

# **Noble County**

## **Service Coordination Plan** **2010**

**Adopted - June 24, 2010**

**Effective – July 1, 2010**

## Table of Contents

I	Overview.....	2
II	Purpose.....	2
III	Commitments and Values .....	2
IV	Referral Procedure.....	3-4
V	Service Coordination Meeting Protocols.....	4
VI	Assessment of Strengths & Needs.....	4-5
VII	Outcome Monitoring and Evaluation.....	5
VIII	Dispute Resolution.....	5-6-7
IX	Service Responsibilities.....	7
X	Service Planning for Family Inclusiveness.....	7
XI	Funding.....	8
XII	Diverting Unruly Youth.....	8
XIII	Quality Assurance and Data Collection.....	8
XIV	Out-of-home Placement and Crisis Contingencies.....	8-9

### Addendum

- A. Referral Form
- B. Consent to Release of Information
- C. Confidentiality Statement
- D. Pre-Family Team Meeting Worksheet
- E. Family Plan
- F. Crisis/Safety Plan



# THE NOBLE COUNTY FAMILY AND CHILDREN FIRST COUNCIL

## Service Coordination Plan

### I OVERVIEW

The Noble County Service Coordination Plan (hereinafter referred to as simply the service coordination plan) has been developed and adopted by our council (see attached council membership agreement and signature page). It is intended to address the Creative Options function of council. The agencies in the development of the original Plan and each succeeding revision include the following members: Child Protective Services, Juvenile Court, Health Department including HMG Staff, and EI reps from the Board of Developmental Disabilities, Schools, ADAMH, Mental Health, Behavioral Health Choices, approval by our full FCFC Council including parent representatives.

The service coordination plan recognizes the need for services which focus on the family and increased parental involvement in the care of their child(ren). The service coordination plan encourages early service intervention, when needed, in an effort to prevent children from entering the juvenile justice system and/or from placement in out-of-home settings. The service coordination plan is also intended to encourage cooperation among council members and those who may be in collaboration with council and its members from time to time. At all times the best interest of children and families is the fundamental concern and goal.

### II PURPOSE

The county service coordination mechanism shall serve as the guiding document for coordination of services in the county. For children who also receive services under the Help Me Grow program, the services coordination mechanism shall be consistent with rules adopted by the Department of Health under section 3701.61 of the Revised Code. All family service coordination plans shall be developed in accordance with the county service coordination mechanism. When a child is involved in both HMG and service coordination through the council, the main provider of service coordination should be HMG to assure compliance with O.R.C. 3701.61, the council service coordination mechanism will support and provide resource assistance for the family's HMG Plan.

### III COMMITMENTS AND VALUES

In our efforts to support Ohio's **Commitments to Child Well-Being**, the Noble County FCFC acknowledges that we believe that in a healthy environment:

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are ready for school
- Children and youth succeed in school

- Youth choose healthy behaviors
- Youth successfully transition into adulthood

This service coordination plan is intended to assist families and children in achieving these goals.

OFCF values that shape Ohio’s public policy regarding families and their children continue to guide the progress of county Family & Children First service coordination:

- Children have the right to live with their own family.
- Children have the right to be nurtured and protected in a stable family environment.
- When children are at risk of harm, the community has the responsibility to intervene.
- Families are our community’s most important resource and must be respected, valued, and encouraged to build upon their strengths.
- The racial, cultural and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.
- Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.
- Families have a right to individualized service provision that addresses the multiple needs of their children.

With these values in mind, the purpose of this Noble County coordination Plan is to transform local services delivery from child-centered systems to family and children integrated systems that support children and preserve families through inter-agency home and community intervention wherever possible.

#### **IV REFERRAL PROCEDURE**

Any agency, including juvenile court, or a family voluntarily seeking service coordination, may refer the child and family to the county council for service coordination in accordance with the county service coordination mechanism. This may be accomplished by contacting the FCFC Coordinator by phone at 740-732-2392, 18065 Woodsfield Rd., Caldwell, Ohio 43724. a verbal or written request will immediately initiate the service coordination process. Children who are appropriate for referral to the Creative Options process are residents of Noble County, 0-21 years of age and who meet any of the following:

- have parent(s)/guardian(s) who are requesting process
- need services from two or more social service agencies, including schools and juvenile court
- are abused, neglected, dependent, unruly or delinquent
- continue to have unresolved problems despite attempts at resolution
- are at risk for out-of-home placement

A Referral Form (attachment A) shall be completed for each case referred. This form shall include (1) the date the referral is received; (2) the source of the referral; (3) contact information for the family/child; (4) a brief description of the issue of concern; (5) response/actions taken, and; (6) a time line for the referral process.

