

**Mahoning County
Family and Children First Council**

Service Coordination Mechanism

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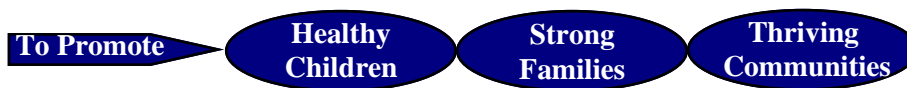
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I. Family and Children First Councils

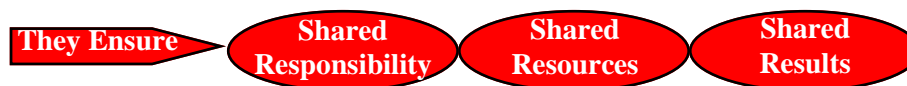
Ohio Family and Children First (OFCF) is statutorily defined as the Governor's Cabinet for children and families that was established in 1993 by Section 121.37 of the Ohio Revised Code. OFCF is a partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging and empowering families. The OFCF Cabinet Council is comprised of eleven state agencies (ODOA, ODADAS, ODODD, ODE, ODH, ODJFS, ODMH, ODRC, ODYS, ORSC, and OBM) and the Governor's Office.

Locally, the county commissioners regulate the 88 county Family and Children First (FCF) Councils. (ORC 121.37).

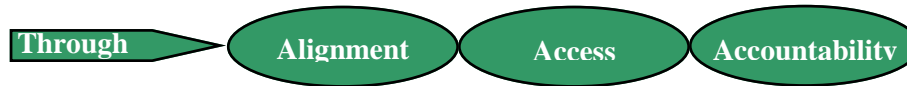
Why do Family and Children First Councils exist?



What do Family and Children First Councils do?



How do Family and Children First Councils work?



II. Mahoning County Family and Children First Council

Mahoning County Family and Children First Council was established in October 1995. The mission of the Mahoning County Family and Children First Council (MCFCFC) is to promote, maintain and facilitate community collaboration of multi system services to children and families of Mahoning County. MCFCFC is inclusive. Council meetings are open to the public and family involvement is welcome and mandated.

The Mahoning County Family and Children First Council is comprised of an Advisory Council and Executive Committee. Advisory Council Membership is open to any person or organization in Mahoning County whose personal interest, public responsibilities or organizational mission is consistent with and supportive of the purpose and mission of the council.

Executive authority to conduct business is vested in the Council Executive Committee. The Council Executive Committee, because of its ability to commit specific agency resources (e.g., funding, services, etc.,) are responsible for any final documents of policy of the Council. The Executive Committee consists of, but not be limited to:

1. members required by Ohio law, namely Directors of the County Mental Health Board, County Alcohol and Drug Addiction Service Board, Children Services Board, County Human Services Department, Superintendent of the County Mental Retardation and Developmental Disabilities

Board, the Superintendent of the county's Educational Service Center who will represent all other school districts, the Superintendent or designee representing the largest municipal school district, a representative of the largest municipality in the county, the President of the Board of County Commissioners or designee, Early Intervention Collaborative representative, a representative of the Regional Office of the Department of Youth Services, representative of a funder (council has selected the United Way) a representative of the county's largest Head Start agency, the Health Commissioner or designee of the county Board of Health and largest municipal health district in the county, and three family representatives who are or have been primary caregivers of children served by programs administered by Council.

2. a representative of Youngstown State University, representative of the Area Agency on Aging, and four community organization representatives who are elected by Advisory Council membership.
3. Local Agencies/Organizations whose state affiliate has been added to the OFCF Cabinet Council may become members of the Mahoning County FCF Executive Committee by a $\frac{3}{4}$ (75%) vote of the Executive Committee membership.

III. Service Coordination

The purpose of the county council is to streamline and coordinate existing government services for families seeking services for their children. One mechanism that addresses this purpose is service coordination. Service coordination provides the venue for families with multiple and complex problems to effectively address their needs through a process that creates a unique intervention/ treatment environment which eliminates duplication and provides both traditional services and builds natural supports. Family and Children First Service Coordination is not affiliated with any single system, but the results of service coordination impact family and community outcomes across all systems through a collaborative, coordinated, cross-system approach.

The *County Service Coordination Mechanism* serves as the guiding document for coordination of services in the county. The service coordination mechanism conveys the vision for a system that provides a comprehensive and individualized set of supports and services; involves partnerships between professionals and parents in all phases of service planning and delivery, and system development; builds on strengths of children and families as well as needs; and responds effectively to the diversity of our population.

Service coordination emphasizes a system of care which includes:

- Collaboration across agencies at policy, management and service levels
- Partnership with families
- Cultural and linguistic competence
- Blended, braided, or coordinated financing
- Shared governance and liability across systems and with families
- Shared outcomes across systems, reflecting community values
- Organized pathway to services and supports
- Interagency/family services planning and monitoring teams.

The purpose of the service coordination plan meeting is to develop a creative, strengths-based, family-centered plan for providing the necessary services for a child and family that allows them to succeed in

the least restrictive setting, keeping the child in their home and community whenever possible, or to determine the appropriate out-of-home services that will allow successful reunification.

IV. Mahoning County Service Coordination Mechanism

A. Development of Current Service Coordination Mechanism

Mahoning County Family and Children First Council (MCFCFC) revised the current Service Coordination Mechanism in June 2010. Members of the Service Coordination Steering Committee worked with the MCFCFC Administrator to assure the mechanism complied with the required components outlined in Ohio Revised Code 121.37(C). Service Coordination Steering Committee membership includes representatives from child welfare, developmental disabilities, alcohol and drug addiction, mental health, juvenile court, and the family and children first council.

The draft of the revised service coordination mechanism was reviewed and amended by family representatives, the HMG Project Director, and MCFCFC Executive Committee whose membership includes representatives from child welfare, developmental disabilities, alcohol and drug addiction, mental health, juvenile court, health, and education.

Service Coordination Mechanism revision was approved by the MCFCFC Executive Committee on June 11, 2010. Mechanism will be implemented upon approval by the state.

B. Overview of the Mahoning County Service Coordination Mechanism

Mahoning County's service coordination mechanism seeks to empower and stabilize families while helping them manage and/or reduce services. The following service values are the basis of the mechanism:

- ✚ Services are family centered; driven by the needs of children, youth, and families; built on strengths, and responsive to the cultural, racial, and ethnic differences of the family and their community.
- ✚ Services empower parents / guardians to take personal responsibility for the needs of their families; policies and practices of organizations support and include parents / guardians to enhance the parent / guardian – child relationship rather than weaken the relationship or isolate the parent/ guardian from his / her child.
- ✚ Services are comprehensive, and a continuum of services is available.
- ✚ Services focus on primary prevention, early intervention, and strengthening the ability of children, youth, and families to help themselves.
- ✚ Services can be accessed in a timely fashion to meet a child / family's needs.
- ✚ Services are of high quality and developmentally appropriate, with timely evaluations.
- ✚ Services are provided by culturally competent providers.

- ✚ Services are flexible.
- ✚ Services are community based and community delivered, allowing referrals to be made to communities in closest proximity.
- ✚ Services are available and accessible to all in a variety of settings, using a combination of public, private, community, and personal resources.
- ✚ Services are focused on least restrictive care and community based services are attempted prior to youth placement in institutional care.
- ✚ Transitional services are available for youth returning to the community and family.
- ✚ Service outcomes are monitored and evaluated and revisions are implemented as needed.

Service Coordination staff manages the flow and screening of clients referred for services as well as the training and implementation of High Fidelity WrapAround and linkage with parent advocates. Referrals are made to the Family and Children First Council Service Coordination office where the service coordinator talks with the family to determine the most appropriate level of care. Service Coordination seeks to build support systems and augment other community services to help maintain youth in the least restrictive setting and prevent custody relinquishment, incarcerations, hospitalizations, and / or longer term residential placements. Although these more restrictive interventions may become necessary at times, the goal is to reduce the frequency and duration of more restrictive placements when possible. This goal serves both the clinical portion of the client's care plan as well as reducing the financial outlay for this expensive care so that resources can be used for an increased number of youths.

