**Hocking County**

 **Family & Children First Council**

1369 E. Front Street

 Logan, OH 43138

 Phone: 740-385-5805 ext. 286

 Email: fcfc@hockingdd.org

Hocking County

SERVICE COORDINATION

MECHANISM

 December 2024

**COORDINATION OF SERVICE PLANS**

The Hocking County Family and Children First Council (HCFCFC) of Logan, Ohio is comprised of public and private human service agencies, government officials and private citizens. One of the goals of the Council is to support agencies’ holistic services and programs to at –risk children and families residing in Hocking County. Another goal is to outline the procedure for families to access services for their children from a host of service providers who work in collaboration. This collaboration maximizes the possibility for the best treatment for the children of Hocking County. This Service Coordination Mechanism is developed and approved by South Central Ohio Job & Family Services, the 317 ADAMHS Board, Early Childhood Programs of Hocking County, Hocking County Board of Developmental Disabilities, Hocking County Health Department**,** Logan-Hocking School District, Hocking County Juvenile Court, Hopewell Health Centers, Hocking County Behavioral Health, Hocking County Family and Children First Council and parent representatives.

 The target population for these coordinated services is comprised of three categories. First, children ages 0-21, and their families who voluntarily seek services for identified needs, or children and their families who have been identified as persons who could benefit from preventive services when their needs are not being met outside of the Service Coordination Mechanism. Second, children and their families when the children or child is determined or adjudicated to be an abused, neglected, dependent, unruly or delinquent child. Third, service coordinators who advocate on behalf of the children and their families and who have facilitated an ongoing involvement with a Family Team but need outside professional consultation.

All children who could benefit from Service Coordination would have a completed Referral Packet, regardless of whether they would receive HCFCFC funding or not. Without this Referral Packet, a child/family could not utilize the HCFCFC Service Coordination process.

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

The Council also recognizes that prevention is in the best interest of the child, family and community. At present, the county has significant preventive services cooperatively performed by the Hocking County Board of Developmental Disabilities, South Central Ohio Job & Family Services, Hocking County Health Department, Hocking County Juvenile Court, Logan-Hocking School District, Hopewell Health Centers, Health Recovery Services, Hocking County Behavioral Health, Integrated Services for Behavioral Health, and Hocking, Athens, Perry Community Action – Head Start, churches and others. Help Me Grow and the Early Intervention programs for ages 0-3 are available to eligible families; the Hocking County Board of Developmental Disabilities offers home-based Programs for ages 0-3, and School Support and Transition Services. The Hocking County Board of Developmental Disabilities offers an annual outreach event, ‘Kidpalooza,” in addition to ‘Trunk or Treat.’

Integrated Services for Behavioral Health offers intensive home-based mental health services to high needs families and youth. These services are utilized when there is a risk for the child to be removed from the home due to his/her significant behavioral challenges. These services can also be utilized as part of the transition from an out-of-home placement, back into the child’s home. Hopewell Health Centers offers school-based mental health services (STARS) at the middle school, high school, and one elementary school. The STARS program is designed to provide behavioral and emotional support to students identified with emotional disturbances. Counseling and case management services are provided in these academic settings. South Central Ohio Job & Family Services offers child abuse and neglect, and mandated reporter training to personnel in the Logan-Hocking School District.

**REFERRAL PROCESS**

 The Referral Packet, now accessible on our website *hockingfcfc.com*, requires a common intake and assessment for the identified multi-need youth and family. The coordination of intake and assessment shall occur as follows:

1. Any social service agencies, juvenile court, school personnel, or any member of a family voluntarily seeking services, may refer any child age 0-21 with needs in multiple systems to the current Family & Children First Council (FCFC) Coordinator. Families who wish to self-refer may do so by calling, writing, or emailing Hocking County’s Family & Children First Council or by indicating their desire for a referral to an agency/school district that they are currently utilizing services.
2. Releases of information are included in the Referral Packet and are signed by the parent/legal guardian. Additionally, all Cluster members must sign confidentiality agreements in order to serve as a Cluster member when hearing new cases and updates on current cases.
3. If the referral is approved, HCFCFC will organize the initial team meeting and invite the appropriate agencies/organizations. Notification for the initial and subsequent meetings will be done by HCFCFC by phone, email, face to face communication, or other appropriate means.
4. It is at the initial Family Team Meeting that the youth and family are introduced to HCFCFC services and supports, introducing Service Coordination. During the initial meeting the family and providers establish their family and team goals. This is also a time for additional required documentation to be shared and/or completed.
5. A parent or service provider may request a team meeting to review the service plan or discuss current needs at any time.

