



**HOCKING COUNTY
FAMILY AND CHILDREN FIRST COUNCIL**

**INTERSYSTEMS COLLABORATIVE FOR YOUTH
COORDINATING SERVICE PLANS
“Wrap Around Services”**

HOCKING COUNTY FAMILY AND CHILDREN FIRST COUNCIL OF LOGAN, OHIO

COORDINATION OF SERVICE PLANS

The Hocking County Family and Children First Council of Logan, Ohio is comprised of public and private human service agencies, government officials and private citizens. Among the goals of the Council is to support agencies' holistic services and programs to children and families in need residing in Hocking County.

Another goal is to outline the procedure for families to access services for their children from a host of united service providers who work in collaboration thus maximizing the possibility for the best treatment for the children of Hocking County. The Intersystems Collaborative for Youth Family Treatment Plan (referred to from herein as the Collaborative Plan), provides the structure and process for attaining these goals. **See Addendum D.** This plan is developed and approved by South Central Ohio Job & Family Services, the 317 ADAMHS Board, Help Me Grow, Board of Developmental Disabilities, Hocking County Health Department, Logan-Hocking School District, Hocking County Juvenile Court, Family and Children First Council and parent representatives. In the fall of 2015, The Hocking County Health Department will conduct a Community Health Assessment with our county's youth. Outcomes from this assessment will be reviewed by the Executive Council and will be incorporated into this plan in the near future.

The target population for these coordinated services is comprised of three categories. First, children and their families who voluntarily seek services for identified needs, or children and their families who have been identified as persons who could benefit from preventive services when their needs are not being met outside of the Service Coordination Mechanism. Second, children and their families when the children or child is determined or adjudicated to be an abused, neglected, dependent, unruly or delinquent child. Third, service coordinators who advocate on behalf of the children and their families and who have facilitated an ongoing involvement with a Family Team but need outside professional consultation.

All children who could benefit from the Intersystems Collaborative for Youth (“Cluster”) would have a completed Collaborative Plan, regardless of whether they would receive “Cluster” funding or not. Without this Collaborative Plan, a child/family could not be introduced in the “Cluster” meeting. We also recommend service coordinators utilize this format for all “Family Teams.”

It is recognized that many children in our community require multi-systemic services. The severity of need and the consequences within the community that are exhibited in the behavior and conduct of these children and families determine a priority of services and creativity of all agencies in a coordinated effort.

The Council also recognizes that prevention is in the best interest of the child, family and community. At present, the county has significant preventive services cooperatively performed by Board of Developmental Disabilities, South Central Ohio Job & Family Services, Hocking County Health Department, Juvenile Court, Logan-Hocking School District, Hopewell Health Centers, Health Recovery Services and Hocking, Athens, Perry Community Action – Head Start, churches and others. Examples of these cooperative preventive services are EAGER, both an enrichment program for high risk children ages 5-13 and screening and referral to mental health services, for preventing unruly and delinquent behavior in children, conducted by Juvenile Court, Hocking County Behavioral Health Services, and public schools in all elementary and middle schools; Logan-Hocking School District facilitates the PATHS program within all five elementary schools in the county; Help Me Grow and the Early Intervention programs for ages 0-3 are available to eligible families; Hocking County Board of DD offers Center Based Programs for ages 0-2, and School Support and Transition Services. Hocking County Help Me Grow also offers an art group for infants and toddlers, as well as an annual outreach event, ‘Kidpalooza’. Beyond the Bell program, is a before and after school program within the Logan-Hocking School District, as well as the Check and Connect Program. Parent Café Programing is currently in development to be offered to all parents in the county beginning in the fall of 2015. IPAC (Integrating Professionals for Appalachian Children) works in collaboration with multiple south eastern Ohio counties on the Pathways Program prenatal care and prevention of premature births.

South Central Ohio Job and Families Services offers an education and prevention program on Shaken Baby Syndrome at Logan High School. The American Red Cross offers multiple disaster prevention programs to youth and adolescent groups within Hocking County

FAMILY TEAMS

The cooperative planning and sharing occur through Family Teams, intersystem services collaboration and consultation meetings. These cooperative processes have been beneficial and helpful to those requiring service and to the service providers.

The consultations continue to occur as a part of the cooperative service plan during the family team meetings. The consultations continue in partnership with families, maximizing their natural assets and strengths. The Family Teams will be scheduled with the family and various community agencies on specific days and times each month, or as needed. Each agency representative comes prepared to discuss the needs of the child and the services each agency can provide in meeting those needs. The lead agency assigns a Team Lead to coordinate the Family Team processes. In some cases, the family may want to be the Team Lead or designate one of their own. At the initial meeting, families will be asked to identify their family's strengths, and their family's particular culture. Families are offered a family advocate, mentor, or support person to participate in family team meetings. A crisis and safety plan will be developed with the family at this time. Goals for the child will be determined at this time with input from the family. Future plans for the Family Team will attend to the family's culture into all future goals.