Parent Advocates are offered to families. The service coordination staff recruits parent advocates, arranges for their training, matches advocates to families, and provides on-going assistance to the advocate.

In order to assure consistency in the county service coordination approach, and to assure that the process meets the requirements established in the law, all persons or entities providing service coordination on behalf of the FCFC, whether county FCFC employees or contracted providers, must follow the processes, policies, practices and procedures as they are outlined and described in the county FCFC Service Coordination Mechanism.

C. Target Population

MCFCFC Service Coordination serves youth (age birth through 21) with multiple needs who reside in Mahoning County and whose needs or the needs of the family are beyond the capacity of one system to coordinate.

Children who are eligible for the Help Me Grow program will receive service coordination consistent with roles adopted by the Department of Health under section 3701.61 of the Revised Code. The FCFC Service Coordination Mechanism will support and provide resource assistance for the family's HMG Plan.

Youth who are identified as at-risk for involvement with the juvenile court will be provided services and interventions to divert them from juvenile court involvement.

D. Services Offered

Mahoning County Family and Children First Service Coordination Mechanism works with local providers to offer families the following continuum of services:

- **Referral to Community Based Services**
- **Linkage to Parent Advocates**
- **Family Support Services** – inclusive of mentoring, respite, therapeutic camp expenses, and recreational club memberships.
- **High Fidelity WrapAround** - a cross-systems approach to helping families help themselves. The family works with a team (WrapAround Facilitator, involved professionals, and non-professionals) to develop one strength-based plan that all agencies utilize. Each team member including the child and family has responsibilities in the plan. Mahoning FCFC provides facilitation, training, support and on-going coaching to facilitators utilizing High Fidelity WrapAround.
- **Intensive Home Based Services** - a counseling service that differs from traditional therapy services by the frequency, duration and location of the therapy sessions which vary from 2-6 hours per week for a period of 4-6 weeks to address intense areas of concern so that families and youth can stabilize and return to a traditional schedule of therapy (1 hour/week).

E. Description of MCFCFC Service Coordination Mechanism Process

The family / guardian of a child may individually seek services or be referred into any of the public child serving systems (mental health, children services, alcohol and drug addiction services, juvenile court, school, community, youth services, mental retardation / developmental disabilities, early intervention services, job and family services, health). The family / guardian or system provider may determine that they are able to communicate and coordinate with other involved agencies without referral into the service coordination mechanism.

The family / guardian of a child age 0 through 21 who has multiple needs may refer to the service coordination mechanism if it is determined that the needs of the family / child are beyond the capacity of one system to coordinate with other involved agencies and / or funding streams. An agency, inclusive of the juvenile court, may also make referrals to service coordination. The following documentation of referrals will be kept:

- Date of receipt of the referral
- Contact information for the person being referred
- Description of problems being experienced
- Contact information for person referring
- Council response to the referral or outcome of the referral

A service coordinator will talk with the family or referral source within three working days to determine the least intrusive level of care that adequately addresses the family's needs and will connect family to care indicated. Child / family can transition between levels of care. Child / family may be involved with more than one level at any one time. Levels of care range from:

- Referral / Linkage to community resource

Criteria: Family has an identified need that can be met by a local community resource, however, family is not currently connected to that resource. Family does not meet criteria for higher level of care.

- Family support services

Criteria: Child is age birth through 21 and resides in Mahoning County. Child has multiple needs that are not being met outside of service coordination. Child is at high risk for continuous disruptive behaviors.

- Linkage to Parent Advocate

Criteria: Child is age birth through 21 and resides in Mahoning County. Child has multiple needs that are not being met outside of service coordination. Child is at high risk for continuous disruptive behaviors. Parent identifies advocacy needs beyond service coordination.

- WrapAround team process

Criteria: Child is age birth through 21 and resides in Mahoning County. Child has multiple needs that are not being met outside of service coordination. Child is at high risk for continuous disruptive behaviors. Needs of the family are beyond the capacity of one system to coordinate.

- Intensive home based services

Criteria: Child is age birth through 21 and resides in Mahoning County. Child has multiple needs that are not being met outside of service coordination. Child is at high risk for continuous disruptive behaviors. Child's mental health needs require increased frequency and duration than current level of traditional therapy can provide.

Families that are appropriate and agree to family support services, WrapAround, or intensive home based services are provided a referral packet (see Addendum A). The referral source / provider often has the packet at their site and is able to complete it with the family. A service coordinator will provide assistance when needed. Information gathered in the referral packet includes:

- Referral source
- Demographics
- List of involved agencies including services provided
- Diagnosis and medication
- School district, grade, type of class placement
- Requested services
- Summary of why services are being requested
- Release of information to be signed by parent / guardian and child age 12 or older
(See Addendum B)
- Checklist of known presenting risks
- Protective Factor Survey (Pre-Scale)
- Family Caregiver Wants and Needs (Pre-Scale)

- Family Development Matrix (Pre-Scale)
- Safety Plan (when warranted)

Criteria: Safety Plan required if known presenting risks include 1) suicidal ideation, gestures, attempts; 2) violent behavior towards others, animals, property, etc. 3) chargeable for a sexual offense.

- Any other pertinent information.

Completed referral packet is returned to the Service Coordinator.

E (1) Family Support Services

Families receiving family support services will then meet with the lead case manager and / or community team within 20 working days to develop a Family Service Coordination Plan that details the type of services to be delivered, provider, time frame, interval and duration of the services (See Addendum E). Team members will sign a signature page which includes a confidentiality agreement to protect the confidentiality of all personal family information disclosed during service coordination meetings or contained in the comprehensive family service coordination plan (See Addendum C). Lead team member will provide a copy of the Family Service Coordination Plan and Funding Request Form to the service coordination office for linkage to provider of services in plan and payment arrangements. Providers of services will become part of the family team.

E(2) WrapAround

Families receiving WrapAround will be matched with a facilitator within 20 working days. The Facilitator will then contact the family within three working days to schedule an initial family meeting. Accommodations will be made if the family is not accepting of the facilitator as lead. Facilitator will consult with the family to develop a WrapAround team and secure appropriate consent and release. Facilitator will address any immediate safety concerns and will assist the family in developing a *Safety Plan* (See Addendum F). A contract will be established with the parent and / or child detailing the safety plan when warranted. Contract will detail steps to take to resolve potential situations and responsible parties. Contract will be signed off on by parents, child, and facilitator.

Team composition will vary dependent on individual needs and involvement of the family and child. Team members **may** include but not be limited to: family / guardian, child, family informal and formal support persons, family advocate, service coordinator, FCFC Administrator, current provider case managers and / or clinicians, and as appropriate – representatives from mental health, alcohol and drug addiction services, school, juvenile court, children’s services, mental retardation, health, Help Me Grow, youth services, and human services. Team composition may be modified at family request or as needs of the family / child change.

Team members will comply with procedures and practices that protect the confidentiality of the family and child. Team members will sign a signature page which includes a confidentiality agreement to protect the confidentiality of all personal family information disclosed during service coordination meetings or contained in the family service coordination plan

Family will advise the service coordinator of meeting times and locations convenient for the family / guardian. Team members will be contacted (via phone, e-mail, or mail) to establish a meeting time that meets with the needs and limitations of the family / guardian. Time permitting, written confirmation of the meeting will be provided. Follow-up meetings will be established during team meeting (when

possible) and written confirmation will be provided. Family / guardian or other team members may call service coordinator to initiate a meeting. Notification of team will follow process outlined above.