## **V SERVICE COORDINATION MEETING PROTOCOLS**

The Family and Children First Coordinator, upon referral of a case for process, will contact **all** agencies involved with the child and family to set up a treatment team meeting. This will be done within 14 days of the referral to the Family and Children First Council (for non-emergency case). This action will occur only after the **Consent to Release Information** form has been signed by the parent/guardian. The FCFC shall ensure the protection of any personally identifiable information collected, used, or maintained. (See Attachment C).

The meeting, called a Creative Options meeting, will include the Family and Children First Coordinator, representatives from **all** other agencies (including the child's school system) that are involved, the child and his/her family, Parent Advocate of the family's choice, and support system. Those attending will brainstorm ideas to come up with what will be most beneficial to the child and family. From this meeting an integrated service plan will be formed that states what services are to be carried out to meet the best interests of the child. The service plan will outline the specific services to be provided and will name those responsible for providing them. The plan will be submitted to each agency for approval, and a signature by the director or designee will verify that agency's acceptance of their responsibility for the integrated service plan. If additional resources are later considered to be needed, then assistance from The Noble County Family and Children First Council, or, if necessary, from The Ohio Family and Children First Council, will be sought. In cases where all participants involved with the case do not agree to the integrated service plan, the Family and Children First Coordinator will seek assistance from the Noble County Family and Children First Council. An update of each case will be presented to the Noble County Family and Children First Council by the team members designated and the Coordinator on at least a quarterly basis. The update will stay within the required boundaries of confidentiality.

## **VI ASSESSMENT OF NEEDS & STRENGTHS**

Each referring agency will be responsible for assessing the needs and strengths of the child

and family at the time of referral. The assessment shall include an intake and screening process using a developed tool commonly used by that agency (e.g.; Multi-factored evaluation, Ohio Scales, ASQ, Battelle Inventory, Hawai EL Profile) in addition to SCM's Pre-Family Team Worksheet Addendum D). When a family requests Service Coordination for themselves, the FCFC Coordinator will use the Worksheet (D) in meeting with the family representative before assembling a Team. In either process, agency referral or family referral, the FCFC Coordinator shall ask the family to approve a Team Leader or Lead Agency. The FCFC coordinator will collaborate with each Team Leader in scheduling times & dates for meetings, facilitating family meetings and tracking the data collection and progress of goals in the family SC plan. Any agency may make a referral to the Creative Options process. Generally the agency who is providing current services to the child and/or family will make the referral.

## **VII OUTCOME MONITORING AND EVALUATION**

Each family plan (IFSP) will be reviewed within 90 days of development and within each 90 days thereafter. The team leader will meet with the family and all agencies involved with the plan. No review will be held without the attendance of the family. A review may be held at the request of the family, team leader or FCFC Coordinator at any time. The team leader or FCFC Coordinator, with agreement of the family, will notify all participants of the team (in writing) of the time, date and location of all reviews. All notices will be made at least one week in advance if possible.

In each review the child/and or his family will be given the opportunity to provide input into the services needed and provided. This family input will be reflected in the family plan (IFSP).

## **VIII DISPUTE RESOLUTION**

At the time of referral for service coordination, a copy of this policy will be provided to each family by the Team Leader.

If there exists an otherwise unresolved dispute regarding an integrated service plan, whether between agencies, family and agency or family to their SC plan, the following process (steps) will be put into effect. The Family and Children First Coordinator is responsible for keeping all Creative Options team members and the Family and Children First Council Chairperson informed regarding the outcomes of each step in the process, scheduling meetings if necessary, to do so. If there is no Coordinator employed or under contract at the time of a dispute, or during the process of a dispute, the Creative Options team leader will assume the role normally held by the Family and Children First Coordinator so that the process may go forward in a timely manner.

- 1) If there is a significant conflict regarding any aspect of an integrated service plan,

every attempt will be made to resolve that conflict by those responsible for the plan. The Family and Children First Coordinator will facilitate a meeting at which efforts will be made to resolve the conflict. If resolution does not occur at this meeting, any party to the plan (including parents or their representatives) may file a written request with the Family and Children First Coordinator to initiate the following process for dispute resolution.

