forward the complaint to the Delaware County Juvenile Court Judge. The court staff will schedule a meeting to review the case. Delaware County Juvenile Court will provide a decision on the case. The Delaware County Juvenile Court will provide documentation to the family/guardian on the Judge's decision. The Delaware County Juvenile Court has final authority in this process.

All dispute resolutions shall be resolved within thirty (60) working days from the time that the issue is first identified. The Council Coordinator shall track the process to ensure compliance. Of paramount concern during any level of dispute is the continued care of the child and family. All agencies providing services to the child and family during the dispute process will continue to provide services until a resolution has been reached.

XIII. Monitoring Progress and Tracking Outcomes

Progress will be monitored and documented with each change of family status. All youth in service coordination will be tracked in a community report for the Family and Children First Council on at least a semi-annual basis. These results while maintaining family confidentiality, will be pooled and used to inform council regarding gaps in available county services, determining what services are working and where cross system coordination works well and where it needs improvement during the council's strategic planning process. An annual report of progress will be compiled for reporting at the county and state levels.

XIII. Quality Assurance

This Service Coordination mechanism document and the process of implementation will be reviewed annually by the Delaware County Family and Children First Council. Upon request service coordination data will be submitted to the state for the purpose of evaluation.

**ADDENDUM A
BASE AND FLEXIBLE SERVICES**

BASE SERVICES

The community agencies of Delaware County, both public and private, understand and agree that **Base Services** are those services that are mandated or routinely provided to an eligible population and has a funding stream allocated to that service. Following is a listing, by agency, of **Base Services**:

Department of Job and Family Services:

- ◆ Protective services - case management services
- ◆ Screening and Referral
- ◆ Intake and Investigation
- ◆ Placement services for children
- ◆ Foster home certification (initial and annual) and training
- ◆ Adoption services

Please note: families must meet the screening guidelines established by ODJFS to be eligible for services.

Delaware-Morrow Mental Health & Recovery Services Board (DMMHRSB) Base Services

The DMMHRSB service system includes the following provider agencies:

Central Ohio Mental Health Center (COMHC) is the only community mental health center in the Board area, which means that they are the only agency that is funded to provide services to the priority populations of youth with a serious emotional disturbance (SED) and adults with serious mental illness (SMI). Base services for both adults and children include:

- ◆ Comprehensive Assessment (including diagnosis & treatment recommendations)
- ◆ Crisis Intervention (including evaluation for psychiatric hospitalization)
- ◆ Behavioral Health Counseling/Therapy (individual & group)
- ◆ Community Psychiatric Supportive Treatment (individual & group)*
- ◆ Pharmacological Management (medication)
- ◆ Consultation services are provided in schools, early childhood centers, & juvenile court.

*This service is only provided to individuals designated as SED or SMI.

HelpLine services to the community include:

- ◆ Hotline (crisis, suicide, sexual assault response)
- ◆ Information and Referral

Maryhaven and Recovery & Prevention Resources (RPR) provide services for the treatment of alcohol and other drugs (AOD), including:

- ◆ Assessment
- ◆ AOD Crisis Intervention
- ◆ Counseling (individual & group)
- ◆ Intensive Outpatient
- ◆ Case Management
- ◆ Screening Analysis

In addition, Maryhaven provides outpatient detox for adults with opiate addiction, as well as Board approved inpatient detox & residential treatment services.

Juvenile Court:

- ◆ Diversion
- ◆ Probation
 - ◆ Moral Recognition Therapy (M/R/T)
 - ◆ Juvenile Sex Offender
 - ◆ Treatment Court
 - ◆ Detention (incarceration)
 - ◆ Electronic Monitoring
 - ◆ GPS/Night Monitoring
 - ◆ Drug Testing
 - ◆ Physical Training

- ◆ Positive Activities (rewards)
- ◆ Community Service
- ◆ Family Advocates
- ◆ Mediation
- ◆ Mentoring
- ◆ M.O.M.S Program (Moms Offering Mentoring Support)

*Please note that youth and/or families must be involved with the Juvenile Court to qualify for services.

Delaware County Board of Developmental Disabilities:

The Delaware County Board of Developmental Disabilities (DCBDD) provides services to individuals eligible for services through the Children’s Ohio Eligibility Determination Instrument based on need. BDD is voluntary and expects that families will engage in the activities that it coordinates, arranges and funds. The following are **Base Services**, those services we provide to all individuals in our system:

- A. **Early Intervention (EI)**- Early Intervention is a specialized way of interacting with infants and toddlers, birth through two years, to impact their lives to achieve their greatest potential. Eligibility for EI is determined through a comprehensive Help Me Grow evaluation and assessment. Base services through DCBDD Early Intervention include:
 - Early Intervention Specialist (EIS) to provide home visits to enhance and monitor development
 - Limited funding for therapies, adaptive equipment, groups for peer interaction, and respite

- B. **Family Support Services (FSS)** – Family Support Services are provided by the DCBDD for eligible children in preschool and elementary school (ages 3-10) living in their family home. Family Support Services is intended to:
 - Support the family to increase their capacity to care for the eligible individual in the family home.
 - Support the individual to be more independent and remove barriers at home and in community.
 - Support the individual so he/she may develop skills for transition

- C. **Transition Supports (TS):** These services are intended to support young adults in middle school through high school (ages 11-21 or graduation) living in their family home and eligible for Delaware County Board Services by:
 - Supporting young adults living in their family home to increase independence and begin a plan for adult services.
 - Explore supports through technology, employment, and independent living to focus on functional skills that will carry over into adulthood.