The facilitator will assure that the High Fidelity WrapAround process is utilized. Process will allow for ongoing assessment of strengths, needs, and culture through the writing of a “*Discovery*” (See Addendum D). *Discovery* is developed through conversations between the facilitator, family, and family informal and formal supports. Facilitator then documents the strengths, needs, and culture that the family has identified and shares the *Discovery* with the family for their approval. Once approved by the family, the *Discovery* is utilized by the team to better connect with the family and in the development of the *Family Service Coordination Plan*.

Facilitator guides the team process and will ensure family voice and choice. Family will advise the Team as they develop the ***Family Service Coordination Plan***. Measurable goals will be created from the family’s prioritized needs. Tasks required for completion of goals will be outlined. Family and team members will each take responsibility for tasks within the plan and report progress made on the task at subsequent family meetings to ensure accountability. Measurable outcomes with realistic timelines will be developed. Timelines for goal completion allow the family and team to monitor progress and acknowledge and celebrate successes. All team members will sign off on the Family Service Coordination Plan.

Community based services and / or therapeutic interventions that are included in the plan will be selected with focus on least restrictive care. These interventions can range from:

1. community based services – such as prevention programs, counseling, home visits, mentoring, parenting courses, respite, shadowing, therapeutic foster homes, truancy intervention, youth activities
2. intensive home based services – frequency of WrapAround will decrease during the time family is engaged in intensive home based services.
3. residential care (option of last resort) – when utilized WrapAround will assist in decreasing the number of placement days and preparation to return child to the family and community.

Team attempts to utilize natural supports when appropriate for interventions included in the Family Service Coordination Plan. In addition, service and funding responsibilities will be identified among the various state and local agencies that provide services to children and their families. Finally, multiple funding streams are utilized to fund the continuum of services in the Family Service Coordination Plan that are not able to be provided by natural supports or state and local agencies. Service Coordination staff assesses criteria / restrictions of funds, match fund to service and / or family, estimate costs per child, approve invoices, track expenditures / outcomes, and work with fiscal agents for accountability. If, for any reason, needed services or supports are not available, team members brainstorm creative solutions and a member will be selected to address the gap in service.

A family team meeting will be scheduled if a change in level of intervention is required or before an out-of-home placement is made, or within ten days after placement in the case of an emergency.

Determination of out- of –home placement is typically made by Children Services Board (CSB) and/ or the Juvenile Court (JJC). The following procedure will be enacted to assure family team meetings occur in these situations:

- Service Coordination office will provide a list of youth / families involved in service coordination to CSB and JJC
- Above list will indicate name and contact information of facilitator assigned to family

- CSB holds pre-placement and post – placement meetings which family is invited to attend. CSB will call the facilitator and invite the WA team to the pre / post placement meetings. If the family is unable to attend those meetings, CSB will schedule an additional meeting with the family team.
- JJC holds pre-placement meetings with professionals. JJC will hold an additional meeting with the family team immediately following the professional team meeting.
- Family Team will develop outcomes to be achieved by placement and process and supports necessary to transition youth back to the home and community.

Facilitator will provide written documentation of the Family Service Plan to family and team members. Team will agree to use of identified outcome measurement tools to monitor child / family improvement or demonstrate success. Facilitator will monitor plan progress, track outcomes, assure that screen tools and outcome measurement tools are completed within timelines and schedule follow-up meetings as appropriate. Family / guardian will be fully informed of the recipients of outcome data, purpose of data, and how data will be tracked and utilized.

Facilitator will provide the service coordination office a copy of the family Safety Plan (when warranted), Crisis Plan, Family Service Coordination Plan with updates, Funding Request Form (as needed) and outcome measurement tools.

Attempts will be made to have the family service coordination plan designed to fulfill requirements that individual public systems may have for a “comprehensive service or treatment plan” with minimal overlap and duplication. If multiple mandates inescapably require multiple plans, attempts will be made that such plans should be linked together and coordinated to eliminate duplication and conflicting expectations of the family.

Family and team will create a *Crisis Plan* (See Addendum F) in addition to the *Family Service Coordination Plan*, to deal with crisis situations that may arise. It allows the team to plan its response during a time when everyone is positive and calm, helping to assure that members will not overreact if the need arises to implement the plan. Efforts should target strategies that provide support to the child and family during these times, keeping everyone safe, while still keeping the child and the family together when possible. A contract will be established with the parent and / or child detailing the crisis plan. Contract will detail steps to take to resolve potential situations and responsible parties. Contract will be signed off on by parents, child, and team members.

Mahoning County Juvenile Court Intake Department has assessment tools and programming to divert youth who are alleged to be unruly from official juvenile court involvement. Team will assist the family to connect with the juvenile court programming which may include:

- An emphasis on the personal responsibilities of the child and the parental responsibilities of the parents, guardian, or custodian of the child
- Involvement of local law enforcement agencies and officials
- Preparation of a complaint under section 2151.27 of the Revised Code...notifying the child and the parents, guardian or custodian that the complaint has been prepared to encourage the child and the parents, guardian, or custodian to comply with other methods to divert the child from the juvenile court system
- Conducting a meeting with the child and parents...and other interested parties to determine the appropriate methods to divert the child from the juvenile court system.
- A method to provide the child and the child’s family a short-term respite
- A program to provide a mentor to the child
- A program to provide parenting education
- An alternative school program

- Other appropriate measures

Service and funding responsibilities will be identified among the various state and local agencies that provide services to children and their families, including children who are abused, neglected, dependent, unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services.

For children who also receive services under the Help Me Grow program, the service coordination mechanism shall be consistent with rules adopted by the Department of Health under section 3701.61 of the Revised Code.

E(3) Intensive Home Based Services

Families receiving intensive home based services will be assigned a therapist within 5 working days of receipt of the completed referral packet. Therapist will contact the family within 5 working days after being assigned. First visit will serve as an intake and diagnostic assessment in the family home. Provider of service will comply with procedures and practices that protect the confidentiality of the family and child. Provider will secure appropriate consent and release. Safety Plan will be created when warranted. A contract will be established with the parent and / or child detailing the steps to take to resolve potential situations and responsible parties. Contract will be signed off on by parents, child, and therapist. Mental health treatment plan will be created within 20 working days of the completion of the diagnostic assessment. Home and community sessions will be scheduled based upon family needs and availability. Therapist provides both counseling and case management for the family. After hour crisis calls will be handled by Help Hotline Crisis Center and reported to therapist agency the following working day.

Therapist will provide service coordination office completed outcome measurement tools.

F. Dispute Resolution Process

A family / guardian or agency represented on Family and Children First Council that disagrees with the council's decision concerning the services or funding for services a child is to receive through service coordination may initiate the local dispute resolution process. This is inclusive of children whose parents or custodians are voluntarily seeking service as well as children who are abused , neglected, dependent, unruly, alleged unruly, or delinquent children under the jurisdiction of the juvenile court. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code. The dispute process does not override or affect decisions of a juvenile court regarding an out-of home placement, long-term placement, or emergency out-of-home placement.

Parents / guardians will be informed of their right to use dispute resolution. Information regarding the dispute resolution process will be available to parents on the MCFCFC website, during the service coordination process, and through providers.

F(1) Service Coordination Disputes (Non- Help Me Grow Involved)

The family / guardian or case manager needs to file a dispute within ten (10) working days from the date they are notified of a decision rendered by the committee. Once a disagreement is initiated, a letter is sent to the Chair of the Family and Children First Executive Committee.

The FCFC Chair notifies everyone involved in the dispute by sending each party a certified letter notifying them a dispute has been filed, a copy of the dispute, and a copy of the dispute process. The Chair will encourage the major parties of the dispute to try to resolve the dispute on their own.

In all disputes, no service necessary to the health and safety of a child shall be withheld due to a filing for a resolution by an agency or agencies. The current level of services remains unchanged during the dispute resolution process.

The Chair assigns a five (5) member Dispute Resolution Committee within thirty (30) working days of receipt of a dispute notification. Those excluded for participation on the committee are Juvenile Court and any system involved in the dispute.