The goal of the Family Team is to continue as a means of coordination, cooperation and communication among the agencies and families to meet specific needs of children and their families. This procedure insures that a comprehensive family service coordination plan occurs prior to any discussion of out-of-home placement or, within ten (10) days after placement in the case of an emergency.

LEAST RESTRICTIVE ENVIRONMENT POLICY

It is imperative for Hocking County Family & Children First Council and its member/affiliates to provide any and all services to the child and family in the least restrictive environment. The least restrictive environment option to help the child and family will be thoroughly explored and utilized prior to other restrictive options. For example, services will be provided to the family through outpatient services first; if the presenting issue(s) are not remedied then respite care may be offered to the family. Removal of a child from the home for foster placement and or residential care is the last option after all other options have been utilized. If residential placement is sought, South Central Ohio Job & Family Services will file to gain custody, when appropriate. The child and family's safety is also an important factor when deciding which assistance/services to utilize and is always taken into consideration. As always, each family/child is evaluated individually and decisions on how to best serve the family/child is tailored to the individual family's needs and strengths. All options must be explored prior to implementing any treatment that would be considered more restrictive than what is currently being utilized.

COORDINATION OF FAMILY TEAM COLLABORATIVE PLAN

The Collaborative Plan requires a common intake and assessment for the identified multi-need youth and family. The coordination of intake and assessment shall occur as follows:

1. Any social service agencies, juvenile court, school personnel, or any member of a family voluntarily seeking services, may refer any child age 0-21 with needs in multiple systems to the current Family & Children First Council (FCFC) Coordinator. Families who wish to self refer may do so by calling, writing, or emailing Hocking County's Family & Children First Council or by indicating their desire for a family team meeting to an agency/school district that they are currently utilizing services.

2. The family or presenting agency shall determine the appropriate agencies/organizations who shall be invited to the initial meeting and the FCFC Coordinator, or Team will notify these people. Initial notification to families, agencies, appropriate school district (teacher, guidance counselor, principal, or other) shall be first by

telephone contact. Other forms of contact will be implemented such as USPS mail and email if needed or preferred by any member of the family team. Subsequent meetings will be notified by the service coordinator/team lead as approved by the family and attending agencies.

3. When a family self-refers, the FCFC Coordinator, or team lead shall call the initial Family Team meeting. The Family Team meeting shall be comprised of representatives of each county agency potentially involved in providing services to the particular youth and family, the parents, other family members, such as relatives who may need to be involved; and other individuals of the community who may have services or benefits to offer to a particular need.

4. The Family Team documentation will be completed at the first meeting. This paperwork will be completed in order to obtain necessary information for the major purposes of the team meeting The purposes are:

- (a) A description of the current situation, including the total family environment
- (b) Impact of any racial, ethnic, cultural issues affecting the family and child
- (c) The identification of goals, and services and resources needed to implement goals.
- (d) Identifying and implementing a crisis and safety plan.
- (e) Ensure that all processes and procedures within the Collaborative Plan and the Family Team process are trauma-informed.

The Family Team meeting, during the assessment process, shall not discuss issues of money, which agency shall pay, or blame of parents or agencies. Such negative discussions prevent creative solutions and hinder the assurance that emerging plans are driven by the needs and choices of the child and family. The assessment should not be influenced by what services are available, or which agency is responsible. New members may be recruited to develop the Collaborative Plan as required by new findings or insights of the intake-assessment process.

5. The lead agency/coordinator, or person responsible for implementing the plan, shall be agreed upon at the initial family team meeting. The assignment of a service coordinator/team lead is a consensus decision made with parents at the Family Team meeting. If an agency or school personnel make the referral, the agency referring the youth and family for the assignment and collaborative planning shall be the lead agency until the consensus decision is made by the Family Team meeting appointing a new service coordinator. This person will chair all future Team meetings, coordinating and monitoring all services identified on the plan.

6. Other critical coordinated intake and assessment factors are:

- (a) A record of all team meetings shall be documented (See “Family Team Report” form) and turned into FCFC Coordinator. **Addendum D**
- (b) Parents and families, including the child as appropriate, are full and equal participants in the development of the strength-based assessment and collaborative service plan.
- (c) Every effort will be made during the assessment process to identify a range of services and supports which are acceptable, accessible and relevant to the parents, child and family. The family’s cultural, racial, and ethnic components and strengths will also be determined. This identification is integral to the assessment process.
- (d) All Family Team participants shall enter into a confidentiality agreement which assures the timely access to appropriate information while respecting the right to privacy by children and parents. (See “Family and Children First Council Interagency Release of Information” form **Addendum B**).
- (e) Social service agencies all have strict guidelines and training on maintaining confidentiality and the assessment process. Reminders of maintaining confidentiality will be given by the Team Lead at all Family Team Meetings.