- 2) The Family and Children First Coordinator will, within five (5) working days of receiving the written request, arrange mediation of the dispute. In cases where a voluntary mediator cannot be provided, funds from the Noble County Family and Children First Council will be requested for the purpose of providing a mediator. Those funds will be acquired in a manner consistent with methods then in practice.
- 3) Following mediation, the Family and Children First Coordinator will immediately notify all plan participants of the outcome, scheduling a team meeting if necessary.
- 4) If the conflict remains unresolved after mediation, the Family and Children First Coordinator will immediately refer the matter to the Family and Children First Chairperson. The Chairperson will then appoint a committee of three Council members who are not involved in the disputed plan. The Chairperson may be a member of the Committee. The Family and Children First Coordinator will provide all pertinent information to the Committee members who may request the presence of service plan participants and/or the Family and Children First Coordinator to clarify issues which may come into question. The Committee will issue recommendations to the Family and Children First Coordinator within seven (7) working days of the referral. The Committee may recommend referral to the Juvenile Court Judge if it is deemed necessary.
- 5) Committee recommendations, other than court referral, will be referred to the Family and Children First Coordinator, who will immediately notify the Family and Children First Council Chairperson and all service plan participants of a meeting to review and adopt the recommendations. If those recommendations are not followed, or if issues remain unresolved, the person who made the initial referral for dispute resolution will so inform the Family and Children First Coordinator.
- 6) If referral to the Juvenile Court was recommended by the Committee in (4) above, or if the dispute remains unresolved as described in (5) above and referral has been made to the Family and Children First Coordinator, then the Coordinator will, within seven (7) working days of either referral, refer the matter to the Juvenile Court Judge for consideration. The Judicial referral will include all pertinent information about the case including a chronological brief outlining the nature of the dispute and all significant events of process to date. The Judicial referral may contain a request for an informal pretrial meeting where the Creative Options team may present their perspective on issues in question. Once a dispute has been forwarded to the Juvenile Court Judge for resolution, the decision by the Juvenile Judge shall be final.

- 7) In cases that involve HMG disputes, the **Procedural Safeguards** for HMG dispute resolution will be followed.
- 8) Throughout the Dispute Resolution Process, it Is the Responsibility of the Creative Options Team to Create and Maintain an Interim Plan for Services to the Child and Family. The Family and Children First Coordinator Will Monitor Events to Assure That Services to the Child and Family Are Not Disrupted, Always Keeping the Safety and Well-being of the Child and Family First and Foremost. In Emergency Situations, Every Effort Will Be Made to Shorten the above Process in Every Way Possible.
- 9) The Council's Dispute Resolution process shall be completed within 60 days and all findings presented to the family in writing within this timeframe.

## **IX SERVICE RESPONSIBILITIES**

If the family and the service agency agree that a referral to the Family & Children First Council is appropriate, then the Family and Children First Coordinator will be contacted. The Coordinator will convene a meeting of Creative Options Committee where a determination will be made as to whether the referral is appropriate or inappropriate. If the referral is found appropriate, the initial referring agency will become the treatment team leader for the case.

The treatment team leader will contact the family and the child(ren) to gather a family history and other pertinent information for a subsequent treatment team meeting. This information will be used in the formulation of an integrated service plan.

An integrated service plan will be made for each child and family and will include: an identification of child and family strengths, needed services and their description, funding source(s) and the names of the responsible person(s) and agency(s) for carrying out the planned services. The treatment team will consist of persons/agencies responsible for planning and implementing the treatment strategy. A copy of the service plan will be provided for the family and all agencies participating in it.

Each family referred to the Creative Options process shall be given a copy of the Parent's Rights and Responsibilities Handbook by the FCFC coordinator/or by the referring agency.

At any time during the SC process the family may contact the FCFC Coordinator to request a meeting. All meetings shall be scheduled at the convenience of the family.

## **X SERVICE PLANNING FOR FAMILY INCLUSIVENESS**

As stated in Section V, families and Parent Advocates will be included in meetings to ensure that services are culturally appropriate and responsive to their family strengths and needs.

When developing a family plan, effort will be made to deliver services in the least restrictive environment. The **Integrated Service Plan** (See Attachment B) generated as a result of these meetings will include time frames, services to be available and agencies who are responsible for setting goals ( including plans to address crises and safety concerns).

## **XI FUNDING**

Resources supporting the Noble County Service Coordination Plan will come from a variety of sources including the ABC Initiative funds, FCSS allocations, non-behavioral funds, GRF and allocations as well as shared funding from local council member organizations. Designation of funding uses shall be the responsibility of our FCF Council and their Cluster Committee.