The Dispute Resolution Committee shall convene within ten (10) working days after appointment by the Chair. Committee members will comply with procedures and practices that protect the confidentiality of the family and child. Committee members will sign a signature page which includes a confidentiality agreement to protect the confidentiality of all personal family information disclosed during the dispute resolution process. Committee will hold four meetings as follows:

- a. a preliminary meeting with committee members alone to discuss the dispute and dispute process
- b. a separate meeting with the family to gather input from the family regarding the need for service, preference for service provision, and anticipated outcome
- c. a separate meeting with organizations involved in the dispute to present their rationale
- d. a meeting with all parties of the dispute for a round robin discussion.

Upon hearing rationale and evaluating any and all documentation submitted, the committee shall report their decision to the parties within five (5) working days.

The disputants have five (5) working days after the receipt of decision to file a response to the committee.

The Dispute Resolution Committee submits their recommendation and the disputant's response to the MCFCFC Chair within four (4) working days after the hearing.

MCFCFC Chair notifies the Juvenile Court Judge of the continued dispute within three (3) working days. The Dispute Resolution Committee prepares an inter-agency assessment and treatment information for the court.

Judicial Authority

When a dispute cannot be resolved through the Dispute Resolution Committee, the matter shall be referred to the Juvenile Court by the Chair within three (3) working days of notification of continued dispute.

The Juvenile Court shall notify all parties by certified mail of the date for the Hearing of the dispute. Hearing will be held within one (1) month.

The Juvenile Court shall issue a ruling within five (5) working days of the Hearing. The Juvenile Court shall have final jurisdiction in the dispute and the ruling of the presiding Juvenile Court Judge shall be final.

F(2) Service Coordination Disputes (Help Me Grow Involved)

Help me Grow is a system of services funded by the Ohio Department of Health and Family & Children First Council. It is designed for pregnant women, newborns, infants and toddlers up to the age of three and provides a continuum of care from prenatal and newborn visits, ongoing home visits, and support and education for the family and children. FCFC is required to have a dispute resolution policy that mirrors the State HMG policy. The MCFCFC has adopted the state policy that reads:

Investigation by the FCFC

An individual or any organization may file a complaint with the county FCFC regarding the provision of early intervention/HMG services within the county. The FCFC shall notify Ohio Department of Health (ODH) of the complaint in writing (via e-mail or fax) within seven calendar days of receipt of the complaint and investigate in accordance with procedures that meet the following requirements:

1. The alleged violation must have occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was received.
2. The alleged violation must be submitted to the FCFC in writing and shall include the facts alleged in the complaint:
Mahoning County Family and Children First Council
100 DeBartolo Place, Suite 220
Youngstown, OH 44512
FCFC's written procedures must include the address where the complaint is to be mailed.
3. The FCFC shall assign one or more individuals to investigate the complaint. The assigned individuals must not have a direct interest in the matter and shall investigate the complaint by doing at least the following:
 - Conduct an on-site investigation as determined necessary;
 - Interview complainant and give complainant an opportunity to submit additional information, either orally or in writing about the allegations;
 - Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the allegation; and,
 - Review all relevant information and make an independent determination as to whether there has been a violation.
4. The FCFC shall issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The decision shall address each allegation in the complaint and shall include findings of fact and conclusions and the reasons for the FCFC's decision. A copy of the decision shall be provided to the complainant and the ODH.

5. If the FCFC determines there was a violation, the FCFC must ensure that corrective actions are implemented within 45 days or sooner of the written final decision. The corrective action plan may include the following:
 - Require the participation on the provider in specific technical assistance activities;
 - Award of monetary reimbursement appropriate to the needs of the child and family, and/or
 - Develop and provide trainings at the county level to achieve compliance in the appropriate future provision of services for all infants and toddlers with disabilities and their families.A copy of the corrective action plan must be provided to the complainant and the ODH.
6. The ODH will monitor the corrective action plan to ensure that corrective actions are implemented.

If the complaint is not satisfied with FCFC's findings or corrective action plan, the complainant may file a complaint with ODH (Appeals Request, Ohio Department of Health, Office of the General Counsel, P.O. Box 118, Columbus, Ohio, 43266-0118) in accordance with the procedures set forth in the ODH Ohio Procedural Safeguards, Part C: Early Intervention, paragraph A.1. ODH will investigate the complaint and issue a written decision within thirty (30) days from receipt of the complaint.

G. Community Awareness of Service Coordination Mechanism

MCFCFC will utilize several venues to provide awareness of the service coordination mechanism to family members / guardians, schools, providers, and the general community.

Description of the service coordination mechanism and contact information will be on the Mahoning County Family and Children First Council Website. The website additionally allows families and service providers to access services available to the community including listings, descriptions and contact information. Also listed are links to other appropriate websites.

Help Hotline Information and Referral is a **211** center and serves as the central point of contact for services in Mahoning County. Services include 24 hour call screening/referral, after hours emergency referrals, and after hours relay for contracted agencies. A *Hotline* Directory is published that includes a menu of services available in the community. Directory also cross references risk and protective factors addressed by listed services. *Help Hotline Information and Referral* staff will be provided information regarding the service coordination mechanism and can direct families who request or may be appropriate for service coordination and service providers to the service coordinator or MCFCFC office.

MCFCFC Executive Committee Directors and Administrator will provide information regarding the service coordination mechanism to schools and service providers who can act as a point of referral for the family / guardian.

The Cross Systems Committee is established to educate systems and the community regarding available services, appropriate referrals, accessibility, and networking opportunities. Information regarding service coordination will be included in trainings conducted by the committee.

Service Coordination Team will utilize a Wrap Around process that allows for ongoing assessment of strengths, needs, and culture discovery. Wrap Around training will be available to potential team

members inclusive of: interested system representatives, service providers, family advocates, schools, and community members.

H. Fiscal Strategies for Supporting Service Coordination

Multiple funding streams are utilized to fund the continuum of services. MCFCFC Administrator works with the state and local funders to secure allocations and establish contracts. Funds that require collaborative decision making will be determined by FCFC members as indicated. Service Coordination staff assesses criteria / restrictions of funds, match fund to service and / or family, estimate costs per child, approve invoices, track expenditures / outcomes, and work with fiscal agents for accountability. Service Coordination staff provide fiscal reports to the Service Coordination Steering Committee and MCFCFC Executive Committee.

I. Data

Data is collected and analyzed to monitor the youth being served through service coordination. Data includes name, age, date of birth, gender, race / ethnicity, referral source, level of care needed upon intake, disposition of referral, services received, pre / post outcome measurement tools, reason for closure of case, and key informant survey that measures effectiveness of services.

Data is utilized to assess demographics of who is being served, where referrals are / are not coming from, services being delivered, engagement of community partners, and effectiveness of services and satisfaction of family and team members with services provided.

Data also informs on shortage of services available within the community, demographics of youth that may be underserved, and areas for improvement.

Data is shared on a regular basis with the Service Coordination Steering Committee, MCFCFC Executive Committee, MCFCFC Advisory Council, and Facilitators through updates at meetings. Data will be submitted upon request to the state for purpose of evaluation.

J. Progress Achieved

Effectiveness of Service Coordination and progress made by the youth / family is gauged with several measures:

- Pre and Post care surveys are provided to families that assess their strengths (Protective Factors Survey) and needs (Family Development Matrix). The scores on the post survey are compared to scores on the pre survey to measure improvements in family strengths and reduction in needs.
- A review of reasons for closure of cases is performed to provide an additional measure of effectiveness and to identify areas of concern that may be inhibiting cases from moving forward.
- A key informant survey is given to families, agency personnel, and team members to measure the satisfaction with and effectiveness of the service coordination mechanism.

