

Washington County Family and Children First

**Service
Coordination
Referral Packet**

**202 Davis Avenue
Marietta, OH 45750
740-376-7081 (office)
740-376-7084 (fax)**

October 1, 2009

Washington County Family and Children First

SERVICE COORDINATION REFERRAL PACKET

For referral of a child/youth to Family & Children First for Service Coordination

To make a referral for Family & Children First Service Coordination:

1. Complete the *Referral for Service Coordination* form including signature
2. Complete the *Formal Supports* form
3. Complete the *Presenting Risks Checklist*
4. Mail, fax or email all above information to:

Washington County Family and Children First
202 Davis Avenue
Marietta, OH 45750
Fax: 740-376-7084
Office: 740-376-7081
fcfc@suddenlinkmail.com

CRITERIA for Referrals:

1. Child/youth must be a resident of Washington County and under the age of 22.
2. Families (parent/guardians) and referring entity must be willing to accept and participate in the Service Coordination Planning process.
3. Child/youth must have multi-systemic needs (i.e. child is not necessarily involved in two or more systems, but child's needs involve more than one system. Education is considered a system).
4. Participation in the Service Coordination Mechanism is at no cost to families.

**Note: Referrals shall be screened for appropriateness of receipt of the Service Coordination Mechanism. Referrals to standard services may be offered.*

What is Service Coordination? – Service Coordination is a process of service planning that provides family-centered, individualized services and supports to families. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. The purpose of service coordination is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems. Each system has areas of responsibility, and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. Service Coordination should build upon the strength of services in the community that are already working for families. It is not intended to override current agency systems, but to supplement and enhance what currently exists.

What is a Service Coordination Plan Team? - A family service coordination plan team (Family Team) consists of those who know the family best and includes parents, informal supports, advocates, and staff from agencies and schools who know the child and/or family.

What is an Individual Family Service Coordination Plan? - The individual family service coordination plan (written by the Team) identifies and organizes services for a child and family and identifies who is responsible for each part of the plan. Families have an active role in writing the Plan.

For more information contact Cindy Davis @ 376-7081 or fcfc@suddenlinkmail.com.

Washington County Family & Children First

REFERRAL for SERVICE COORDINATION

**Submit form to: Family & Children First, 202 Davis Avenue, Marietta, OH 45750
Phone: 376-7081 Fax: 376-7084**

From: _____ Today's Date: _____

Your Affiliation: _____ Phone # _____ Fax # _____

Your Address: _____ Email: _____

Name of Child being referred: _____ **DOB** _____

Child/Youth has a mental health diagnosis: Yes No Pending Suspected Unknown

Reason for referral for Service Coordination *(include diagnosis if known)*

Mother's Name:		Father's Name:	
Marital Status:		Marital Status:	
Address:		Address:	
City:	State:	City:	State:
Zip:	Home Phone:	Zip:	Home Phone:
Work Phone:	Cell Phone:	Work Phone:	Cell Phone:
Employer:		Employer:	

Child lives with: Mother Father Other _____

Address of child if different from above: _____

Other household members excluding child identified above:	DOB	Relationship to Child	Gender

By my signature I agree to this referral to Washington County Family & Children First for Service Coordination and to be contacted by the Service Coordinator: _____ Date _____

Parent/Guardian Signature

Office Use

Date Referral received by FCF _____ Reviewed by _____
 Date Coordinator contacted family _____ Assessment completed on _____
Eligible: yes no **1st Team meeting date** _____ **Case #** _____

FORMAL SUPPORTS

CURRENT SYSTEM(S) INVOLVEMENT

Please check all appropriate responses and include contact names and phone numbers of those currently involved with the family.

<input type="checkbox"/> Help Me Grow Contact/Phone:	<input type="checkbox"/> Juvenile Court Contact/Phone:
<input type="checkbox"/> Board of Developmental Disabilities Contact/Phone:	<input type="checkbox"/> Washington County Health Dept. Contact/Phone:
<input type="checkbox"/> Children Services Contact/Phone:	<input type="checkbox"/> Head Start Contact/Phone:
<input type="checkbox"/> Job & Family Services Contact/Phone:	<input type="checkbox"/> School System Contact/Phone:
<input type="checkbox"/> GRADS Contact/Phone:	<input type="checkbox"/> L&P Services Contact/Phone:
<input type="checkbox"/> Family & Children First Council Contact/Phone:	<input type="checkbox"/> Worthington Center Contact/Phone:
<input type="checkbox"/> Ohio Department of Youth Services Contact/Phone:	<input type="checkbox"/> Tri-County Mental Health Contact/Phone:
<input type="checkbox"/> EVE, Inc. Contact/Phone:	<input type="checkbox"/> Employment Related Contact/Phone:
<input type="checkbox"/> Other: Contact/Phone:	<input type="checkbox"/> Other: Contact/Phone:

INFORMAL SUPPORTS

(Family, Friends, 4-H Club, Church, Scouts, Support Groups/Clubs, Organizations, etc.)

