

Service Coordination Plan Attachments

Strengths, Needs, Culture Discovery (SNCD)

Assessment Tool for Richland County Youth and Family Council **Attachment B-1**

Assessment of Strengths, Risks & Needs:

1. List the three most distressing problems you are having with your child/family. _____
2. What seems to help, even if doesn't solve the problem? _____
3. What things does you child enjoy doing? _____
4. What talents or skills does your child have? _____
5. List some positive things about your family. _____
6. What are your dreams and future plans for your child? _____
7. What does your family hope to achieve in the next month? _____
8. What does your family hope to achieve this year? _____
9. If you had all the money and support you needed, what would you change about your family's situation? _____
10. Apart from your immediate family, list by name the most important people in your child's life (examples: extended family, friends, neighbors, clergy, health professionals, etc.).

Cultural Discovery Questions

1. **What are some of the rules in your home?**

2. **What are some family traditions that your family enjoys?**

3. **Does your family have any special values or beliefs taught to you by your parents or other people who are important to you?**

4. **What activities does your family participate in together to have fun?**

5. **Who do you call when you need help or want to talk?**

6. **Does your family belong to a church or faith based group?**

Additional notes:

Common Problems

Reframed as Strength

- | | |
|--|---|
| 1. Child runs away a lot | 1. Child has good survival skills |
| 2. Child is aggressive | 2. Child likes physical contact |
| 3. Family is crisis oriented | 3. Family is adaptable |
| 4. Family resists assistance | 4. Family is a wise shopper for services |
| 5. Child has a negative peer group | 5. Child is able to make friends |
| 6. Child has low self esteem | 6. Child knows external cues well |
| 7. Child is totally unable to stay on task | 7. Child is curious, inquisitive |
| 8. Family is dysfunctional | 8. Family is overwhelmed; services aren't adequate |
| 9. Child was ejected from last three programs | 9. Child is extremely adaptable |
| 10. Child is unable to make relationships | 10. Child is self reliant, independent, or a good judge of character |
| 11. This family is over-empowered | 11. Family is a good advocate and figured out how to get what they want |
| 12. Child doesn't take responsibility | 12. Child wants to enjoy childhood, is age appropriate |
| 13. Family doesn't follow through with services | 13. Family is self sufficient |
| 14. Parents are enmeshed with their child; i.e., poor boundaries | 14. Parents love their child |
| 15. Family has no support and is isolated | 15. Family is new to the neighborhood |

1. Family Circumstances and Parenting

- a. Inadequate supervision:
- b. Difficulty in controlling behavior:

Comments (include sources of information)

- c. Inappropriate discipline: _____
- d. Inconsistent parenting: _____
- e. Poor relationship/Father- child _____
- f. Poor relationship/Mother-child _____

Strength

Risk Level: Low (0-2)
 Moderate (3-4)

2. Education/Employment

Comments (include sources of information)

- a. Disruptive Classroom Behavior: _____
- b. Disruptive behavior on school property: _____
- c. Low achievement :
- d. Problems with peers: _____
- e. Problems with teachers: _____
- f. Truancy: _____
- g. Unemployed/not seeking employment: _____

Strength

Risk Level: Low (0)
 Moderate (1-3)
 High (4-7)

3. Peer Relations

Comments (include sources of information)

- a. Some delinquent acquaintances: _____
- b. Disruptive behavior on school property: _____
- c. No or few positive acquaintance :
- d. No or few positive friends: _____

Strength

Risk Level: Low (0-1)
 Moderate (2-3)
 High (4)

4. Leisure/Recreation

Comments (include sources of information)

- a. Limited organized activities: _____
- b. Could make better use of time: _____
- c. No personal interests: _____

Strength

Risk Level: Low (0)
 Moderate (1-2)
 High (3-5)

5. Substance Abuse

Comments (include sources of information)

- a. Occasional drug use: _____
- b. Chronic drug use: _____
- c. Chronic alcohol abuse :
- d. Substance abuse interferes with life: _____
- e. Substance abuse linked to offense: _____

Strength

Risk Level: Low (0)
 Moderate (1-2)
 High (3-5)

6. Personality and Behavior

Comments (include sources of information)