- D. **Adult Supports (AS):** These services are developed and authorized based on need to support an eligible adult (18 years of age or older and no longer receiving public school services) in his/her community as outlined in the Individual Support Plan.

Please Note: Locally funded supports, unpaid, natural supports such as family, friends, and neighbors, and generic service system must be sought to broaden the range and scope of available services as required by the individual. DCBDD is the payer of last resort, individuals/families must access other public funded resources such as Medicaid, waiver, school, and shared funding for covered services before accessing local funds. Natural supports are also encouraged, such as private insurance, family, friends, and other community resources in combination with local funding in order to maximize services for the individual.

FLEXIBLE SERVICES

The Delaware County community agencies, both public and private, agree to and understand that **FLEXIBLE SERVICES** are those services not mandated or routinely available by a community agency to an eligible population as they are created, developed or purchased on an individualized basis. In addition, **FLEXIBLE SERVICES** can include those services that must be purchased outside the community because a local or comparable service has reached its maximum capacity OR is a specialized service currently unavailable from a local agency.

ADDENDUM B
Delaware County Youth Cluster
Referral Form

(SEE REFERRAL FORM)

**ADDENDUM C 1
Delaware Youth Cluster**

Authorization to Use and Disclose Protected Health Information

Notice -Please Read: I understand that each authorization signed below will remain in effect for **180** days after I sign and date the form. Each authorization may be withdrawn at any time in writing except to the extent that action has already been taken. Upon receipt of written revocation, further release of information shall cease immediately, except as allowed by law.

I understand that if I have authorized the Delaware County Interagency Youth Cluster to disclose my youth's information to persons who are not required by Federal or State law to keep the information confidential, these persons receiving my youth's records may disclose the protected health information to others without my consent or authorization. The Delaware County Interagency Youth Cluster will not be responsible for the misuse or re-release of information by another individual, agency, or entity. The Delaware County Interagency Youth Cluster does not authorize the further disclosure of the Protected Health Information.

Youth Name _____ Date of Birth _____

I hereby authorize the Delaware County Interagency Youth Cluster to:

- disclose information to:
- request information from;
- exchange information with:

(Initial and date the following agencies to be involved)

Department of Job and Families Services _____

Delaware County Juvenile Court _____

Delaware Board of Developmental Disabilities _____

Delaware-Morrow Mental Health & Recovery Services Board _____

Family and Children First Council _____

Central Ohio Mental Health Center _____

Maryhaven _____

School District:

Delaware City Schools _____

Big Walnut Schools _____

Buckeye Valley Schools _____

Olentangy Schools _____

Westerville Schools _____

Delaware Area Career Center _____

Education Service Center of Central Ohio _____

Other _____

Other _____

Other _____

Information to be Used /Disclosed

Initial the following items needed:

- Diagnostic Assessment/Intake_____
- Mental Health Treatment Plan_____
- Psychological Evaluation Reports_____
- Court Reports/records_____
- Treatment information from Job & Family Services_____
- School MFE/IEP/records_____
- Psychiatric Evaluation_____
- Drug and Alcohol Addiction Records/Treatment Plan_____
- Family and Child Team Case Plan/Progress Reports_____

Other (Clearly Specify) _____

Other (Clearly Specify) _____

Purpose for Disclosure:

- Coordination of Community Agencies/Services
- Development of Interagency Youth Cluster Case Plan
- Monitoring of Interagency Youth Cluster Case Plan
- Cluster Funding Agreement
- System of Care Funding Request

Parent/Guardian Signature_____ Date signed_____

Relationship to Client_____

Witness/ Facilitator_____ Date signed_____

Youth Signature_____ Date signed_____

I understand that I may withdraw this consent at anytime in the future as explained above and that this consent will expire in 180 days from the dates signed below.

This consent will expire: _____

Or this consent will expire when (date, event, or condition):

_____ (not to exceed 180 days.)

or when the Interagency Youth Cluster case is closed.

Notice of Revocation

I hereby revoke authorization for further use and disclosure of my youth’s protected healthcare information effective immediately.

Parent/Guardian Signature: _____ Date Revoked: _____

Notice to Recipient Of Alcohol and Drug Related Information: This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit the recipient of this information from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Family Team Meeting

AGREEMENT ON CONFIDENTIALITY AND PARTICIPANT LIST

Family/ Parent Name:	Facilitator(s):
Date:	Location:

We the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending Juvenile Court or other Court action.

A written summary of this meeting will be distributed to all participants.