Name	Nature of Relationship	Agency/Organization (if applicable)	PHONE	Address

What other past efforts or interventions?

Comments:

CHILD/YOUTH'S NAME _____ **Today's Date** _____

CURRENT PRESENTING RISKS CHECKLIST

***Please review the following current presenting risks and check all that apply:**

- Suicide ideation, gestures, or attempts:**
- Ideation:** Youth states, talks, or thinks about hurting or killing self.
- Gestures:** Youth engages in non-life threatening behavior, concurrent with thoughts and/or talk about suicide.
- Attempt:** Serious life threatening attempt with clear intent and desire to commit suicide. (attempted hanging; potentially lethal overdose; involvement of a gun)
- Self-Injurious Behaviors:** Self-harming behaviors that are not life threatening and may be of a chronic nature such as: cutting, head banging, ingestion or insertion of objects.
- Violent Behaviors:** (Towards others, animals or property): Behaviors that cause serious harm, injury, or damage to people, property or animals. Example: domestic violence, animal torture, extensive property damage with intent to harm.
- Fire Setting Behaviors:** Fascination with fire, play with matches or objects that have the potential to set fire and harm self or others. Previous reports of fire setting or a pattern of concerns related to fire.
- Runaway:** History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.
- Chargeable Sex Offense:** Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.
- Aggressive Behaviors** (Towards animals, property, others, etc): Youth demonstrates behaviors that are potentially dangerous or harmful to people, property, or animals, without serious damage. Examples: Bullying, threatening.
- Verbal or Written Threats to Others:** Youth states or writes threats of harm toward people, places, or things.
- Suspended, Expelled, or Dropped Out of School:** Youth has multiple suspensions from school that places him or her at risk of expulsion, is expelled from school, or has dropped out of school.
- Known/Suspected Criminal Activity:** Youth is suspected of, or admitted to, being involved in activities that are chargeable offenses; has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges.
- Availability of Weapons:** Youth has access to obtaining weapons through self, family, friends, or neighbors.
- Depression:** Youth or parents state that the youth appears to be depressed, withdrawn, and/or shows marked diminished interest or pleasure in activities.
- Hears voices or sees things:** Youth states hearing voices or seeing things that are not based in reality.
- Impulsive Behaviors:** Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others.
- Anorexia or Bulimia:** Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.
- Victimization:** Reports of sexual and/or physical abuse of the youth, past or present. [Professional must follow duty mandated to report if this event has not already been reported.]
- Sexual acting out:** Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcomes.
- Youth uses drugs or alcohol:** Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.

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- Negative peer involvement or gang activity:** Peer or gang involvement that results in negative behaviors by the youth.
- Parent with chronic/acute mental illness, developmental delay, or mental retardation:** Parent or caretaker has significant mental illness, developmental disability, or mental retardation where the disability compromises or limits his or her ability to care for the needs of youth and family. Parent's disability may limit their ability to monitor and supervise the youth.
- Parent with Drug or Alcohol Problem:** Parent or caretaker has a substance abuse problem which compromises or limits his or her ability to care for the needs of youth and family. Such use may limit their ability to monitor and supervise the youth.
- Parent with severe chronic illness:** Parent or caretaker has significant chronic illness that is debilitating and limits his or her ability to care for the needs of youth and family. Parent's illness may limit their ability to monitor and supervise the youth.
- Resides in high crime neighborhood:** Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal daily activity and functioning is limited because of these safety concerns.
- Prejudicial thinking:** Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views pose a potential risk to others or property.
- Unrestricted internet access:** Evidence of access and/or exposure to internet sites that pose a risk or danger to the youth; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.
- Lack of caregiver monitoring and or supervision:** Insufficient adult monitoring and

supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes.

- Emotional or Educational Disabilities:** Youth has been assessed to have a serious emotional, developmental, and/or learning disability, which may cause functional impairment or limit daily activities, or educational progress.
- Acute Family Crisis:** Family is experiencing a crisis (family defined) that restricts or limits their resources or abilities to care for or monitor/supervise youth's safety or behaviors.
- Family Conflict:** Verbal or physical family disagreements that pose a real or potential risk or safety concern to the youth and/or family.
- Youth's Lack of Stable Residence/Homelessness:** Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns.
- Current Placement Suspected Child Abuse:** Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.
- Limited Developmental Capacity to Maintain Personal Safety:** Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently
- Truancy:** Admitted or reported failure to attend school on a regular basis, which may result in legal action.
- Limited Ability to Control Anger:** Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.
- Held Back/Behind in Grade:** Youth has been retained one or more years in school.

CHILD/YOUTH'S NAME _____ Today's Date _____