- a. Inflated self esteem: _____
- b. Physically aggressive: _____
- c. Tantrums: _____
- d. Short attention span: _____
- e. Verbally aggressive: _____

Strength

Risk Level: Low (0)
 Moderate (1-4)
 High (5-7)

7. Attitudes/ Orientation

- a. Antisocial/ pro-criminal attitudes: _____
- b. Not seeking help: _____
- c. Actively rejecting help: _____
- d. Defies authority: _____
- e. Callous, little concern for others: _____

Comments (include sources of information)

Strength

Risk Level: Low (0)
 Moderate (1-3)
 High (4-5)

<u>SCORES</u>
<u>Low</u>
<u>Moderate</u>
<u>High</u>
<u>TOTAL :</u>

Overall Total:

- LOW (0-8) MODERATE (9-22)
- HIGH (23-34) VERY HIGH (35-42)

OTHER NEEDS OR SPECIAL CONSIDERATIONS

Please include any special considerations including the needs for culturally specific services:

Family/Parents

- a. Chronic history of offense(s): _____
- b. Emotional distress: _____
- c. Drug-alcohol abuse: _____
- d. Marital conflict: _____
- e. Financial/Accommodation problems: _____
- f. Uncooperative parents: _____
- g. Cultural/ ethnic issues: _____
- h. Abusive father: _____
- i. Abusive mother: _____
- j. Significant family trauma (specify): _____
- k. Other: _____

Name, Address and Phone Number of person or agency making the referral:

Name and Phone number of person completing referral form:

Once the referral is completed, please forward to FCFC Coordinator.
Youth and Family Council Coordinator name _____

How to complete the assessment

The common assessment form is just a way of recording your conversation with the child and their parent(s) and other knowledge and observations. The discussion does not have to be highly formal or presented as a “big event”. You will want to use a method and style that suits you, the child/parent and the situation. Key points to remember:

- The interview is collaborative – you are working with the family to find solutions – they will often know better than you
- If the child, young person or family doesn't want to participate, you can't force them. If that happens you may wish to use the common assessment form to structure information that you do have, in order to aid decision-making. But you will need to record clearly that agreement to undertake an assessment has been refused. Before sharing any information you need to make parents aware of the Council's confidentiality and privacy policies.
- If you are worried about a child's welfare or safety or your own safety, act accordingly. You are a mandated reporter.

The common assessment discussion:

1. Explain the purpose of the assessment, why you are recording information and what will happen to it. Make sure they understand that FCFC is a resource to help them access services. There is no stigma attached. Check that they consent to what is proposed. If the child is old enough to understand what you are proposing, they should give consent themselves. Do not assume that children with a disability or learning disabilities are not capable of understanding.
2. Complete the front page of basic details.
3. Go through the main assessment areas.
4. For each broad group, you should consider each of the elements in turn; to the extent they are appropriate in the circumstances. You do not need to comment on every element. Concentrate on the presenting issues. You should consider the whole child. You should also focus on areas of strength in the family, not just needs. The interview should not be threatening.

Don't be put off by the language in which some of the elements are expressed. These terms are used in many existing assessment frameworks. We want the common assessment to be compatible with these, so other agencies can build on the common assessment you have done, rather than starting again from scratch with their own assessment frameworks. A quick explanation of what each element means in plain English is attached.

Wherever possible, you should base the interview and your comments on evidence, not just opinion. Evidence would be what you have seen, what the child has said and what the family members have said.

5. Record, with the child or parent, your overall conclusions and the evidence behind them. Agree what you say with the child or parent and record any major differences of opinion.
6. Identify solutions and actions. Try to focus on what the child and family can do for themselves. If they need more, they should be referred to a family team.
7. Agree who will do what and when you will review progress. Record the child or parent's consent to share the assessment information with other agencies and any limitations on that consent.

Remind a family that consent to share information will streamline the process of service coordination and will keep them from repeating their story over and over.

Attachment B

**RICHLAND COUNTY YOUTH AND FAMILY COUNCIL
REFERRAL FOR SERVICES**

Explain the purpose of the assessment, why you are recording information and what will happen to it. Make sure they understand that FCFC is a resource to help them access services. There is no stigma attached. Check that they consent to what is proposed. If the child is old enough to understand what you are proposing, they should give consent themselves. Do not assume that children with a disability or learning disabilities are not capable of understanding. (Refer to the common assessment discussion sheet attached to the end of this form if you are unclear on how to proceed.)