Signature of Attendance/ Agreement on Confidentiality	Print Name/Address and Phone Number (E-mail address)	Relationship to Family	Date

ADDENDUM D
Delaware Youth Cluster

Parent/Family Strength Assessment

Date of Visit ___/___/___

Date of Referral ___/___/___

IDENTIFYING DATA

Family Name _____ Phone (____) _____

Child's Name _____ Birth Date: _____

Residence Address _____ City _____

State _____ Zip _____

School _____ Grade Level _____

Father's occupation _____ Mother's occupation _____

Father's education _____ Mother's education _____

Number of moves in last 5 years _____ Birth order of child _____

PARTICIPANTS TO ASSESSMENT

Name of respondent _____ Birthdate ___/___/___ Relationship _____

Name of other participants _____

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

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

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

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

5. I am happiest when:

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

7. Name some special rules that your family has:

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

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

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

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

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

Notes/additions:

ADDENDUM E
Delaware Youth Cluster

Individual Family Service Plan

Child/Youth Name: _____

SSN: _____ DOB: _____

Address: _____

Phone: _____

School District of Residence: _____

School District of Attendance: _____

Gender: _____ Race: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Custodian: _____

Address: _____

Phone: _____

Placement Type: _____

Referral Information

Referral Source: _____

Phone Number: _____

Informal _____ Formal _____

Reason for Referral _____

Parent was offered a Parent Advocate? ___ Yes ___ No

Parent Signature: _____

Parent given Parent Rights Brochure? ___ Yes ___ No

Parent Signature: _____

FAMILY STRENGTHS:

CURRENT INVOLVEMENT (Check all that apply)

- Juvenile Court
- Probation/Parole
- Child Welfare Services
- Mental Health Agency
- Board of Developmental Disabilities
- Psych Hospitalization
- Medicaid Recipient
- Receives SSI Benefits
- OWF Welfare
- Other _____
- IEP
- Special Education Program
- Alternative School
- Substance Abuse Program

KNOWN PRESENTING RISK FACTORS (Check all that apply)

- Developmental Delay
- Personal Safety
- Anorexia/Bulimia
- Hears Voices/Sees Things
- Fire Setting - Current or History
- Prejudicial Thinking/Ideation
- Held Back/Behind in Grade
- Truancy
- Impulsive Behavior
- Limited Ability to Control Anger
- Known/Suspected Criminal Activity
- Family Conflict
- Unrestricted Internet Access
- Youth Uses Drug or Alcohol
- Parent w/Drug or Alcohol Problem
- Parent w/Severe Chronic Illness
- Current Placement/Suspected Child Abuse
- Sexual Acting Out/Impulsivity - Current or History
- Victimization: Physical, Emotional or Sexual
- Suicidal Ideation, Gestures, Attempts (Requires crisis/safety plan. See attached)
- Aggressive Behaviors (Towards Animals, Property, Others, etc)
- Violent Behaviors (Towards Others, Animals Property, etc) (Requires crisis/safety plan. See attached)
- Chargeable for Sex Offense (Requires crisis/safety plan. See attached)
- Limited Developmental Capacity to Maintain
- Self Injurious Behavior
- Emotional or Educational Disabilities
- Depression - Current or History
- Verbal or Written Threats to Others
- Negative Peer Involvement and/or Gang Activity
- Dropped Out of School
- Suspended, Expelled from School
- Runaway - Current or History
- Availability of Weapons
- Resides in High Crime Neighborhood
- Acute Family Crisis
- Lack of Caregiver Monitoring and/or Supervision
- Youth's Lack of Stable Residence/Homeless
- Parent w/Chronic/Acute Mental Illness

GOAL/OUTCOME

NEED	ACTION STEP	SERVICE REQUIRED	TIMELINE

FACT TEAM MEMBERS

AGENCY	SERVICE	SIGNATURE	DATE

PARENT / GUARDIAN PRINT NAME	SIGNATURE	DATE

ADDENDUM F
Delaware Youth Cluster

Crisis/Safety Plan	
Family Name: _____ Date: _____	
FACT Team Facilitator: _____	
Describe the crisis behavior or situation in detail, what does it look like?	
Who is involved in the crisis?	
Are there other activities going on in the environment that make the situation better or worse?	
List the triggers that lead to the crisis:	
How often does the crisis occur? (choose best option)	
Daily _____	How many times? _____
Weekly _____	How many times? _____
Monthly _____	How many times? _____
Other _____	How many times? _____

When the crisis does occur, how intense is it?

1

2

3

4

5

Not very

Very

How long does the crisis last? (minutes, hours, days)

Describe what happens after (as a result of) the crisis

What does the person do?

How do they feel?

Actions taken, including punishments?

Rewards, what did the person get out of the crisis (unmet need)

Emotions or responses by others?

<p>What have you tried in the past to avoid this crisis? How well did it work?</p>
<p>Why do you think the crisis continues to happen? What is this individual getting from the crisis:</p>
<p>When triggers <u>start</u> what can you take to <u>prevent</u> the crisis from happening?</p>
<p>What can the youth do instead of the crisis behavior?</p>
<p>If the <u>crisis occurs</u> what do I do: (Detailed, sequential action steps to be followed by the team). Include who (natural & formal supports) will do what, when and how often:</p>

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Youth/Child Signature: _____

Date: _____

FACT Team Facilitator

Signature: _____

Date: _____