COLLABORATIVE PLAN

1. All participants of the Family Team, including youth and family members, shall review the Collaborative Plan at each Family Team Meeting. The review process shall determine the timeliness of the delivery of services, and the regularity of the participants in using the services, the observable results outcome of the services, the need to terminate, modify, or develop new services.

2. The Collaborative Plan shall identify family and individual strengths and needs with particularity, service, individual and/or community service providers who shall provide for the needs; the specific goals, time line, and a

plan for evaluation. In the event of voluntary preventive services, the family may reject all, or part of the services offered. The lead service coordinator shall be responsible for all overall implementation of the plan.

3. The evaluation component of each Collaborative Plan may include such empirically measurable items such as:

- (a) The fact that service providers offered service at appointed times.
- (b) The participants were regular in obtaining the services.
- (c) Changes or modification in behaviors as evidenced by observation or test (such as drug screens).
- (d) The accomplishment of participants such as obtaining employment, consistent attendance at school, better grades, obtaining needed supplies and their consistent use (such as in meeting the needs of infants).

4. The Collaborative Plan shall be signed by the family members and all authorized agents of each community service provider signifying the acceptance of the plan and the commitment to provide the service. If a member is not in agreement, the Collaborative Plan shall be signed by all participants and parties to signify their presence at the meeting. A statement of disagreement and the reason for disagreement shall be attached to the Collaborative Plan. All parties shall be provided with a copy of the Plan.

5. The county Cluster will schedule service coordination mechanism and Family Team meeting training for both agencies and families on a bi-annual schedule. Cluster and FCFC will commit to assure training every two (2) years. A brochure describing services and the procedure a parent follows to access service coordination has been developed. These brochures will be directed to parents and distributed to community partners. A local resource directory has been developed and is being issued to both agencies and the general public.

DISPUTE RESOLUTION

Parents are informed at the onset of the Family Team meetings of their right to use the dispute resolution process at any time in the process that they disagree. Parents shall use local agency grievance procedures to address disputes not involving service coordination. In the event that disagreement occurs in the intake-assessment process,

or in the formulation or implementation of the Collaborative Plan, the following Dispute Resolution Process shall be implemented. The dispute resolution process covers these three types of disputes:

1) Agency to agency, 2) child/family to agency, 3) child/family to their Service Coordination plan

1. If there is a significant and unresolved conflict regarding any aspect of the formulation or implementation of the Collaborative Plan by any participant (including youth or parents), every attempt shall be made to resolve the conflict within the parameters of the Family Team meeting. The lead service coordinator shall initiate negotiations to resolve the disagreement. The goal is to maintain the mediation and resolution of the conflict as close to the direct case providers and participants as possible. All conflicts in the Family Team shall be resolved in five (5) working days from the day of the origin of the conflict.

2. In the event the conflict cannot be resolved in the Family Team, a formal Statement of Conflict shall be filed with the Director/Coordinator of the Hocking County Family and Children First Council within five (5) working days of the conclusion of the Family Team's attempt to resolve the conflict.

3. The Coordinator of the Hocking County Family and Children First Council shall make available the formal Statement of Conflict to the Intersystems Collaborative members, and set a consultation on the next agenda. Members of the Intersystems Collaborative try to resolve and identify issues with the service coordinator. If need be, the Coordinator will issue a formal response within (ten) 10 days to all parties.

4. The decision may be appealed one time in writing within ten (10) days of receiving the written response of the Coordinator by any Family Team meeting participant, youth or family member. The written appeal shall be made to the Executive Committee of the Hocking County Family and Children First Council. The Executive Committee shall attempt to resolve the dispute within ten (10) days. If the dispute is not resolved, the Executive Committee shall file a Complaint with the Hocking County Juvenile Court within seven (7) days requesting final resolution. The hearing on the Complaint shall be limited to issues and resolutions of the dispute.

5. If the party refuses to participate in the dispute resolution process, the party may file a Complaint for Resolution directly with the Hocking County Juvenile Court. The FCFC Coordinator will prepare inter-agency assessment and treatment information for juvenile court. The final arbitrator of the case resolution will be the presiding juvenile court judge.

6. Each agency represented on the Family and Children First Council that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process. An individual or an organization may file a complaint with the county council regarding the provision of early intervention services within the county. The current council coordinator is designated as the council's liaison for the receipt of complaints.

1. The council coordinator will notify Ohio Department of Health [Bureau of Health Services] of the complaint in writing [via email or U.S. mail or fax] within seven [7] calendar days of receipt of the complaint.
2. The council coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
3. The council coordinator will explain the options available for dispute resolution, which include:
filing a complaint with the county council; filing a complaint with ODH; requesting mediation; requesting an administrative hearing with ODH; filing a complaint with the provider of Part C services.
4. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
5. The Executive council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.