**FAMILY TEAMS**

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

 The consultations continue to occur as a part of the Individualized Family Service Coordination Plan during the family team meetings. The consultations continue in partnership with families, maximizing their natural assets and strengths. The team will also explore the cultural discovery of the family. The Family Teams will be scheduled with the family and with service providers and agencies on specific days and times each month, or as needed. Each agency representative comes prepared to discuss the needs and strengths of the child, progress and outcomes of identified goals, and the services each agency can and will continue to provide in achieving their goals. The Individualized Family Service Coordination Plan will be completed by the family and the team during the initial Family Team Meeting. This plan identifies the strengths and goals of the child, family, and team. The team will identify methods for which progress towards the goals will be tracked. Needs of the child and family are identified, and strategies to meet these needs are developed. The team and family will also outline interventions already implemented to meet the needs of the child and family, and will identify additional resources to explore. Cultural diversity of the family will be identified and explored. A CANS assessment will also be completed by the referring clinician or the HCFCFC Coordinator, and it will be identified in the plan who and when the next assessment will be completed by Families are offered a family advocate, mentor, or support person to participate in family team meetings.

Other critical factors of the Family Team include:

1. Parents and families, including the child as appropriate, are full and equal participants in the development of the Individualized Family Service Coordination Plan.
2. Every effort will be made during the assessment process to identify a range of services and supports which are acceptable, accessible and relevant to the parents, child and family. The family’s cultural, racial, and ethnic components and strengths will also be determined. This identification is integral to the assessment process.
3. All Family Team participants shall enter into a confidentiality agreement which assures timely access to appropriate information while respecting the right to privacy of children and parents. Agencies are expected to review and monitor confidentiality documents particularly at times when agencies enter or exit the team.
4. When identifying the goals of the team, the family and service providers will agree upon reasonable and realistic timelines for completing these goals. Factors to consider when establishing timelines will include, but not be limited to, number of months left in the school year, length of time on probation, eminent safety risk of the child and/or family, and child and family level of engagement in services.
5. Social service agencies all have strict guidelines and training on maintaining confidentiality and the assessment process. Reminders of maintaining confidentiality will be given by the Team Lead at all Family Team Meetings.

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

The Family Team shall not discuss issues of money, which agency shall pay, or place blame on parents or agencies. Such negative discussions prevent creative solutions and hinder the assurance that emerging plans are driven by the needs and choices of the child and family. The identification of resources and interventions should not be influenced by what services are available, or which agency is responsible.

**INDIVIDUALIZED FAMILY SERVICE COORDINATION PLAN**

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

The Individualized Family Service Coordination Plan shall identify family and individual strengths and needs with particularity, service, individual and/or community service providers who shall provide for the needs; the specific goals, time line, and a plan for evaluation.

The evaluation component of each The Individualized Family Service Coordination Plan may include such empirically measurable items such as:

1. Outcomes of CANS assessments completed every 90 days
2. Teams will identify individual methods for tracking progress towards team goals
3. Established time lines for implementing identified strategies for interventions

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

The Hocking County Family & Children First Council can schedule service coordination mechanism and Family Team meeting training for both agencies and families on an as-needed basis. A brochure describing services and the procedure a parent follows to access service coordination has been developed. These brochures will be directed to parents and distributed to community partners. A local resource directory has been developed and is being issued to both agencies and the general public. This Service Coordination Mechanism is available on the Hocking County Family & Children First Council website ([hockingfcfc.com](http://www.fcfc.ohio.gov)) or available upon request at the Hocking County FCFC office, located at 1369 E. Front Street, Logan, OH.

**LEAST RESTRICTIVE ENVIRONMENT POLICY**

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

**DISPUTE RESOLUTION**

 Parents are informed at the onset of the Family Team meetings of their right to use the dispute resolution process at any time in the process that they disagree. Parents shall use local agency grievance procedures to address disputes not involving service coordination. In the event that disagreement occurs in the intake-assessment process, or in the formulation or implementation of the Collaborative Plan, the following Dispute Resolution Process shall be implemented. The dispute resolution process covers these three types of disputes:

1. Agency to agency, 2) child/family to agency, 3) child/family to their Service Coordination plan
2. If there is a significant and unresolved conflict regarding any aspect of the formulation or implementation of the Collaborative Plan by any participant (including youth or parents), every attempt shall be made to resolve the conflict within the parameters of the Family Team meeting. The lead service coordinator shall initiate negotiations to resolve the disagreement. The goal is to maintain the mediation and resolution of the conflict as close to the direct case providers and participants as possible. All conflicts in the Family Team shall be resolved in five (5) working days from the day of the origin of the conflict.
3. In the event the conflict cannot be resolved in the Family Team, a formal Statement of Conflict shall be filed with the Coordinator of the Hocking County Family and Children First Council within five (5) working days of the conclusion of the Family Team’s attempt to resolve the conflict.
4. The Coordinator of the Hocking County Family and Children First Council shall make available the formal Statement of Conflict to the Cluster members, and set a consultation on the next agenda. Members of Cluster try to resolve and identify issues with the service coordinator. The HCFCFC Coordinator will issue a formal response no longer than (ten) 10 days to all parties.
5. The decision may be appealed one time in writing within ten (10) days of receiving the written response of the Coordinator by any Family Team meeting participant, youth or family member. The written appeal shall be made to the Executive Committee of the Hocking County Family and Children First Council. The Executive Committee shall resolve the dispute within ten (10) days. If the dispute is not resolved, the Executive Committee shall file a Complaint with the Hocking County Juvenile Court within seven (7) days requesting final resolution. The hearing on the Complaint shall be limited to issues and resolutions of the dispute.
6. If the party refuses to participate in the dispute resolution process, the party may file a Complaint for Resolution directly with the Hocking County Juvenile Court. The FCFC Coordinator will prepare inter-agency assessment and treatment information for juvenile court. The final arbitrator of the case resolution will be the presiding juvenile court judge.
7. Each agency represented on the Family and Children First Council that is providing services

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

1. The council coordinator will provide a copy of the procedural safeguards to the individual registering the complaint.
2. The council coordinator will explain the options available for dispute resolution, which include:

Filing a complaint with the county council; requesting mediation; filing a complaint directly with the provider of Part C services. There e are three types of disputes: administrative review, due process and mediation.

1. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
2. The Executive council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
3. The investigation of the complaint will include at least the following: conduct an onsite investigation as determined necessary; interview the complainant and give the complainant the opportunity to submit additional information, either orally or in writing; interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing; and review all relevant information and make a decision.
4. The Executive council will issue a written decision to the complainant within thirty [30] calendar days from receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council’s decision.
5. The Executive council will ensure that corrective actions are implemented within 45 days of the written final decision if there was a violation.

**FISCAL POLICY**

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

The Hocking County Family and Children First Council, through its member agencies of South Central Ohio Job and Family Services, 317 ADAMHS Board, Hocking County Health Department, Hocking County Board of Developmental Disabilities, the Logan-Hocking School District, Hocking, Athens, and Perry County Community Action, and other private and public organizations have agreed upon two specific fiscal priorities. Each priority depends upon already existing collaborative funding and funds presently received by each participating agency.

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

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

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

1. Individualized Family Service Coordination plan
2. Copies of all Family Team Meeting Forms
3. Release of Information
4. Copies of any assessments completed by agency providers
5. Information/literature on the placement facility being requested, when applicable

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

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

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

**ORGANIZATIONAL STRUCTURE**

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

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

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

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

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

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

1. Cluster
2. The Personnel Committee
3. The Fiscal Committee

Cluster shall provide monitoring for the multi-systemic needs of children and family as recommended on the Individualized Family Service Coordination Plan by the Family Team meeting and approved for pooled funding. They may recommend and refer to the Executive Committee for needed funding for new cases. The members will also provide professional consultation when requested.

The purpose of the organizational structure and the county Service Coordination Mechanism is not to create a super agency among agencies of the county. Rather, the purpose of the organizational structure and the Service Coordination Mechanism is to empower and enable the cooperation, coordination, communication and commitment among the agencies, public and private, of the county who provide services to youth and their families.

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

The Fiscal Committee shall consist of the coordinator and at least one other member of the Council.

 The Executive Council will monitor the service coordination mechanism and review it every five (5) years.

**DATA REPORTING**

All Service Coordination data is stored in OASICS.Information including, but not limited to, the FCFC referral packet, service coordination plan, release of information, family team meeting reports, notes, incident reports, assessments, and additional agency information shared with the team will be available in hard copy, and electronic copy when requested. All data will be made available to the State of Ohio for evaluation purposes. CANS assessments will be conducted every 90 days for new referrals to FCFC Service Coordination beginning January 1, 2025. Outcomes of the assessments will be tracked electronically.



**HOCKING COUNTY FAMILY & CHILDREN FIRST COUNCIL**

**REFERRAL FORM**

Criteria for Referrals:

* Child/youth must be a resident of Hocking County and between the ages of 0-21.
* Families (parents/guardians) or the young adult, must agree to Service Coordination, and actively participate in Family Team Meetings.
* Child/youth must be involved with 2 or more services and/or government agencies.
* Potential or current risk factors for an out-of-home placement, disruption of current home placement, or transitioning back into the home/community from an out-of-home placement.
* Child/youth exhibit a severe impairment of functioning in at least one environment.
* Parent, guardian, child/youth, service provider, family friend, or community member can make a referral to FCFC. The referral packet must be completed with the parent/guardian/youth and a current service provider.