Please print all information and complete thoroughly

Date: _____ Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____ Home Phone Number: _____

Work or Other Phone Number: _____ Best way to contact family: _____

Parent(s)/Guardian Name(s): _____

Address: _____

Emergency Contact Name(s): _____

Emergency Contact Phone Number: _____

Child's School District: _____ Child's Current Grade Level: _____

Does Child have an IEP? Yes No Unknown Does child have a family doctor? _____

Name of Family Doctor _____

Educational setting at the time of the referral:

- Public School Home Instruction
- MR/DD Suspended
- Alt. School Expelled
- Vocational School

Please describe this child's needs which warrant a referral for services, including any violent and aggressive behaviors. (Attach an additional page if necessary)



Juvenile Court Involvement

Current Previous Pending N/A

Adjudicated delinquent (other than violent offense).....

Adjudicated unruly.....

Charged and/or adjudicated (felony/misdemeanor
Offense of violence).....

Probation.....

Paroled.....

DYS Committed.....

Child Behavior

01 Health Problems		12 Homicidal Threats		23 Stealing	
02 Physical disability		13 Hyperactivity/ Attn. deficit disorder		24 Suicide Attempt	
03 Low intelligence/ Developmental Delay		14 Inappropriate Sexual Behavior		25 Suicidal Ideation	
04 Learning Disability		15 Problems in Authority Relations		26 Tantrums/Severe Anger	
05 Underachievement		16 Problems in Peer Relations		27 Truancy	
06 Victim of Physical/Sexual Abuse		17 Peers outside of age range		28 Unwarranted Aggression/ Assault	
07 Victim of neglect		18 Running Away		29 Vandalism	
08 Fighting		19 School Behavior Problems		30 Withdraw	
09 Fire setting/ Arson		20 Self- Mutilation		31 Other	
10 Hallucinations or Delusions		21 Sex Offender		32 N/ A	
11 Homicidal Attempts		22 Sleep Disturbance		33 Child is age 0-3	

Response to referral:



**Richland County Youth and Family Council
REQUEST FOR DISPUTE RESOLUTION**

Between Parent and Council **Part C** **Agency Dispute w/ County Council**

Purpose – To request formal dispute resolution as described in the Service Coordination Mechanism. Use this form to resolve issues relating to service coordination that defy a consensus solution among members of a family team, family, or agency.

Application- Submit this form to the Intersystem Coordinator/Council Director for resolution of issues regarding service coordination. A service coordinator, provider, family member, or other member of a family team may submit this request. Any council member may submit a request regarding Council business.

Submitted by: _____ Phone: _____

Position and Agency (if applicable): _____

Address: _____

Issue: (Identify the reason for this request)

Other Information: (Include pertinent resolution attempts and list interested parties.)

I hereby request formal resolution of the concern. (Attach any pertinent documentation or additional comments.)

Signature: _____ Date: _____

ADDENDUM TO CONFLICT RESOLUTION (April 21, 2004) – Conflict and Resolution Process for Families Receiving Help Me Grow Services.

The Richland County Youth and Family Council (FCFC) agree that the conflict between any of the service partners and/or families must not impede the delivery of services. The Richland County Youth and Family Council recognize that three types of conflict are likely to occur and have addressed the process for resolution accordingly. The three anticipated scenarios for potential conflict are:

The family is in conflict with one agency;
The family is in conflict with the service plan;
One agency is in conflict with another agency or the service plan.

The process of handling each of the above situations is dependent on the premise that individuals will seek resolution through the individual agencies and/or team meetings prior to initiating the formal conflict resolution process. Emergency situations where a child is in imminent danger of abuse or neglect will be reported immediately to Children's Services and/or a local law enforcement agency. Other non-emergency situations will follow the conflict resolution process described below. Informal/formal agency grievance procedures should be utilized prior to utilizing the formal conflict resolution process. However, at any time during the process, a family may file a written complaint to the Richland County Youth and Family Council (see B. Formal Conflict Resolution Process and Investigation by the FCFC) and/or contact the Bureau of Early Intervention Services at the Ohio Department of Health (see Other Process Requirements, I.). If a family needs assistance in presenting their concerns within the team setting, they may request a parent advocate or agency caseworker to assist them in presenting their concerns.