6. The investigation of the complaint will include at least the following: conduct an onsite investigation as determined necessary; interview the complainant and give the complainant the opportunity to submit additional information, either orally or in writing; interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing; and review all relevant information and make a decision.
7. The Executive council will issue a written decision to the complainant within thirty [30] calendar days from receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH.
8. The Executive council will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

FISCAL POLICY

Historical Perspective: Members of the Hocking County Family and Children First Council have a strong historical foundation of developing and utilizing integrated approaches to delivery of services to children and their families. These integrated approaches have not only focused on cross-system programming, but also fiscal collaboration among agencies to pool flexible funding to maximize with all of the potential resources of Hocking County. Whenever possible in a small rural county, community-based, family-centered prevention services and supports are offered. Requests for service coordination funding are presented at the Intersystems meeting and a vote is taken by the membership at this meeting to be directed to Executive Council for a final vote.

The Hocking County Family and Children First Council, through its member agencies of South Central Ohio Job and Family Services, 317 ADAMHS Board, Hocking County Health Department, Hocking County Board of Developmental Disabilities, the Logan-Hocking County School District, Hocking, Athens, and Perry County Community Action, and other private and public organizations have agreed upon two specific fiscal priorities. Each

priority depends upon already existing collaborative funding and funds presently received by each participating agency.

The first priority of the Hocking County Family and Children First Council is to continue the assessment of current funding systems of all agencies for children and families. This assessment shall include, among other actions, the determining of target populations, programs and funds that may serve as a basis for enhanced collaborative funding; and seeking enhanced funding (matched funding) by pursuing grants and other outside sources of funds, including funds from private agencies and the community.

The Hocking County Family and Children First Council's second priority is to set the standard for effectively pooling resources to enhance and support delivery of services to multi-systemic needs children and their families. Most times the Family Team will be able to assist the family and child in need by this type of collaboration. There may be instances where the intra-agency collaboration does not generate enough resources to support the service needs. The pooled dollars of the six FCFC contributing agencies may be used for this purpose in rare instances and on a case-by-case basis as determined by FCFC Executive Council.

Prior to seeking these pooled funds, there must be professional consultation with the Intersystems Services Collaboration members. At this meeting, the service coordinator /team lead will provide the following:

- Collaborative Plan - Attachment A
- Copies of all Family Team Meeting Forms
- Release of Information
- Service Coordination Plan
- Copies of any assessments completed by agency providers
- Information/literature on the placement facility being requested, when applicable

The role of the Intersystems Collaborative members is to review the material presented to determine if all resources and intervention have been utilized and/or exhausted prior to requests for funding. A decision will then be made if the funding request is clinically necessary, at which time the FCFC Coordinator will present the request to the Executive Council.

In an effort to promote community collaboration, The Hocking County Family and Children First Council may:

1. Develop cross-training for participating agencies' staff in order to understand the other agency; to promote cooperative relationship among agencies; to understand family and youth needs from the perspective of other agencies; and identify and eliminate duplication and overlap among agencies.
2. Support and promote voluntary, family-centered and preventive services available as much as possible in least restrictive environments of the community.
3. Develop a family resource directory to educate the community on valuable services and resources.
4. Each agency or organization who is a member of the Hocking County Family and Children First Council shall review the regulations and procedures of their agency for the purpose of eliminating barriers to families accessing services or cooperating with agencies in the delivery of services.

ORGANIZATIONAL STRUCTURE

The Hocking County Family and Children First Council shall be comprised of the following organizational structure and parents which shall be the vehicles for conducting responsibilities and business of the Council, including the implementation of specifically identified collaborative plans.

The basic component of the organizational structure is the Hocking County Family and Children First Council. The Full Council shall be a broad-based community representative body. Presently, the members of the Full Council are South Central Ohio Job and Family Services, Hocking County Board of Developmental Disabilities, Logan-Hocking School District, Hocking, Athens, Perry County Community Action, Hocking County Health Department, Office of the Mayor of Logan, Health Recovery Services/Hocking County Behavioral Health, Early Childhood Programs/Help Me Grow, County Commissioners, Department of Youth Services, Parent Representatives, TASC, Hocking County Juvenile Court, Director of United Way of Hocking County, Hopewell Health Centers, the Athens, Hocking, Vinton 317 Board, Integrated Services of Appalachian Ohio, Parent Advocacy Connection, The

American Red Cross, Muskingum Valley Education Service Center, P.R.I.S.M Behavioral Health Care, and Southeastern Ohio Center for Independent Living.

The Council is charged with the responsibility of making the basic policy for the organization; developing and approving programs of the organization; and providing for, and approving of, the funding of the organization. The officers of the Council are Chair, Vice Chair, Treasurer and Secretary. The By-Laws of the Council have been adopted.