K. Quality Assurance of Service Coordination Mechanism

Service Coordinator will be supervised by the FCFC Administrator and FCFC Fiscal / Administrative Agent. Service Coordinator will report progress and outcomes achieved to the team, funding source, and FCFC Advisory Council on a quarterly basis. Report will be provided monthly to the FCFC Executive Committee. FCFC Executive members who were involved in the development of the plan will review outcomes achieved and potential need areas or revisions.

MCFCFC Service Coordination Mechanism will be reviewed annually by the Service Coordination Steering Committee. Steering Committee will make recommendation for necessary revisions to the MCFCFC Executive Committee for approval. Revised / updated Service Coordination Mechanism will be submitted to the Ohio Family and Children First.

L. State Service Coordination Committee

When requested, the OFCF Cabinet Council will review individual family service coordination plans and unresolved county disputes through a State Service Coordination Committee made up of representatives from the cabinet agencies and from the Office of OFCF. Guidance and specific requirements for requesting a review, including forms to be used for a request, are available at: <http://www.fcf.ohio.gov/coordinating-systems-and-services/service-coordination-state-committee.dot>.

The State Service Coordination Committee will review cases when there is an unmet family need that the county FCFC is unable to fulfill, or when the county is unable to develop a family service coordination plan that leads to significant improvement in family functioning or stability. This committee will review case documents submitted by the county FCFC and make recommendations to the OFCF Cabinet Council for its review and approval. With the OFCF Cabinet Council's approval, the Office of Ohio Family and Children First will respond, in writing, to county FCFC requests within 45 days of the receipt of the request by the State Service Coordination Committee.

When requested, the OFCF Cabinet Council will provide an administrative review of unresolved local disputes regarding conflicts among parents, agencies and/or councils pertaining to the county FCFC service coordination process or decisions made during the individual family service coordination process. The dispute must be concerning a decision made or a process proposed or implemented during a phase of the county service coordination process regarding a family or child who is formally involved in the county FCFC service coordination. This includes a disagreement regarding the denial of acceptance of a family into the county service coordination process. Agencies, providers or parents/legal guardians who have participated on a family service coordination plan team may request a dispute resolution review.

The State Service Coordination Committee will review such requests and make recommendations to the OFCF Cabinet Council for its review and approval. With the OFCF Cabinet Council's approval, the OFCF will respond, in writing, to county FCFC requests for dispute resolution review within 30 days of the receipt of the request by the State Service Coordination Committee.

Exceptions: Disputes involving families involved in Help Me Grow with a Part C eligible child, where the dispute is regarding service being provided as part of the Help Me Grow program, will be responded to within 30 days. These cases do not require the family to be formally participating in the FCFC service coordination process.

The county juvenile court judge may be the county's final arbiter of the county service coordination disputes. The OFCF Cabinet Council will not review cases for which the complainants have sought a juvenile court ruling. The OFCF Cabinet Council's administrative review must be requested and completed prior to seeking resolution through the county juvenile court as final arbiter of the dispute.

Addendum A



MAHONING COUNTY SERVICE COORDINATION REFERRAL PROCESS

100 Debartolo Place, Suite 220
Youngstown, OH 44512-7011
Ph. (330)965-7828
Fax (330)965-7901

Criteria

- Children and youth age birth through 21 years and residing in Mahoning County
- Child/youth has multiple needs
- Child/youth is at a high risk for continuous disruptive behaviors

Process

- Contact the Family and Children First Council (330)965-7828 to discuss any possible referral
- Complete Referral Form, Release, Risk Screen, Protective Factors Survey Pre Scale, Family Caregiver Wants and Needs Pre Scale, Family Development Matrix Pre Scale, and Crisis/Safety Plan if warranted
- Obtain signature of parent and client (if at least 12 years of age) on release
- Submit completed packet via fax (330)965-7901 or mail to:

Family and Children First Council

100 Debartolo Place Suite 220
Boardman, Ohio 44512
ATTN: Liz Wilson, MSSA, LSW
Service Coordinator



Service Coordination Referral Form

Today's Date: _____
Referral Source: _____ Phone #: _____
Child/Youth Name: _____
DOB: _____ Age: _____
Female _____ Male _____ Race/Ethnicity _____

100 Debartolo Place, Suite 220
Youngstown, OH 44512-7011
Ph. (330)965-7828
Fax (330)965-7901

Address: _____
Parent or Legal Guardian: _____
Phone #: _____ Alternate Phone #: _____

Workers/Agencies Involved (* indicates is no longer involved):

Diagnosis (if available): _____
School: _____
Grade: _____ Type of class placement: _____
Child is currently in CSB custody: _____ Yes _____ No
Medical Conditions: _____
Medications (*indicates is discontinued):

Brief summary of why services from Mahoning County FCFC are being requested:

Following is a checklist of required documentation to be included in referral packet:

- _____ Two-page Release with signatures and initials
- _____ Protective Factors Survey Pre Scale

- _____ Family Caregiver Wants and Needs Pre Scale
- _____ Family Development Matrix Pre Scale
- _____ Risk Screen
- _____ Client Crisis/Safety Plan as needed (see Risk Screen)

**Mahoning County
Service Coordination Release
Informed Consent to Release and Exchange Information
Page 1 of 2**

Name: _____ DOB: _____
Address: _____ Phone: _____

Parent/Guardian: _____

I, _____ do hereby authorize the following agencies, individuals or entities to release, request, receive, and/or share information from/to: (check all that apply)

- _____ Mahoning County Family and Children First Council
- _____ Mahoning County Children Services Board
- _____ Mahoning County Board of Mental Retardation and Developmental Disabilities
- _____ Mahoning County Juvenile Court
- _____ Mahoning County Board of Mental Health
- _____ Mahoning County Alcohol & Drug Addiction Services Board
- _____ Mahoning County Department of Job & Family Services
- _____ Ohio Department of MR/DD
- _____ Regional Office of Ohio Department of Youth Services
- _____ School: _____
- _____ Other: _____

This consent to release information will be used to assist in the assessment of services provided to a child referred to Service Coordination in Mahoning County. This information will also be used in the development of a comprehensive service plan. I hereby consent that the information checked on the back of this release can be shared with the aforementioned agencies/persons. This consent to release does not allow for the agencies/persons listed to share confidential information other than what is specified. We also understand that either of us child/client or parent/guardian may revoke this consent at any time. We understand that the aforementioned agencies/persons authorized to receive this information have the right to inspect and copy the information disclosed.

I understand that signing or refusing to sign this Release will not affect public benefits or services for which I am eligible, unless otherwise required by the regulations of the agency. This consent is valid for 180 days.

If not previously revoked, this consent begins on the _____ day of _____, 20_____.

I HAVE READ (OR HAVE HAD READ TO ME) AND FULLY UNDERSTAND THE ABOVE CONDITIONS.

Child/Client Signature	Date	Witness Name Printed	Date	
Parent/Guardian Signature	Date	Witness Signature	Date	

PROHIBITION OF RE-DISCLOSURE RULES: This information has been disclosed from records whose confidentiality is protected by Federal and State Laws, including but not limited to 42CFR Part 2 and Ohio Revised Code Sections 2301.35, 5101.26, 5101.27, 5101.28, 5101.29, and 5101.20, Ohio Administrative Code Sections 5101:1-03 and 5101:1-29-071 and any other relevant state confidential laws that prohibit you from making any further disclosure of such confidential information without the specific written consent of the person to whom it pertains, or as permitted by regulations. A general authorization for the release of medical or other information is NOT sufficient for the purpose. Pursuant to law unauthorized disclosure is a federal offense punishable by a fine of not

more than \$500.00 (five hundred dollars) in the case of a first offense and not more than \$5,000.00 (five thousand dollars) in the case of each subsequent offense.

Revocation of consent: _____
(Client/Guardian) (Date)

Mahoning County Service Coordination Release

I authorize the release of the specific information for which I have checked and initialed below only if it is necessary to secure or coordinate needed services identified in my case plan by the persons/programs/agencies identified on the previous page:

Check yes and initial:

- Yes _____ Identifying information: name, birth date, sex, race, address and telephone number.
- Yes _____ Social Security Number.
- Yes _____ General Medical: medical records (except for HIV, AIDS and drug and alcohol treatment records) disability, type of services being received and name of agency providing services to me or the individual named on previous page.
- Yes _____ Social History: social history, treatment/service history, psychological evaluations and other personal information regarding the individual named previously or me.
- Yes _____ School Information: grades, attendance records, Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Service Plan (ISP), Multi-Factored Evaluation (MFE), Children’s Ohio Eligibility Determination instrument (COEDI/OEDI), transition plans and vocational assessments regarding me or the individual named previously.
- Yes _____ HIV and AIDS related diagnosis and treatment.
- Yes _____ Current substance abuse treatment, recommendations and involvement specifically, _____
- Yes _____ Juvenile Court records.
- Yes _____ Other: _____

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

TO ALL AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING

CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

2. If the records released include information of an 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. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom 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 of 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, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law.

Check all that apply below:

Current Youth Involvement (Last 30 days)			
<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> IEP	<input type="checkbox"/> Probation/Parole	<input type="checkbox"/> Health Department
<input type="checkbox"/> Child Welfare Services	<input type="checkbox"/> Special Education Class	<input type="checkbox"/> Psych Hospitalization	<input type="checkbox"/> Head Start
<input type="checkbox"/> Mental Health Agency	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Medicaid Recipient	<input type="checkbox"/> Help Me Grow
<input type="checkbox"/> MR/DD	<input type="checkbox"/> GRADS Program	<input type="checkbox"/> Receives SSI Benefits	<input type="checkbox"/> Substance Abuse Program
<input type="checkbox"/> OWF - Welfare	<input type="checkbox"/> Other		

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

Information Source (Name): <input type="text"/>	Relationship: <input type="text"/>
At: <input type="text"/>	Intake By: <input type="text"/>

Protective Factors Survey Pre-Scale

This survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Humans Services.

Instructions: Please fill in each circle completely using the following example:

Like this: ● Not like this: (✓) (X) (∕)

Part 1. Please indicate the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	1 Never	2 Very Rarely	3 Rarely	4 About Half the Time	5 Frequently	6 Very Frequently	7 Always
1. In my family, we talk about problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When we argue, my family listens to "both sides of the story."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In my family, we take time to listen to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My family pulls together when things are stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My family is able to solve our own problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 2. Please indicate the number that best describes how much you agree or disagree with the statement.

	1 Strongly Disagree	2 Mostly Disagree	3 Slightly Disagree	4 Neutral	5 Slightly Agree	6 Mostly Agree	7 Strongly Agree
6. I have others who will listen when I need to talk about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I am lonely, there are several people I can talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would have no idea where to turn if my family needed food or housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I wouldn't know where to go for help if I had trouble making ends meet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. If there is a crisis, I have others I can talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. If I needed help finding a job, I wouldn't know where to go for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 3. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the age's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB ____ / ____ / ____

	1 Strongly Disagree	2 Mostly Disagree	3 Slightly Disagree	4 Neutral	5 Slightly Agree	6 Mostly Agree	7 Strongly Agree
12. There are many times when I don't know what to do as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I know how to help my child learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child misbehaves just to upset me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 4. Please tell us how often each of the following happens in your family.

	1 Never	2 Very Rarely	3 Rarely	4 About Half the Time	5 Frequently	6 Very Frequently	7 Always
15. I praise my child when he/she behaves well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When I discipline my child, I lose control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am happy being with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child and I are very close with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am able to soothe my child when he/she is upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I spend time with my child doing what he/she likes to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Caregiver Wants and Needs PRE-Scale (FCWNS)

In the last six months, how often have you had contact with the kinds of individuals or have experienced the kinds of situations described below:

	5 Always	4 Almost Always	3 Frequently	2 Sometimes	1 Rarely	0 Never
1. A physician or other health care professional who seemed to believe there is something medically wrong with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Someone who was responsive to your questions and concerns about medications for your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A mental health professional who did not blame you for causing your child's problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Someone who seemed to "understand your point of view" in dealing with problems and concerns arising from services or treatment for your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Resources that have provided you with helpful information on how to deal with your child's problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Someone who gave you "tips" about getting your child the help they need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services that could assist you in helping your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Someone who helped you deal with the stigma of having a child with difficulties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Support that meets my family's needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Someone who made you feel you are not alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last six months, to what extent:

	5 Always	4 Almost Always	3 Frequently	2 Sometimes	1 Rarely	0 Never
11. Were your family's values and culture taken into account when planning for your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Were the needs/circumstances of your family considered in this planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Were you able to influence planning for your child's treatment or services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Development Matrix Pre-Scale

Date: _____

	5	4	3	2	1
Shelter	○	○	○	○	○
Food/Clothing	○	○	○	○	○
Adult Education and Employment	○	○	○	○	○
Transportation and Mobility	○	○	○	○	○
Finances	○	○	○	○	○
Community Relations	○	○	○	○	○
Social and Emotional Health	○	○	○	○	○
Children's Care and Safety	○	○	○	○	○
Health and Safety	○	○	○	○	○
Children's Education and Development	○	○	○	○	○
Family Relations	○	○	○	○	○
Youth Assets/Social Skills	○	○	○	○	○

I authorize the release of the specific information for which I have checked and initialed below only if it is necessary to secure or coordinate needed services identified in my case plan by the persons/programs/agencies identified on the previous page:

Check yes and initial:

- Yes _____ Identifying information: name, birth date, sex, race, address and telephone number.
- Yes _____ Social Security Number.
- Yes _____ General Medical: medical records (except for HIV, AIDS and drug and alcohol treatment records) disability, type of services being received and name of agency providing _____ services to me or the individual named on previous page.
- Yes _____ Social History: social history, treatment/service history, psychological evaluations and other personal information regarding the individual named previously or me.
- Yes _____ School Information: grades, attendance records, Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Service Plan (ISP), Multi- _____ Factored Evaluation (MFE), Children’s Ohio Eligibility Determination instrument _____ (COEDI/OEDI), transition plans and vocational assessments regarding me or the _____ individual named previously.
- Yes _____ HIV and AIDS related diagnosis and treatment.
- Yes _____ Current substance abuse treatment, recommendations and involvement specifically, _____
- Yes _____ Juvenile Court records.
- Yes _____ Other: _____

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

TO ALL AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING

CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

2. If the records released include information of an 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. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom 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 of 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, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law.

**Mahoning County Family Team Meeting
Team Signature/Confidentiality Page**

I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, findings, evaluations, and/or actions taken during today’s meeting are **CONFIDENTIAL**. Except as required to carry out the duties of my employment, this information is not subject to disclosure – pursuant to Ohio Revised Code Chapters 2305, 2317, 4757, and 5122. I further understand that any breach of this confidentiality is subject to disciplinary action and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited, and are binding on me even after my involvement with this team.

The individuals signing below are members of the team and were a part of the meeting, either in person or by telephone, held on _____.

Printed Name	Role	Signature	Date

THE STRENGTHS, NEEDS, & CULTURE DISCOVERY

The Strengths, Needs and Culture Discovery is both an event and an ongoing process. It is an ongoing process in that the WrapAround Facilitator/service coordinator will continue to discover family strengths and important aspects of family culture until the facilitator is no longer working directly with the family. The SNCD is an event in that it is a planned meeting(s) and information gathering process with the family, and others that know the family well and who care.

The SNCD is the most important step of the WrapAround process. A superficial strengths discovery leaves the facilitator and WrapAround team with deficits but not the understanding of strengths and culture to develop a truly individualized plan and therefore a deficit-based plan. Deficit-based plans have likely already been tried without positive outcomes. A comprehensive discovery will permit the plan to include strength-based options for meeting the needs of the youth and family that reflect the culture of the family. Such a discovery supports a plan that is highly individualized. In other words, the plan is “one of a kind” and is designed to fit the unique needs of the family rather than the approach typical of traditional service systems where a family is offered only available categorical service with little regard for fit.

The SNCD meeting generally takes between two and three hours and may be split between multiple meetings depending on the needs and availability of key family members and other individuals who provide the family with support. The interview is conducted in a safe place of the family’s choosing, at a time convenient to the family.

It is useful whenever possible to encourage as many family members and other individuals who know the child and family well to participate in the strengths, needs and culture discovery interview. Minimally, the discovery should include the youth, parent(s), caregiver(s), and custodian(s). The WrapAround facilitator/service coordinator will glean useful information not only from what is said but by observing the dynamics and interaction of those present. Extended family members, friends and neighbors, and other natural supports may all be potential participants in the discovery process. It is always easier to engage individuals outside the immediate family early in the WrapAround process rather than later. However, the family has the final say in determining who to include in the strengths, needs and culture discovery interview.

The SNCD is a narrative format usually not less than two typewritten pages in length. The facilitator/service coordinator provides the written discovery to the family for review in a follow-up meeting. Families often have additional strengths they thought of since the interview and would like added to the discovery. Families check the document for accuracy and corrections are made as needed.

The Introduction. During the introduction phase of the culture discovery, the Service Coordinator explains the process of discovery and the rationale for doing this type of interview. This is the time to engage the family in the process. Describing what will be produced (you might show them a training example) and how it will be used to drive the planning process is often helpful. It’s often useful to say as part of the rationale that all families have both strengths and needs, that previous helping persons have probably concentrated too much on needs (deficits), and therefore, the Service Coordinator’s first job is to discover the family’s strengths so there is a balanced understanding of the family. During this engagement phase it is important to carefully consider who should be part of this process. Identifying extended family, members, friends and natural supports at this point can help with a better SNCD and engage these natural supports in the process. Each introduction, however, will need to be tailored to the family being interviewed.

Information Gathering. During the information gathering phase of the strengths, needs and culture discovery, the Service Coordinator begins by asking spontaneous questions about the strengths, preferences, culture, habits, traditions, and family rules, etc. Ideally, the interviewer avoids using a canned list of questions. However, new interviewers may find it useful to consult a list of potential questions as they go through the process. The interviewer asks a question, and then follows up the question with other queries based on the answer given.

The strengths, needs and culture discovery interview requires flexibility and advanced interviewing and engagement skills. For staff with previous experience in interviewing families the process can be rapidly mastered after only a few interviews supported by good coaching. For those with less experience, mastery may require a dozen or more interviews before the subtle aspects of the interviewing process are acquired. For individuals with less interviewing experience, coaching by an experienced WrapAround Service Coordinator will be especially important as a means of providing ongoing feedback.

Many families will find it difficult at first to focus on their strengths. This may be due to the fact they have been trained by previous helping persons to focus only on their deficits. Gentle redirection is required when the family or others move into deficits. Families eventually get “in the strengths groove” and enjoy discussing aspects of their life and relationships not frequently recognized. Once in a while, despite multiple redirects back to strengths, a family will stay stuck on deficits. In these instances, it is likely that insufficient time in deep listening was spent with the family during engagement. One might say, “You know we were planning to discuss your family’s strengths today, but it seems more important that I listen to your concerns now. We can do the strengths discovery another time.” After sufficient engagement has been established, the strengths, needs and culture discovery is rescheduled.

Following are sample annotated questions commonly asked during strengths, needs and culture discovery interviews. Annotations identify each question’s life domain and/or provide additional information about the intent behind the question.

THE STRENGTHS, NEEDS AND CULTURE DISCOVERY EVENT

There are three overall goals of the strengths, needs, and culture discovery:

1. Identify strengths, assets, and resources that may be mobilized to meet family needs for support.
2. Learn about and understand the culture of the family, so the eventual WrapAround plan “looks like” and “feels like” the family, i.e., is culturally competent and therefore more likely to be a plan the youth and family will buy into and participate in.
3. Record child and family needs. Ask the family about their long range vision by asking, “How would you like things to be a year from now?” Ask about and set short term goals that are steps toward the vision. Needs are immediate areas of focus that are identified by the family to address the goals and long range vision. For example “I want Victoria to be at home, but I need to be able to manage her behavior.”

The strengths, needs and culture discovery (SNCD) is an ongoing process that is developmental and includes:

- ⇒ Engaging the family in the rationales and process of the SNCD
- ⇒ Identifying other people who might participate in the process
- ⇒ Gathering information across life domains on the strengths and culture of the family
- ⇒ Developing a long range vision
- ⇒ Identifying priority needs related to the long range vision
- ⇒ Developing short term goals

- ⇒ Developing a draft SNCD document
- ⇒ Reviewing and revising the document with the family
- ⇒ Using the SNCD to drive the initial stages of the child and family team process and the vision, goals and needs to be addressed
- ⇒ Continually updating the SNCD as new information is identified and as conditions change

LONG RANGE VISION AND GOALS

Once a youth and family have identified their priority areas of need based on life domains, the Service Coordinator guides the planning process to long range vision clarification and short term goal setting.

A long range vision is where the family wants to be at the end of the formal part of the WrapAround process, or at some point in the future. The short term goals are the baby steps that the family and the child and family team will take that leads them to the fulfillment of the long term vision. Long range vision or short term goals can be identified and modified at any point in the WrapAround process. For example, a parent's or youth's long range vision and short term goals may be identified by the Service Coordinator and preliminarily discussed with the family during engagement or during the strengths, needs and culture discovery. The long range vision and the related short term goals are further prioritized, clarified and defined in measurable terms during the initial child and family team meeting. Modification of the long term vision and short term goals is then an ongoing process until the transition out of the WrapAround process.

A long range vision statement can be elicited by asking, "Life would be better in the housing domain if...?" The family might respond by saying, "Life would be better if we had a bigger home." This is a long range vision that could be the focus of a WrapAround plan. We recommend a follow-up question, "Why do you need a bigger home?" Different families have the same long range vision but as a result of very different needs. One family might want a bigger home because they have other children in relative care and could have them home if they had more room. Being together is an important family value. Another family with the same vision may want a bigger home so each family member can have more privacy.

Here is another example. During engagement, Carmen and Robert, the parents of an aggressive 16 year old said that they want their son to turn 18 without having physically hurt another person, or having been hurt himself. This is a long range vision. During the WrapAround plan development step, the team worked out short term goals that would move Robert in the direction of the long term vision. One of these short term goals was for Robert to learn communication skills that would help him stay out of the verbal conflicts that have led him into physical altercations. The child and family team can then develop strengths-based culturally competent options to reach this reasonable and measurable short-term goal.

NEEDS

Needs are defined by the youth and family since they are experiencing them. Needs can be elicited by asking the youth and family: "What do you need to have a better life?" However, if a youth is in the custody of the state, a caseworker or other representative of the state may also define youth and family needs. Life domains may be used as a tool to categorize and discuss areas need of the youth and family.

Once a youth and family have identified an area of need, it is crucial to find out *why the need is important*. Two families may have the same need but in exploring the need more deeply it is revealed that they have similar needs for *entirely different reasons*. Understanding the "why" of the need will permit planning that is competent to the culture of the youth and family.

Sample SNCD Questions

Life Domain

1. What is your best quality as a parent? What do you like most about your son/daughter?	Family life domain.
2. Does your family belong to any part of the faith community? What do you enjoy about your faith?	Spiritual life domain.
3. Is your family in the same faith?	Spiritual life domain.
4. Tell me about how you were raised. Can you give me an example of something you learned from your parents? Are you similar or different as a parent than your parents? In what ways?	Family life domain.
5. Does your family celebrate holidays? Which ones? In what way?	Family life domain – family culture.
6. Do you have people over to your home frequently?	Friend’s life domain.
7. Who were the last three visitors to your home?	Friend’s social domain.
8. Describe for me the pace of how your family operates? Very fast? Slower than most? Do you like it that way? Is this similar to how you were raised?	Family culture.
9. How do you relax?	Fun/leisure life domain. Family culture.
10. (To the youth) What are your favorite things to do? Why do you like them?	Fun/leisure life domain.
11. Tell me a little about your neighborhood. Does everybody know everybody else’s business or are people very private?	Residence/neighborhood life domain.
12. I find that most parents have dreams about their youth. What would you like their lives to be like at 21 years old? 40? Do you have a long range vision for your family?	Family life domain. Eliciting hopes and dreams.
13. What is your favorite time of the day? Year? Why?	Family culture.
14. Who do you call when times are tough?	Identifying social network.
15. When do you have the most enjoyable times with your family?	Fun/leisure life domain.
16. What do you enjoy doing the most with your family?	Fun/leisure life domain.
17. I see from your file you are (Native American; African American; Chinese-American, etc). Could you tell me about how being (Race) has affected you in a positive way?	Family culture.
18. If you could do anything different with your life, what would it be?	Eliciting hopes and dreams.
19. (To the youth) What do you enjoy the most about school? Who was your best teacher ever? Why?	Educational/vocational life domain.
20. (To the youth) Who do you sit with during lunch hour at school?	Educational/voc. life domain. Identifying social network.
21. Do you have any heroes? Why are they your heroes?	Family culture. Social network.
22. Do you have any immediate goals for your family?	Eliciting hopes and dreams.
23. How are you in a crisis? Could you give an example?	Social network.
24. What was your best job ever? Why? Who are you closest to at work?	Educational/vocational life domain. Identifying social network.
25. Describe your parenting style.	Family life domain. culture.

LIFE DOMAINS

We can conceptualize the lives of the families according to *life domains*. Life domains may be used by the facilitator as a roadmap for the strengths and culture discovery process to help ensure that the discovery is comprehensive, i.e., all areas of life are explored. A list of life domains follows. It can be added to or modified to fit the culture of the family or community.

Residence Where does the family live? What is the neighborhood like? Do the current living arrangements meet the family's needs?

Family Who is in this family by their definition? What do the members of the family need to stay together or in touch with each other? Are there serious, unmet needs for any family members that impair family functioning?

Social Do family members have friends and access to their friends? Does this family have the opportunity to socialize with each other? Do individuals socialize outside the family? Do they have any fun? Do they have any way to relax?

Behavioral/ Emotional Are any problem behaviors blocking a family member's chances of having a good life? Does the referred individual have any unmet needs in these areas? Do any other family members have unmet needs in this area? Are there unresolved issues that impede normal interactions within the family or in the community?

Educational/Vocational What will it take to ensure a viable education for the children, particularly the identified client? Do older children have access to employment opportunities? For what sort of future are they being prepared? Are their rights intact?

Safety Is everybody in the family safe? Are there dangers to individual family members? Is anybody potentially dangerous to themselves or to the community?

Legal Are any family members involved in the judicial system, on probation or parole? Do they have representation? Are there issues around custody?

Medical Are healthcare needs met? Does the family have access to specialized medical services they may need?

Spiritual Are family spiritual needs being met?

Other Possible Areas: Crisis intervention, Pets, Hunting, Cultural, Financial.

The Spiritual Life Domain: Exploring a Family's Spiritual Life

Often, many professionals have been trained to avoid or minimize discussion about spirituality. Separation of church and state dictates that governments should not control churches in any way. Another aspect of separation of church and state is that governmentally funded services providers must not evangelize or push a family toward any faith community. This helps protect religious freedom, a vital aspect of a free society. However, some helping professionals have interpreted this mandate to mean that we are not allowed to or should not mention spiritual issues with the youth and families we serve.

Spirituality, however, is an important area of life for most of our youth and families as well as a significant source of natural support or potential source of support. Avoiding discussion of a family's spiritual life can

be a significant missed opportunity. This discussion can identify important natural supports as well as lead to a deeper understanding of a family's culture.

The discussion of spirituality requires that WrapAround Service Coordinators develop specialized skills and a comfort-level in this area in order to be effective. Service Coordinators need to learn specific methods for exploring a family's spiritual beliefs, connections to the faith community, and/or interest in becoming involved with a faith community.

It is common to see families that have family members with troubling behaviors who have been discouraged from participating in a faith community. Often, a family involved in the WrapAround process that wants to participate in a faith community has not been able to due to embarrassment over a family member's behavior. Some faith communities are not prepared to handle individuals with complex needs and problematic behaviors. As a result, the WrapAround process can provide needed support to a family and its faith community so their relationship can develop fully.

The following are typical initial questions to ask in the discovery of this life domain:

- What does a typical Sunday morning look like in their family (or other day that a family may have for attendance at their faith community)?
- Are you or is your family part of a faith community?
- Have you or your family ever been part of a faith community?

If the family indicates that they are part of a faith community or want to be and have not been due to family member behaviors, then the Service Coordinator can proceed with additional questions:

- How does your family express their spirituality?
- Is your family new to this faith community?
- What do you like about your faith community?
- Are there special persons in your faith community who mean a great deal to you or your family? What do they do to support your family?
- What do you feel you need to be able to participate in your faith community again?
- Is there someone from your faith community who you would like on the child and family team?

A goal about reconnection or strengthening of an existing connection to a faith community may become a target of the WrapAround plan. However, separation of church and state means that as Service Coordinators, we have to be cautious about not ever pushing our own religious agenda or beliefs. No matter what your personal spiritual beliefs, you would not say "Don't you really think being part of a faith community would help your family?" You would not say "I would like to invite you to attend my church."

FAMILY CULTURE

What is family culture? Webster's defines culture as a particular form of civilization, especially the beliefs, customs, arts, and institutions as a society at a given time. Family culture is the unique way that a family forms itself in terms of rules, roles, habits, activities, beliefs, and other areas. The racial or ethnic culture in which a family lives may strongly influence family culture. Other families are no longer tied to cultural norms of their ethnic or racial group. Every family is different; every family has its own culture.

Often, because we do not learn the unique culture of a family, our interventions effectively ignore how this family operates. We then are sometimes puzzled about why the family does not respond to services, or why their buy-in or cooperation is low. Culture is about differences: legitimate, important differences. Cultural competence in the area of family culture occurs when we not only discover what the individual family culture of a family is, but we appreciate the cultural differences of the family. You may find that most people are not used to thinking about culture in terms other than race or ethnicity, and that family culture is a new term for them.

Addendum E

Family:
Facilitator:
Meeting Date:
Sent to all parties?

Family Service Coordination Plan

Team Members:
Team Mission:

Short Term Goal #1:	Matching Strengths:
Plan for Action/Solution (Include who, when and where. Are all potential barriers considered?):	
Ways To Monitor Results:	Resources Needed:

Short Term Goal #2:	Matching Strengths:
Plan for Action/Solution (Include who, when and where. Are all potential barriers considered?):	

Ways To Monitor Results:	Resources Needed:
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Short Term Goal #3:	Matching Strengths:
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Plan for Action/Solution (Include who, when and where. Are all potential barriers considered?):	
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Ways To Monitor Results:	Resources Needed:
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Short Term Goal #4:	Matching Strengths:
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Plan for Action/Solution (Include who, when and where. Are all potential barriers considered?):	
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Ways To Monitor Results:	Resources Needed:
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Crisis / Safety Plan

When: (name and action/thought) _____

_____ **is to:**

1) _____

2) _____

3) _____

4) _____

5) _____

_____ **is to:**

1) _____

2) _____

3) _____

4) _____

5) _____

If this does not work, follow the phone tree:

1) _____

2) _____

3) _____

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

Client: _____ **Date:** _____

Parent/Guardian _____ **Date:** _____

Worker _____ **Date:** _____