A. Steps to Resolve the Conflict

Families receiving Help Me Grow services in Richland County have a right to a Conflict Resolution Process if a conflict about services occurs.

In Richland County, attempts to resolve the conflict will occur as follows:

1. If it is a matter specifically directed toward a staff member of any Help Me Grow system agency, the matter should be addressed, initially, to the concerned staff member who shall discuss it promptly with the complainant and make every effort to provide a reasoned explanation to take appropriate action within his/her authority.
2. If a satisfactory solution is not achieved by discussion with the staff member, the matter should then be addressed to the staff member's supervisor. The staff member's informal/formal agency grievance procedures should be utilized prior to utilizing a formal Help Me Grow conflict resolution process.
3. If a satisfactory solution is not achieved by the individual agency, a phone request stating the concern shall be made to the Richland County Youth and Family Council Executive Director, 419-522-8213, who is located in the Ocie Hill Neighborhood Center. This request should include:
 - a. the specific nature of the complaint and a brief statement of the facts giving rise to it;
 - b. the respect in which it is alleged that the complainant (or child of the complainant) has been affected adversely;
 - c. the action which the complainant wishes taken and the reasons why it is felt that such action be taken.

4. Should the matter still not be resolved, the complainant may request a meeting to include the family/parent lodging the complaint, the chief executive officer of the Help Me Grow implementing agency or a designated representative, up to two members of the child's service coordination team, the Help Me Grow Project Director and the Richland County Youth and Family Council Executive Director. The Help Me Grow Project Director will arrange the meeting within 5 working days of receipt of the request. The outcome of this meeting will be provided to the complainant in writing within 5 working days.

B. Formal Conflict Resolution Process by the FCFC

1. Should the matter be a concern regarding the Project Director which cannot be resolved through discussion with the Project Director and/or the Project Director's supervising agency (A1-A4 above), or if it is one beyond the Project Director's authority and requires a FCFC decision or action, the complainant may submit a written request to the Richland County Youth and Family Council, 445 Bowman Street, P.O. Box 1986, Mansfield, OH 44901 in accordance with the following minimum requirements:

The conflict must have occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the conflict 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.

The written request should include:

- a. the specific nature of the conflict and a brief statement of the facts giving rise to it;
 - b. the respect in which it is alleged that the complainant (or child of the complainant) has been affected adversely;
 - c. the action which the complainant wishes taken and the reason why it is felt that such action be taken.
2. The FCFC Director will mail a copy of the "Conflict and Resolution Process for Families Receiving Help Me Grow Services" and a copy of the procedural safeguards to the complainant.
 3. The FCFC Director shall notify the Ohio Department of Health of the complaint in writing (via email or fax) within 7 calendar days of receipt of the complaint.
 4. The FCFC Director will call a meeting with at least 3 members of the Richland County Youth and Family Council not involved with the dispute, within 5 working days of receipt of the written complaint. Members, with the assistance of the FCFC Director, will investigate the conflict 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 conflict
 - ◆ Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the conflict
 - ◆ Review all relevant information and make an independent determination as to whether there has been violation.
 5. The FCFC Director shall issue the member's written decision to the complainant within 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.

6. If it is determined there was a violation, the FCFC must ensure that corrective actions are implemented within 45 days or sooner of the written final decision. A copy of the corrective action plan must be provided to the complainant and the ODH. The corrective action plan may include the following:

- ◆ Require the participation of 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.

7. If the complainant is not satisfied with FCFC's findings or corrective action plan, the complainant may file a complaint with ODH (see Other Process Requirements, I).

8. If a written complaint is received that is also the subject of an ODH administrative hearing, or contain multiple issues, of which one or more are part of the administrative hearing, the complaint investigation or any part of the complaint investigation that is being addressed in the administrative hearing must be set aside until the conclusion of the hearing. However, any part of the conflict that is not part of the administrative hearing must be resolved within the established time lines. If an issue is raised in a conflict that has previously been decided in an administrative hearing process involving the same parties, the hearing decision is binding and the ODH will notify the complainant of such.

9. According to Ohio Revised Code Sec. 121.38 (B)2, if the parties are still dissatisfied, a complaint may be filed in the juvenile court.