Directly accountable to the Council and immediately beneath the Council is the Executive Committee. The Executive Committee is composed of the directors or their authorized representatives of the following county agencies: South Central Ohio Job and Family Services, Logan-Hocking School District, 317 ADAMHS Board, Hocking County Board of Developmental Disabilities, Hocking, Athens, Perry County Community Action, Hocking County Health Department, United Way of Hocking County, Hocking County Juvenile Court, Hopewell Health Center, Health Recovery Services/Hocking County Behavioral Health and the Hocking County Commissioners. If an officer of the Hocking County Family and Children First Council is also a director, or member, or a representative of one of the above named county agencies, the officer shall serve as a representative of the agency serving on the Council. Each county agency serving on the Executive Committee shall have one vote on the Executive Committee.

The Executive Committee shall facilitate Hocking County Family and Children First Council meetings, construct an annual budget to be submitted to the Council for approval, oversee all grants and collaborative funding efforts, oversee all personnel of the Hocking County Family and Children First Council, including hiring, firing, job descriptions and review of job performance, develop recommendations on policy and program for the approval of council, advocate on behalf of Council, and participate in the professional consultation where requested, oversee the Collaborative Plans for those children supported by pooled funding.

The Executive Committee may appoint the following sub-committees as needed. They are as following:

1. The Program Planning Committee

2. The Community Relations Committee
3. Intersystems Collaborative (Cluster)
4. The Personnel Committee
5. The Fiscal Committee

The Program Planning Committee members shall be appointed by the Council Chair and consist of members of the Council and the community. The members of the Program Committee shall select a chairperson from the membership committee. The Program Planning Committee makes recommendations for program development and funding to support identified community-based programs and services.

(1) Early Childhood Coordinating Committee

The Early Childhood Coordinating Committee [ECCC] members, connected with Hocking County Help Me Grow, determines the needs for services to “at risk” 0-5 age children, or to population with identified needs, facilitate service delivery as may be required by an I.F.S.P., facilitate the transition of identified needs children to pre-school, encourage parental involvement.

The Community Relations Committee members shall be appointed by the Council Chair from the council or the community. The Community Relations Committee shall be composed of members of the council and community.

The Community Relations Committee shall, among other duties, develop community education and awareness programs of the service of the Council, the member agencies and other resources of the community available to youth and families; encourage and seek public and private involvement of the community in the programs of the Council.

The Intersystems Collaborative members shall be comprised of all county child serving agencies and as mandated by the law of the State of Ohio.

The Intersystems Collaboration shall provide monitoring for the multi-systemic needs child and family as recommended on the Collaborative Plan by the Family Team meeting and approved for pooled funding. They may, after strict evaluation, recommend and refer to the Executive Committee for needed funding for new cases. The members will also provide professional consultation when requested.

The purpose of the organizational structure and the county Collaborative Plan is not to create a super agency among agencies of the county. Rather, the purpose of the organizational structure and the Collaborative Plan is to

empower and enable the cooperation, coordination, communication and commitment among the agencies, public and private, of the county who provide services to youth and their families.

The Personnel Committee shall be appointed by the Council Chair from members of the Council or community. This committee shall oversee all personnel issues and make recommendations to the Executive Committee as appropriate.

The Policy Committee shall be chaired by an appointee of the current Council chair and shall consist of at least three members of the Council or community. This Committee shall oversee Council's compliance of the State Statute.

The Fiscal Committee shall consist of the Treasurer, Coordinator and at least one other member of the Council.

The Executive Council will monitor the service coordination mechanism and review it every five (5) years. A report is prepared semi-annually for the 317 Board on the outcomes of all families and children who are receiving service coordination.

DATA REPORTING

All Service Coordination data is to be stored in hard copy and when available, electronic copy as well, via secured system. All data will be made available to the State of Ohio for evaluation purposes.

ADDENDUM B

HOCKING COUNTY FAMILY AND CHILDREN FIRST INTERAGENCY RELEASE OF INFORMATION

I recognize the importance of a team approach to the care of my family listed in this assessment sheet.

I understand that it is important for agency representatives/services to share written and verbal information to assist in planning my family's case.

I acknowledge this process and give my consent for agencies with a (checked box) listed below to share pertinent written/verbal records and information regarding history, testing, assessment, recommendations, evaluations and treatment about myself/my family in preparing my family assessment of needs. Written records and information will NOT be disclosed to any other party without prior written consent given by me.

I authorize, for myself and the individuals (minors) listed in this assessment, the release of mental health, drug or alcohol abuse records, only to those agencies as set out below.

I understand that Federal rules restrict any use of disclosed drug or alcohol information to criminally investigate or prosecute me or the individuals (minors) listed in this assessment.

I acknowledge that I have read this document. I also understand that this permission shall continue in effect until I revoke it in writing or not longer than twelve (12) months. Further, I understand that I have the right to revoke this release in writing delivered to you at any time. I do, however, understand that the authorized agency (s) may have already released information based on my prior consent.