## **XII DIVERTING UNRULY YOUTH**

There are community and agency programs currently in place to divert youth alleged to be unruly from entering the Juvenile Court system:

- Parenting programs such as Incredible Years
- School guidance counselors make referrals to Creative Options committee
- Saturday School Alternative program

## **XIII QUALITY ASSURANCE AND DATA COLLECTION**

To monitor the quality and effectiveness of the service coordination process, the FCFC Coordinator will report monthly to the Noble County FCF Council at their regular meeting.

The Council will review the SCM annually to determine if changes are needed. Each member agency will be informed of the service coordination process and how to utilize the SCM.

Data on the number and types of cases will be tracked by the FCFC Coordinator and reported to the Council and to the state when requested.

## **XIV OUT-OF HOME PLACEMENT AND CRISIS CONTINGENCIES**

In the event of an imminent non-emergency out-of-home placement, the team leader and/or the FCFC Coordinator will organize an immediate review for the purpose of exhausting all alternatives to an out-of-home placement. If placement is an emergency in nature, the review will convene within 10 days after placement is made. If placement does occur, the review will focus on a plan of action for the family during placement and to begin planning for the child's return to the home. While in placement, the youth will be tracked to assure continued

progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education.

In the event of a short-term crisis or safety concern a family member, team leader, or FCFC Coordinator will convene a review of the Crisis and Safety Plan when all team members can be present and can perform in a positive and calm manner in an effort to assure no member will overreact if the need arises to implement the crisis/safety plan. Review efforts will target strategies that provide safety and support to the child and family during the crisis/concern, while still keeping the child and the family together when possible.

**(REVISED June 2010)**

# NOBLE COUNTY - CREATIVE OPTIONS REFERRAL FORM

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

This case is referred by:  
 Parent/Guardian  
 Agency \_\_\_\_\_  
Name

Parent release of information attached:      Yes       No

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Advocate accepted:      Yes       No

Date Parent's Rights Handbook provided: \_\_\_\_\_  
(When available from state)

Date Release of Information signed: \_\_\_\_\_

Date referral received by coordinator: \_\_\_\_\_

Date committee was notified: \_\_\_\_\_

Date for committee meeting: \_\_\_\_\_

Outcome of meeting: \_\_\_\_\_

Case referred to:       Creative Options       Family Team

Agencies involved: Designated head agency, approved by parent: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Noble Co. Health Dept.  | <input type="checkbox"/> SCI's Noble Counseling Center   | <input type="checkbox"/> Noble Co. Board of MR/DD |
| <input type="checkbox"/> Noble Local Schools     | <input type="checkbox"/> Noble Co. Children Services     | <input type="checkbox"/> Noble Co. Juvenile Court |
| <input type="checkbox"/> Caldwell Exempt Schools | <input type="checkbox"/> Noble Behavioral Health Choices | <input type="checkbox"/> Thompkins C.A.S.         |
|  |  | <input type="checkbox"/> Other: _____             |

**FAMILY & CHILDREN FIRST COUNCIL OF NOBLE COUNTY  
CONSENT TO RELEASE OF INFORMATION**

\_\_\_\_\_  
Person's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Individual Case Number

Creative Options members have my permission to use and/or disclose protected health information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person. Creative options includes the following agencies. (Parents may cross-out any agency with which they do not want to share information).

Noble County Health Department	Noble County Sheriff	Applicable Court System
SCI's Noble Counseling Center	GMN Tri-County CAC, Inc.	_____
Noble County Board of MR/DD	Caldwell Exempt Schools	_____
Noble Local Schools	Noble County Job & Family Services	_____
Thompkins Child Adolescent Services	Noble Behavioral Health Choices	
Noble County Children Services	Department of Youth Services	
Muskingum ADAMH Board	OSU Extension East District	
Noble County Juvenile Court	Child Care Resource Network	
Education Service Center	State Victims Advocate	

I authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual: (Circle Yes, No or N/A and initial).

**Circle one**                      **Initial**  
 Yes No N/A                      \_\_\_\_\_  
 Yes No N/A                      \_\_\_\_\_

Identifying Information:  
 Name, birth date, sex, race, address, telephone number, social security number  
Case Information:  
 The above identifying information, plus medical (except for HIV, AIDS, mental health treatment records and drug and alcohol treatment records) and social history, treatment/service history, Individualized Education Plans (IEP's), Individualized Family Service Plans (IFSP's), transition plans, vocational assessments, grades and attendance, and other personal information regarding me or the individual named above (disability, type of services being received and name of agency providing services to me or the individual named above).

**Information regarding the following shall not be released unless initialed below:**

Yes No N/A                      \_\_\_\_\_  
 Yes No N/A                      \_\_\_\_\_

HIV and aids related diagnosis and treatment:  
Substance Abuse Information:  
 Substance abuse diagnosis, treatment plan, diagnostic intake/assessment, treatment progress, attendance, and drug test results for the past: \_\_\_\_\_ (specify length of time or number of treatment episodes).

Yes No N/A                      \_\_\_\_\_

Mental Health Information:  
 Mental health diagnosis, treatment plan, diagnostic intake/assessment, medications, treatment progress, psychological/psychiatric evaluation, attendance, test results.

Yes No N/A                      \_\_\_\_\_

Financial Information:  
 Public assistance eligibility and payment information provided for establishing eligibility but not limited to pay stubs, W2's and tax returns, and other financial information.

time I am no longer served by the Family & Children First Council of Noble County (whichever comes first unless otherwise indicated herein by the consumer). I also understand that I may cancel this Consent for Release of Information at any time in writing, along with permission to share information and the time that it was cancelled.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. However, I understand that information being disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Family & Children First Council of Noble County.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

This consent expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

_____ Signature of Person	_____ Printed Name	_____ Date
_____ Signature of Parent/Guardian	_____ Printed Name	_____ Date
_____ Witness/Agency Representative	_____ Printed Name	_____ Date

**Violation of Federal law and regulations is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.**

**TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:**

**THIS INFORMATION IS PROTECTED BY FEDERAL AND STATE PRIVACY LAWS AND REGULATIONS. ANY FURTHER RELEASE OF THIS INFORMATION IS STRICTLY PROHIBITED UNLESS FURTHER DISCLOSURE IS EXPRESSLY AUTHORIZED BY THE INDIVIDUAL; DYS IN CASE OF YOUTH RECORDS; OR APPLICABLE EXCEPTIONS IN FEDERAL AND/OR STATED LAW.**

1. If records released include information of any diagnosis or treatment of mental illness, drug or alcohol abuse, the following statement applies/  
  
Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal Law.  
  
Federal regulations (42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191 (“HIPPA”), 45 C.F.R. Pts. 160 & 164) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
2. If the records released include information on a HIV-related diagnosis or test results, the following statement applies:  
  
This information has been disclosed to you from confidential records protected from disclosure by state law (O.R.C. 3701.24.3). You shall make no further disclosure of this information without the specific, written and informed release of the individual to who it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnoses.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state law.

## Confidentiality Statement

### Noble County Family and Children First Council Individual Family Service Coordination Team

**As a member of the Noble County Family Service Coordination Team, I recognize the importance of respecting families and children and protecting their privacy. Therefore, I will not discuss matters brought to this group with others beyond those listed by the family for information –sharing purposes.**

---

Signature

Date

---

Agency

Information shared outside the family team meetings is subject to HIPPA regulations and is the responsibility of the separate agencies represented.

## NOBLE COUNTY SERVICE COORDINATION

### Pre-Family Team Meeting Worksheet

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_

What are the strengths of the family?

Who does the family turn to in times of family crisis (death of a loved one, divorce, illness, financial stress)?

Does your family participate in any of the following activities?

1. Faith –based events
2. Community events
3. Cultural events such as; music, art, entertainment of choice
4. Family Traditions

What are the strengths of the child/children?

As a parent/caregiver, my wishes for this child are.....?

If you could have one goal met in your life in the next year what would it be?

Please tell us the top three concerns you have and would like to talk about when we meet:

- 1.
- 2.
- 3.

Resources available: support people for the family, programs/services in place now.

Services and supports that may be helpful to my/this family?

Interviewed by \_\_\_\_\_ from \_\_\_\_\_  
(Agency)

**NOBLE COUNTY  
SERVICE COORDINATION – FAMILY PLAN**

Family Name: \_\_\_\_\_

Children (name & age): \_\_\_\_\_

Presenting Agency: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Family Strengths and Assets: \_\_\_\_\_

\_\_\_\_\_

Recommendations/Interventions/Goals: (Plans, who will perform, time-line, next family meeting): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Response/Participation/Requests:

\_\_\_\_\_

\_\_\_\_\_

Family Approval: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Crisis/Safety Plan**

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

WrapAround Service Coordinator: \_\_\_\_\_

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

Who is involved in the crisis?

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

List the triggers that lead to the crisis:

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? \_\_\_\_\_



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

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

What can the youth do instead of the crisis behavior?

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

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Youth/Child Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Service Coordinator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_