Other Process Requirements

A. Available remedies for complaints include: informal/formal agency grievance procedures and "Steps to Resolving the Conflict"; and/or filing a complaint with FCFC utilizing the formal dispute resolution process, and/or the ODH; and/or requesting mediation and/or an administrative hearing with ODH.

B. The FCFC Director and the Help Me Grow Project Director will ensure documentation of all steps.

C. Services to the child and family shall continue throughout the dispute resolution process as follows:

O.R.C. Sec. 121-38(C): While the dispute resolution process or court proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the FCFC before dispute resolution was initiated. If any agency that provides services or funds during the dispute resolution or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed the costs of providing the services or for the funding by the agencies or parents determined to be responsible for providing them.

D. In the event of an emergency involving an immediate risk of harm or injury during any dispute, existing mechanisms for legal protection and/or intervention shall be accessed.

E. Any party may choose to include an advocate at any point in the dispute process. The advocate may provide information to the Help Me Grow Executive Committee and support to the party or parties involved in the dispute.

F. The FCFC Director will facilitate steps in the process as needed.

G. The dispute resolution discussion is not open to the public. Records of the dispute and its resolution shall be filed in the FCFC office.

H. Confidentiality: Families will be treated with respect and dignity at all times and privacy will be guarded. All matters referred to the Help Me Grow Executive Committee or to the FCFC shall be handled confidentially according to the standards set forth by member agency policies, state and federal laws, and professional ethics. Non-governmental parties involved shall also maintain the confidentiality of all information, discussion, and records presented.

I. Procedural Safeguards: <http://www.ohiohelpmegrow.org/About/Policies/ProcSafe.PDF> will be followed. Procedural Safeguards represent the assurance and process provided by the Individuals with Disabilities Education Act (IDEA) that protects parents' and eligible children's rights as outlined in the law. Procedural Safeguards provide standards for accountability, consistency, and a means for setting disputes in a fair and equitable manner.

Families receiving Help Me Grow services will receive a Parents' Rights booklet and rights will be explained to them. Families may contact the Bureau of Early Intervention Services at the Ohio Department of Health by:

Phone: 614-644-8389

Email: beis@gw.odh.state.oh.us

Mail: Ohio Department of Health, Bureau of Early Intervention Services

Attn: Help Me Grow Program

246 N. High Street, 5th Floor, Columbus, OH 43266-0118

J. If the complainant contacts an individual involved with the FCFC or Help Me Grow Executive Committee, the member shall inform the complainant that she/he has no authority to act in his/her individual capacity and that the complainant must follow the procedure described in this policy.

Approved and adopted by the Richland County Youth and Family Council on: April 21, 2004

**Youth and Family Intersystem Process
Individualized Family Service Coordination Plan**

Date: _____ **Time:** _____ **Client Number:** _____

Family Name: _____ **Location:** _____

Recorder: _____ **Agreed Upon Team Leader:** _____

Strengths of Youth & Family:

Needs of Youth & Family:

Family Identified Support Person (friend, family member, neighbor, etc.): _____

Invited but not attending: _____

Individualized Family Service Coordination Plan:

Person(s) Responsible	Action	Date to Be Completed By	Date Completed

Individualized Crisis Plan and Safety Plan:

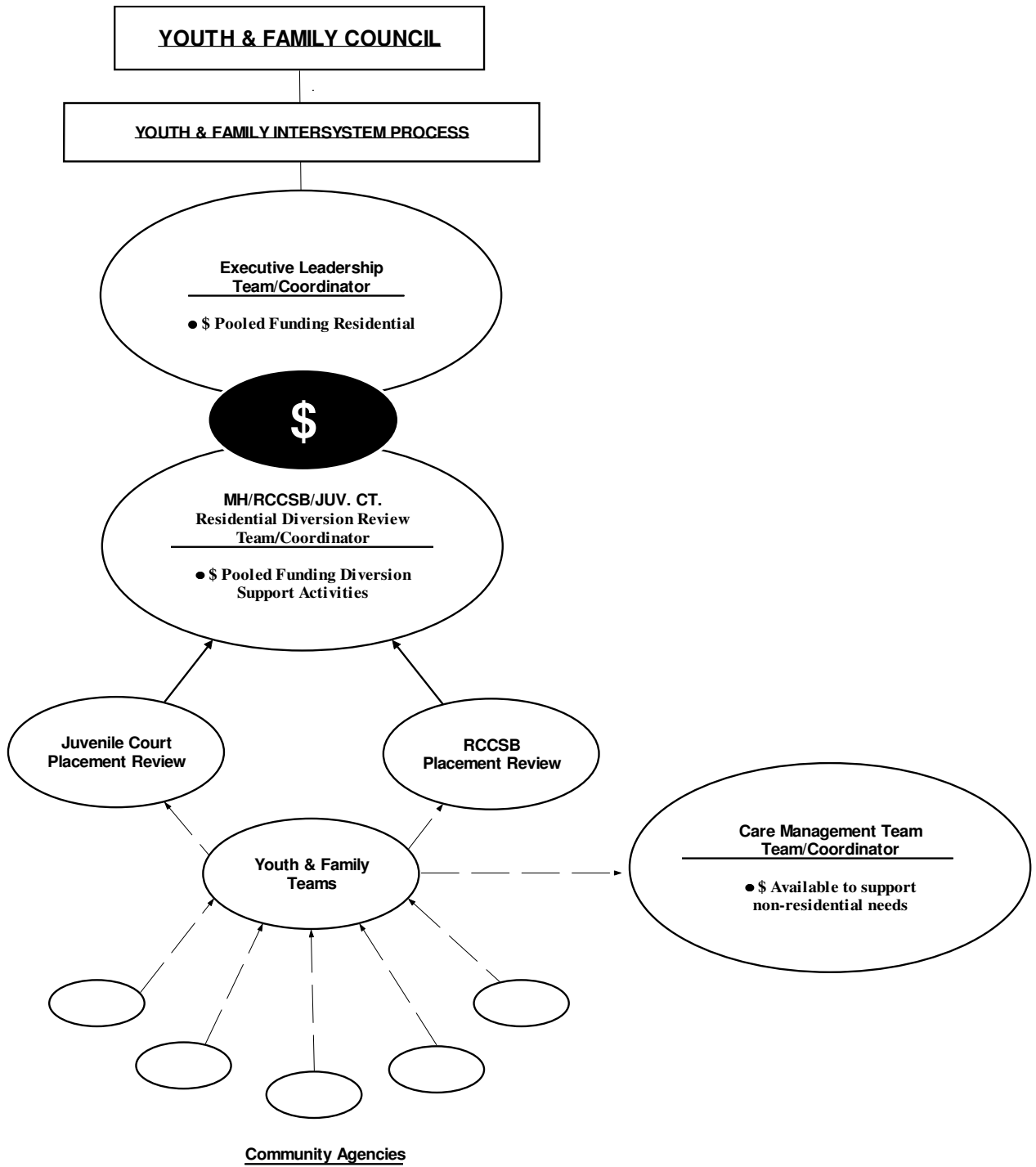
Team Member (Print Name)	Relationship	Signature	Date	
				Agree With Plan: Y___ N___
				Agree With Plan: Y___ N___
				Agree With Plan: Y___ N___
				Agree With Plan: Y___ N___
				Agree With Plan: Y___ N___

				Agree With Plan: Y___ N___
	Team Leader			Agree With Plan: Y___ N___

Parent Advocate Form Completed: Y___ N___

Release Form Completed: Y___ N___

Next Team Meeting: Date: _____ Time: _____ Location: _____



Individual Family Service Coordination Confidentiality Form

By signing this form prior to the family meeting you agree to keep information confidential unless required for mandated reporting purposes.