If not previously revoked, this consent will expire: **Date:** _____ (one year from today)

The persons and/or agencies authorized to exchange written records and information include:

- | | |
|---|--|
| <input type="checkbox"/> Bureau of Vocational Rehabilitation | <input type="checkbox"/> Hocking Valley Community Residential Center |
| <input type="checkbox"/> Department of Youth Services | <input type="checkbox"/> Logan-Elm School District |
| <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> Logan-Hocking School District |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Nelsonville-York City School District |
| <input type="checkbox"/> Health Recovery Services, Inc. | <input type="checkbox"/> SEPTA |
| <input type="checkbox"/> Hocking Co. Behavioral Health Care | <input type="checkbox"/> Social Security Office |
| <input type="checkbox"/> Hocking Co. Board of DD | <input type="checkbox"/> Hocking Metropolitan Housing Authority |
| <input type="checkbox"/> Hocking County Family & Children First Council | <input type="checkbox"/> Hocking County Intersystems Collaborative (Cluster) |
| <input type="checkbox"/> Hopewell Health Centers | <input type="checkbox"/> South Central Ohio Job and Family Services |
| <input type="checkbox"/> Hocking County Health Department | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Hocking County Juvenile Court | <input type="checkbox"/> 317 ADAMHS Board |
| <input type="checkbox"/> Hocking, Athens, Perry Community Action | Other _____ |
| | Other _____ |

Name of Child

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Signature of Witness

Date

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

Signature of Parent/Legal Guardian

Date

update 6/14

HOCKING COUNTY
FAMILY & CHILDREN FIRST COUNCIL
P. O. BOX 1145
LOGAN, OHIO 43138
(740) 380-2446
FAX: (740) 385-0852
EMAIL: FCFC@CO.HOCKING.OH.US



CLUSTER REFERRAL COVER PAGE

(COLLABORATIVE PLAN-ADDENDUM C)

This referral packet must be completed with the Family Team and in agreement by the parents/guardians.

Please be sure to include the following along with this referral:

- Release of Information(if not already on file)
- Copy of Family Team Meeting Report
- Copies of any and all assessments completed by agency providers
- Information/literature on the placement facility (if being requested).

Please turn in this completed referral to FCFC ONE WEEK prior to presenting to Cluster.

Updated 5/15

CLUSTER REFERRAL
(COLLABORATIVE PLAN- ADDENDUM C)
DEMOGRAPHICS

Today's Date: _____

Client Name (First, MI, Last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security #	
DOB (MM/DD/YYYY) :			Client Age :		
Race:					
<input type="checkbox"/> White		<input type="checkbox"/> Native American		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Asian		<input type="checkbox"/> Alaskan Native		<input type="checkbox"/> Multiple Race	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Other			
Ethnicity <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other Hispanic				Have cultural/ethnic issues been addressed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address		City	State		Zip
Mother (First, MI, Last) <input type="checkbox"/> Custody					
Address <input type="checkbox"/> Same as Child		City	State		Zip
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		Education Status		Social Security #	
Home Phone ()		Work Phone ()		Cell Phone ()	
Father (First, MI, Last) <input type="checkbox"/> Custody					
Address <input type="checkbox"/> Same as Child		City	State		Zip
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		Education Status		Social Security #	
Home Phone ()		Work Phone ()		Cell Phone ()	
Guardian/Other <input type="checkbox"/> Custody					
Home Phone ()		Work Phone ()		Cell Phone ()	
Has a parent advocate been offered? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Other Children In Home:					
Name:		Sex:	Age:	School:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			

CLUSTER REFERRAL
(COLLABORATIVE PLAN- ADDENDUM C)
CONCERNS AND INTERVENTIONS

1. Please describe the major concern that is interfering with the success of the child.

2. Please identify which interventions the Family Team has implemented to address the major concerns:

- Assessments-Board of DD, school, Juvenile Court, level of care assessments, etc. (Please include copies with this referral)
- Case Management
- Child attending individual therapy. Frequency of appointments? _____
- Family attending family therapy. Frequency of appointments? _____
- Held Family Team Meetings (When was the family team formed? How many meetings have occurred since team formed? _____)
- Implemented a safety plan. Please describe or attach a copy of this plan: _____
- Open case with Children Services.
- Parents attending individual therapy. Frequency of appointments? _____
- Psychological evaluations. What recommendations from the evaluation have you implemented? (please include a copy with this referral) _____
- Referrals to community resources. Please list programs/agencies: _____
- Respite. How often does child use? _____
- Specialized equipment/needs. Please describe: _____
- Other: _____

CLUSTER REFERRAL
(COLLABORATIVE PLAN- ADDENDUM C)
GOALS AND OBJECTIVES

3. Please list the goal(s) established by the Family Team below:

	Objectives:	Responsible Party/Agency
1.		
2.		
3.		

4. Do the parents and team agree on the major concern that needs to be addressed? Yes No
If they do not agree, how has the team tried to resolve this issue? _____

5. Please describe family's strengths including racial, ethnic, and family culture issues.

6. Please describe child's strengths.

7. Please describe any barriers to the success of attaining these goals:

Parents'/guardians' view:

Teams' view:

CLUSTER REFERRAL
 (COLLABORATIVE PLAN- ADDENDUM C)
 FAMILY INVOLVEMENT/CONDITIONS

Parents/Guardian:

Is parent/guardian involved with the family team? Yes No
 Is parent actively participating in the team's recommendations for child? Yes No

Comments:

Please rate the following based on current information of what has been accomplished and what yet needs to be done in the family.

<u>Family/Guardian:</u>	N/A	Not stable	Somewhat stable	Safe/Stable	Doing well	Doing very well
The child's living situation is:	<input type="checkbox"/>					
The child's mom is:	<input type="checkbox"/>					
The child's dad is:	<input type="checkbox"/>					
Child abuse issues are:	<input type="checkbox"/>					
Domestic violence issues are:	<input type="checkbox"/>					
Sibling relationships are:	<input type="checkbox"/>					
Substance abuse issues are:	<input type="checkbox"/>					

	No	Yes
Acute family crisis	<input type="checkbox"/>	<input type="checkbox"/>
Availability of weapons in home	<input type="checkbox"/>	<input type="checkbox"/>
Illness of family member	<input type="checkbox"/>	<input type="checkbox"/>
Lack of parental supervision	<input type="checkbox"/>	<input type="checkbox"/>
Lack of stable home	<input type="checkbox"/>	<input type="checkbox"/>
Parent with MH or DD	<input type="checkbox"/>	<input type="checkbox"/>
Unrestricted internet access	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

CLUSTER REFERRAL
 (COLLABORATIVE PLAN- ADDENDUM C)
 EDUCATION/LEGAL/BEHAVIOR

Education:

	No	Yes
The child has an IEP	<input type="checkbox"/>	<input type="checkbox"/>
The child has been referred for a COEDDI or OEDDI	<input type="checkbox"/>	<input type="checkbox"/>
Held back/behind in grade	<input type="checkbox"/>	<input type="checkbox"/>
Negative peer involvement	<input type="checkbox"/>	<input type="checkbox"/>
Suspended/expelled/drop out	<input type="checkbox"/>	<input type="checkbox"/>
Truancy problems	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Legal:

	Yes	No
Youth is involved with court	<input type="checkbox"/>	<input type="checkbox"/>
Youth has probation rules	<input type="checkbox"/>	<input type="checkbox"/>
Youth has court costs	<input type="checkbox"/>	<input type="checkbox"/>
Youth does not abide by probation rules	<input type="checkbox"/>	<input type="checkbox"/>
Victimization history	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a brief description of the child's court involvement:

Behavior:

	N/A	Rarely	Some	Frequently
Abuse of Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger control problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent/unruly behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non age appropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLUSTER REFERRAL
 (COLLABORATIVE PLAN- ADDENDUM C)
 BEHAVIOR, continued/MENTAL HEALTH

	N/A	Rarely	Some	Frequently
Run-away behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self- injurious behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex offender behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexting behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually acts out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal/written threats to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing/seeking out pornographic material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

<u>Mental Health:</u>	N/A	Rarely	Some	Frequently
Youth attends all scheduled appointments including:				
Case Management/CPST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the child's current diagnosis?

Psychiatric History:

Previous residential/out-of-home placements:

Please list any other concerns not addressed:

CLUSTER REFERRAL
(COLLABORATIVE PLAN-ADDENUM C)
FUNDING REQUEST

What is the Team's Plan A? How does this plan address the goals of the Family Team? (If funding is approved by Hocking County Family & Children First Council)

If requesting an out-of-home placement, what is the team's step-down, or discharge plan for the child?

All funding requests require a Plan B to be considered for approval. What is the Team's Plan B? How does this plan address the goals of the Family Team? (If funding is not approved at this time by Hocking County Family & Children First Council)

Please provide a brief description of the interventions implemented to meet the needs of the child? What have been barriers to successfully meet these needs? Has a least restrictive environment been utilized? If not, please explain.

Is the child in the custody of Children Services? _____

Name of facility if requesting placement in residential/in-patient setting: _____

Is this 4 E facility? _____

Per Diem rate of placement: _____

Anticipated length of stay: _____

CLUSTER REFERRAL
 (COLLOABORATIVE PLAN-ADDENUM C)
 FAMILY TEAM MEMBERS

Please indicate which agencies/service providers are currently involved with the Family Team:

	Provider Name:	Email/Phone:
<input type="checkbox"/> Alternative School	_____	_____
<input type="checkbox"/> Children Services	_____	_____
<input type="checkbox"/> DD	_____	_____
<input type="checkbox"/> Head Start	_____	_____
<input type="checkbox"/> Help Me Grow	_____	_____
<input type="checkbox"/> Health Provider	_____	_____
<input type="checkbox"/> Health Department	_____	_____
<input type="checkbox"/> Juvenile Court	_____	_____
<input type="checkbox"/> Mental Health Agency	_____	_____
<input type="checkbox"/> Parent Advocate	_____	_____
<input type="checkbox"/> Probation/Parole	_____	_____
<input type="checkbox"/> School District	_____	_____
<input type="checkbox"/> SOCIL	_____	_____
<input type="checkbox"/> Substance abuse program	_____	_____
<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Other:	_____	_____

Comments:

CLUSTER REFERRAL
(COLLABORATIVE PLAN-ADDENDUM C)
SIGNATURE PAGE

By signing below, you are stating that you participated in and are in agreement with the completion of this referral. Your signature also indicates your acknowledgement that personal family information shared by team members will not be shared with others outside of the family team without written consent of the family.

Printed Name	Signature	Agency	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLUSTER REFERRAL
(COLLABORATIVE PLAN-ADDENDUM C)
PROGRESS/EVALUATION PAGE

Today's Date _____

Child's Name _____

Birth Date/Current Age _____

Current Placement _____

Date of admission: _____

Goal:

A. Please describe the teams' reason for the request of continued funding?

Placement Name: _____

Per Diem: _____

Anticipated Length of Stay: _____

B. Progress/Concerns/Barriers since placement:

C. Please describe the family's progress since the child's out-of-home placement?

D. Record of Family Team Meetings: (attach copies of reports)

HOCKING COUNTY FAMILY & CHILDREN FIRST COUNCIL
FAMILY TEAM MEETING REPORT
(Addendum D)

Date of Meeting: _____ Is this the initial meeting for this team? Yes No

Child's Name: _____, _____ Age _____
Last First

Name of Parent(s)/Guardian _____

Release on file: Yes No If no, why? (Example: court ordered) _____

Children Services open case: Yes No Case plan voluntary? Yes No

Family team active: Yes No If no, what are barriers? _____

If active, how many times has the team met this month? _____

Who participated in and/or was invited to meetings? (Please check appropriate letter(s):

I=invited; A=attended; E=excused)

Name	Agency/Parent/Guardian	I	A	E
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Last Name				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Last Name				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Last Name				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Last Name				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Last Name				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Last Name				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Last Name				

Next team meeting: Date: _____ Time: _____ Place: _____

Lead Agency _____

Lead Person's Name _____

**HOCKING COUNTY FAMILY & CHILDREN FIRST COUNCIL
FAMILY TEAM MEETING MINUTES**

Assets/Strengths Identified:

Current Needs Identified:

Plan/who is responsible for carrying out each plan item:

Other notes:

NAME OF CHILD _____

**ADDENDUM D, E & F
INDIVIDUAL SERVICE COORDINATION PLAN**

CHECKLIST FOR TEAM MEETING: (check off as they are explained to family)

- Families are invited and encouraged to fully participate in all family team meetings.
- Team meetings are individualized
- The family team addresses Issues pertaining to confidentiality, least restrictive environment and cultural sensitivity.
- A lead agency is chosen, approved by the family, and designated to track the progress of the plan, schedule reviews, and facilitate the family team meetings when needed.
- Individualized Family Service Coordination Plans are developed for and with each family [see below].
- Individualized **written** crisis and safety plans are developed for and with each family.
- A dispute resolution process is available that can be accessed by both parents and agencies.
- Families are offered a family advocate, mentor, or support person to participate in family team meetings [service coordination plan]**
- Family and child describe the needs and strengths of the family:** _____

SERVICE COORDINATION PLANS OR GOALS FOR FCSS CHILDREN: (please check off all that apply)

- Socialize appropriately with other children
- Follow limits
- Socialize with pro-social adults
- Develop competence by being successful (at hiking, building a fire, etc)
- Develop ability to control one's behavior
- Gain and give respect to others
- Obtainment of values
- Other _____

Crisis/Safety Plan _____

Service or support to child/family using FCSS funds. **ALLOWABLE EXPENSES UNDER FCSS FUNDS**

- _____ Non-clinical in-home parent/child coaching
- _____ Non-clinical parent support groups
- _____ Parent Education
- _____ Mentoring
- _____ Respite [including summer camp]
- _____ Transportation
- _____ Social/Recreational Supports:
- _____ Safety and Adaptive Equipment
- _____ Structured activities to improve family functioning
- _____ Parent Advocacy
- _____ Service Coordination
- _____ Youth/Young Adult Certified Peer Support
- _____ Other

Needs of FCSS children at intake in the following categories, whether or not those needs were being addressed. _____Developmental Disabilities _____Mental Health _____Special Education _____Child Abuse _____Alcohol/Drug _____Physical Health _____Child Neglect _____Poverty _____Unruly _____Delinquent _____Help Me Grow _____Primary Care Physician _____Autism Spectrum Disorder

Age of children and youth served with FCSS funds.

_____0 through 4 years of age _____4 through 9 years of age
_____10 through 13 years of age _____14 through 18 years of age _____19 through 21 years of age