*NOTE:*

* *Participation in the FCFC Service Coordination process is at no cost to families.*
* *The goal of FCFC Service Coordination is to maintain the child/youth in the home and in the community.* ***Referrals for FCFC Service Coordination for funding purposes only will not be accepted****. Referrals should be made to coordinate the multiple services working with the child/family.*

**The vision of the Hocking County Family and Children First Council is to help families who need support by streamlining and coordinating services, resources, and systems. Our goal is to provide every possible support to a family to help keep families intact. The youth can be from birth to age 21 and can have a wide variety of needs. These needs can include transportation, parent education, mentoring, in home visits that are not clinical in nature, respite care, social/recreational activities, safety and adaptive equipment, structured activities to improve family function, and parent advocacy.**

Any questions, please contact

Hannah Godenschwager, FCFC Coordinator

fcfc@hockingdd.org | 740-385-6805 ext.286

Date of Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name (first, middle, last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age at the time of the referral \_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the youth in foster care? YES NO

School District of Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth have an IEP? YES NO Does the youth have a 504 plan? YES NO

REFERRING AGENCY INFORMATION

Name of Referring Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY INFORMATION

Primary Caregivers(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Address Same as Youth, if not provide the correct address below:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Youth in the Home? YES NO

Names, Ages, and Relationship to Referred Child:

CANS Assessment Completed on:

Assessment completed by:

Next assessment date:

REASONS FOR REFERRAL (check all that apply)

* The services and supports that the youth receive and/or will receive need coordinated and aligned. A family team (consisting of service providers and family support) is needed to develop a coordinated plan of care.
* Youth is at eminent risk of out-of-home placement. A family team (consisting of service providers and family support) is needed to provide intensive support and/or treatment funding.
* Youth is in the process of being discharged from out-of-home placement and needs support for transitioning back into the community.

SERVICES AND SUPPORTS AVAILABLE (check all supports of interest)

* Non-Clinical in-home parent/child coaching
* Parent Education
* Parent Advocacy
* Safety and Adaptive Equipment
* Respite
* Social/Recreational supports
* Transportation
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRIEFLY DESCRIBE CONCERNS AND CASE HISTORY:

WHAT SERVICES/SUPPORTS HAVE BEEN UTILITED TO DATE?

* Intensive home-based treatment
* Case Management
* Counseling
* Residential Treatment
* TANF/SSI/Medicaid Assistance
* Respite
* Other(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT SYSTEM INVOLVEMENT:

* Education Concerns

Name of Teacher/Staff/School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Early Intervention or Help Me Grow

Name of Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Developmental Disabilities

Name of Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Childrens Services

Name of Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Physician/Hospital

Name of Physician/Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Health Department

Name of Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Job and Family Services
* Medicaid
* SSI
* SNAP
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mental Health Services (Name of Caseworker, Agency, Phone #)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Name of Person Completing this Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Completed Application to:**

**fcfc@hockingdd.org** **OR 1369 E. Front St. Logan, OH 43138, ATTN: Hannah Godenschwager**

**HOCKING COUNTY FAMILY & CHILDREN FIRST COUNCIL**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

List the name and birthdate of the individual that has been referred for services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Full Name Participants Date of Birth

Parties covered by this permission:

|  |  |
| --- | --- |
| Hocking County Juvenile Court  | Hocking County Board of Developmental Disabilities |
| South Central Ohio Job and Family Services | Child Protective Services |
| Hopewell Health Centers  | Logan-Hocking Local Schools |
| Health Recovery Services | TASC of Southeast Ohio |
| Hocking County Help Me Grow  | Hocking County Health Department  |
| Hocking County WIC | Nationwide Childrens Hospital  |
| Integrated Services | Logan Pediatrics  |
| Aetna  | Hocking Valley Community Hospital  |
| Hocking Metro Housing Authority  | PATH Behavioral Health  |
| Department of Youth Services | Other(s): |
| Nelsonville-York City Schools |  |

I give the Hocking County Family & Children First Council Coordinator permission to contact the above agencies and their identified contact person to exchange/share/disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for above named person(s). This information will include contact information of the family, specific case information related to the Family Plan, mental health or substance abuse disorder information, and financial information relative to the Family Plan.

By signing this form, you are also consenting to allow personal health information to be entered into an Electronic Protected Health Information (EPHI) medical file. This electronic record follows all requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It protects against all unauthorized disclosures and manages compliance for all employees, contractors, and vendors. Ohio Family and Children First Council (OFCFC) houses the electronic health record system for the Hocking County Children and Families First Council. Your personal information will not be collected by OFCFC. Only demographic and non-personal identifying information will be collected by OFCFC for data analysis.

I acknowledge that I have read this document. I also understand that this permission shall continue in effect until I revoke it in writing or not longer than **twelve (12) months**.

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**Signature of Parent/Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness of Signature Date**