Team Member:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

The following members of **the family team** from the listed organizations:
(Check all that Apply and **Provide Representative's Name**)

___ Richland County Children Services Board

___ Richland County Juvenile Court

___ Richland Newhope

___ Mansfield City Schools

___ Richland County Job and Family Services

___ Other School System:

School Name: _____

___ Mental Health Provider:

Agency Name: _____

___ Alcohol and Other Drug Treatment Agency:

Agency Name: _____

___ Family Advocate

___ Other: _____

___ Other: _____

are granted permission to discuss and exchange information with regard to the treatment of :

_____ Consumer's Full Name

_____ Date of Birth _____ SS#

If the team agrees to present a request to the Care Management Committee, The team leader _____ has my consent to exchange and discuss the information found the in the Complete Care Management Assessment including all summaries and family completed forms with the following members of the Care Management Committee:

Scott Basilone or Designee: Richland County Children Services Board
Lisa Benson or Designee: Richland County Juvenile Court
Joe Trolan or Designee: Richland County Mental Health & Recovery Services Board
Stephanie Griffiths or Designee: Richland Newhope
Mary Kay Pierce or Designee: National Alliance on Mental Illness
Terese Terrell or Designee: Mansfield City Schools
Amy Bings or Designee: Mid-Ohio Educational Service Center
Teresa Alt or Designee: Richland County Youth and Family Council
Jone Watson or Designee: Richland County Job and Family Services

For the purpose of qualification and use of FCSS FY11 Funds.

This authorization shall expire on:_____. Not to exceed 180 days from the date of authorization.

I understand that the above listed information is protected by Federal and Ohio law governing confidentiality rules and cannot be re-disclosed without my written permission. However, I also understand that if I have given permission for disclosure to persons who are not required by Federal or State law to keep the information confidential, these persons may disclose my protected health information without getting my authorization prior to disclosure.

If this information to be disclosed includes records of diagnosis and/or treatment of drug or alcohol condition: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person, or guardian of the person, to who 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 rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug patient.

Current and recent historic information regarding the services your child receives, demographic information (such as age, gender, ethnicity, zip code, etc.) and measures of your child's, your own and treatment staffs' assessment of your child's health and or well being, and your satisfaction with the services, will be shared with The Richland County Mental Health and Recovery Services Board, local and regional family and youth advocates (if applicable), The Ohio Department of Mental Health, The Ohio Department of Alcohol and Drug Addiction Services and the Center for Family Research at the Ohio State University for the purposes of treatment delivery, advocacy, payment and evaluation of the effectiveness of aspects of this program in increasing family stability, increasing family satisfaction and decreasing levels of risk for youth and families.

I understand that I am under no obligation to sign this authorization. I further understand that I have a right to a copy of this authorization and to inspect or obtain a copy of any information that will be disclosed because of this authorization.

I attended a team meeting regarding this request and agree with the request.

Yes No

Signature: Consumer/Parent/Guardian

Date

Signature: Consumer/Parent/Guardian

Date

Signature: Witness

Date

I hereby revoke this release of information:

Signature: Consumer/Parent/Guardian

Date

**RICHLAND COUNTY YOUTH AND FAMILY COUNCIL
FAMILY TEAM MEETING WORKSHEET**

Initial Family Team Meeting		Second Family Team Meeting		Third Family Team Meeting		Follow Up Family Team Meeting _____		Removal from Home
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Child's Name:

Parents Name:

Child's D.O.B.:

Referring Agency:

Family Team Leader:

Service Coordination Start Date:

Service Coordination End Date:

School	Current Location	IEP, If yes, updated properly?	Next Family Team Meeting
Medication	Diagnosis	Social/ Recreational Update	Mental Health Update
Drug/ Alcohol Update	Medical Update	Education/ Vocational Update	Legal Update

Checklist for information required in file:

- Release of Information Signed
- Notice of Privacy Practices Signed
- Clients Right and Responsibilities Signed
- Family Participation Survey Complete
- Dispute Resolution Process Explained
- Purpose of Service Coordination Explained
- Overview of Service Coordination Explained
- The Term "Family Centered" was Explained
- Family Team Introduced
- Process for Family Team Meeting w/in 10 days of emergency placement
- Timelines Met for Meeting, if no, please explain: _____

Strengths/ Needs Discussed?	Individual Family Service Coordination Plan Initiated?	Goal and Timelines Defined?

GOALS MET:

Family Team Leader: Please update this form each time a Family Team Meeting takes place. This information will be used to complete monthly and quarterly reports. All data collected will be reported back to the Ohio Family and Children First Cabinet Council

FAMILY TEAM MEETING WORKSHEET

I hereby authorize the use of disclosure of my individually identifiable health information or personal information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

PARENT/CUSTODIAN SIGNATURE: _____

FAMILY TEAM MEMBER SIGNATURES:
