

**Addendum A**  
**Board of Trustees**



PROPOSED ELECTION SLATE  
BOARD OF TRUSTEES  
CALENDAR YEAR 2025

**Officers:** Shall serve a two-year term; limited to two consecutive terms

**President:** Kirk Norris (first year-second term – January 1, 2025 thru December 31, 2025)  
**Vice President:** Diane Wilson (first year-second term – January 1, 2025 thru December 31, 2025)  
**Secretary:** Erica Thom (first year-second term – January 1, 2025 thru December 31, 2025)

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**Family Representatives**  
**Elected Mandated:** Bethany French-Griffith (no term limit)  
Canice Tolin (no term limit)  
Kelli Viscounte (no term limit)

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**Youth Representative:** Allen Shoaff  
Vacant

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**Community Agency Representatives:** Shall serve a three-year term; limited to three consecutive terms

(up to 12)  
Stark County Family Court – Diane Wilson (3rd three year term – January 1, 2023 thru December 31, 2026)  
Massillon AHEAD - Erica Thom (3rd three year term – January 1, 2024 thru December 31, 2027)  
Stark Community Foundation - Amy Krebs (3rd three year term – January 1, 2024 thru December 31, 2027)  
Stark County Educational Service Center – Dan Lowmiller (3rd three year term – January 1, 2024 thru December 31, 2027)  
Community Representative - Maria Heege (3rd three year term – January 1, 2025 thru December 31, 2027)  
Stark County District Library – Marianna DiGiacomo (3rd three year term – January 1, 2025 thru December 31, 2027)  
Boy Scouts of America – Jesse Roper II (2nd three year term – January 1, 2024 thru December 31, 2027)  
JRC – Julie Abiecunas (2nd three year term – January 1, 2025 thru December 31, 2027)  
Stark Housing Network – Marcie Bragg (1st three year term – January 1, 2023 thru December 31, 2026)  
United Way – Angela Perisis (1st three year term – January 1, 2023 thru December 31, 2026)  
CommQuest – Michele Heberling (1st three year term – January 1, 2025 thru December 31, 2028)  
EN-RICH-MENT– Betty Smith (1st three year term – January 1, 2025 thru December 31, 2028)



**PROPOSED ELECTION SLATE  
BOARD OF TRUSTEES  
CALENDAR YEAR 2025**

**Non Profit** Shall serve a one-year term; limited to 4 consecutive terms

**Elected Mandated:**

Ben Wheeler – YMCA

(3rd year of service)

**Mandated Positions  
(non-elected)**

Canton City Health Department	Amanda Archer
Canton City Mayor's Office	Sherice Freeman
Canton City Schools	Jeff Talbert
Early Childhood Resource Center	Angela Moses
Ohio Department of Youth Services	Michael Gardner
School Superintendent Representative	Dan Lowmiller
Stark County Board of Developmental Disabilities	Bill Green
Stark County Commissioners	Bill Smith
Stark County Community Action Agency (Head Start)	Rodney Reasonover
Stark County Health Department	Kirk Norris
Stark County Job & Family Services	Jerry Coleman
Stark Mental Health & Addiction Recovery	John Aller

**EXECUTIVE COMMITTEE**

**OFFICERS**

President  
Vice President  
Secretary

**MEMBERS**  
Kirk Norris  
Diane Wilson  
Erica Thom

**COMMITTEE CHAIRS**

Family Engagement Committee  
Service Coordination Committee

Kelli Viscounte  
Dan Lowmiller

**ADMINISTRATIVE AGENT**

Stark County Educational Service Center

Dan Lowmiller

**IMMEDIATE PAST PRESIDENT**

John Aller

**AT LARGE MEMBERS (3)**

To Be Elected

**Addendum B**  
**Release of Information & Consent for**  
**Service**

\_\_\_\_\_ I understand the following:

- The purpose of this information sharing is to facilitate the referral for and coordination of treatment services and to evaluate the effectiveness of these services for my child, family, and/or myself.
- Any and all rights to confidentiality that I may have under state or federal law will continue, except for information covered by this form.
- An electronic health record data system through Ohio Family and Children First will be used to collect and analyze data on children/families served through WrapAround and/or Service Coordination. ^^
- An electronic health record data system through Jefferson County Educational Service Center will be used to collect and analyze data on children/families served through OhioRISE. ^^
- The Child and Adolescent Needs & Strengths (CANS) tool is an assessment used by Stark County Family Council. The CANS assessment may be entered into the statewide CANS IT database. ^^
- All reports and publications of findings related to the evaluation of services received will not reveal my name or that of my family members, and all information and results will be presented in group format.

\_\_\_\_\_ **I do not consent** to the disclosure of any information. Initialing will prevent proceeding with WrapAround/Service Coordination.

*^^Information on my child, family, and/or myself may be accessed and used for the purpose of providing and evaluating services or coordinating care for my child, family, and/or myself by state agencies and agencies from other counties who utilize the same statewide electronic health record/database on a need to know basis. Information may be reported in aggregate form on state and local reports.*

- This Release of Information will remain effective, without expiration, until the conclusion of my involvement and the involvement of my child with Stark County Family Council.
- However, I understand that I have the right to revoke this authorization in writing, by sending/providing such written notification to:
 

Stark County Family Council  
Dan Gichevski, Executive Director  
6057 Strip Ave. NW  
North Canton, OH 44720
- I understand that I have the right to refuse to sign this authorization; however, should I refuse to sign the authorization, the above youth will not be eligible for financial assistance from the Stark County Service Coordination Committee.
- I have the right to inspect or copy the protected health information to be used or disclosed as permitted under law.

This Release of Information has been explained to me. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

CONSENT FOR SERVICES

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ understand that  
(Please print) (Please print)  
 WrapAround is a voluntary program and I may withdraw my consent in writing or change services at any time.

**PARENT/GUARDIAN MUST INITIAL EACH ITEM**

	I understand that my records are protected by state and federal confidentiality regulations (including HIPAA and 42 CRF Part 2) and cannot be disclosed without my written consent. I may request any or all of my WrapAround records at any time.												
	I understand that there are conditions under which this confidentiality must be broken and information shared with the appropriate individuals/agencies. These conditions are: a. If there is a suspicion of child abuse or neglect. This includes children under eighteen-years of age, or a person under twenty-one-years of age with a developmental disability. b. If there is a suspicion of elder abuse or neglect. c. If there is a threat of serious harm to self or others.												
	I understand that a WrapAround representative may contact me <u>during or after participation</u> in the WrapAround program to survey my satisfaction with WrapAround services.												
	I understand that I may choose to receive all services, no services, or to decline optional services. I may change, drop or add any services or service provider at any time. WrapAround will not charge me for any of the services identified below.												
	I have read and/or talked through this Consent and fully understand the purpose and limits of WrapAround and make the following choices.												
	I <b>accept</b> WrapAround services. All families in WrapAround have a Service Coordinator and/or a Family Peer Support Specialist. Other members of the Stark County Family Council WrapAround Team may assist me and my family depending on need.												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%;">Accept</th> <th style="width: 15%;">Decline</th> <th style="width: 10%;">N/A</th> </tr> </thead> <tbody> <tr> <td><b>My Service Coordinator</b> is the lead member of the team. They will coordinate among all the team members, help connect me to other services in the community, ensure that I have access to all needed services for my child and help me set goals for my family.</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td><b>My Family Peer Support Specialist</b> is a support offered to partner with me to meet the needs of my family. This is an optional support service that I may access at any point in the WrapAround process or independent of WrapAround.</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </tbody> </table>		Accept	Decline	N/A	<b>My Service Coordinator</b> is the lead member of the team. They will coordinate among all the team members, help connect me to other services in the community, ensure that I have access to all needed services for my child and help me set goals for my family.				<b>My Family Peer Support Specialist</b> is a support offered to partner with me to meet the needs of my family. This is an optional support service that I may access at any point in the WrapAround process or independent of WrapAround.			
	Accept	Decline	N/A										
<b>My Service Coordinator</b> is the lead member of the team. They will coordinate among all the team members, help connect me to other services in the community, ensure that I have access to all needed services for my child and help me set goals for my family.													
<b>My Family Peer Support Specialist</b> is a support offered to partner with me to meet the needs of my family. This is an optional support service that I may access at any point in the WrapAround process or independent of WrapAround.													
	I understand the WrapAround program but do not want to engage in services at this time. I understand that a Family Council employee may contact me to ensure that I am aware of my rights in WrapAround.												

**SIGNATURES:** I received the Stark County Family Council WrapAround Orientation Folder and understand Parent's Rights in the WrapAround process and the fact that I may exercise any and all rights as set forth.

Parent(s):	Consent Date:
WrapAround Representative:  _____ Date: _____	This consent will remain effective, without expiration, until the conclusion of my involvement and the involvement of my child with Stark County Family Council.

## WRAPAROUND CONSENT FORM

### INFORMED CONSENT:

“Informed Consent” means that parents have enough information to fully understand the services to be provided, the options available and their rights and responsibilities. It also means that parents choose to receive services and allow Stark County Family Council to collect certain information and to connect their family to selected services.

**CONSENT:** Parents are asked to initial each item to ensure that all areas have been reviewed by the WrapAround staff. If you have questions regarding any of the information contained below, please ask your WrapAround Service Coordinator or Family Peer Support Specialist for clarification prior to initialing.

- **Personal identifying information:** Stark County Family Council keeps records of the families being served, child development screenings, “demographics” such as race, ethnic background and gender and general information about the kind of needs families have. Additional information about services (dates of home visits for example) are also reported. Information is used to improve services and to better meet family needs. We also use the information to verify that families received the services so that the agency can get paid. The information is never given to anyone else without parent permission.

**Contact by WrapAround Representative:** We would like to contact as many families as possible to find out how you are doing and what we can do to help. We want to evaluate our services to better improve outcomes for families. A team member may ask questions about your satisfaction, suggestions for improvement, the knowledge and helpfulness of our staff and how well your child and family are doing. Your answers will be private and will never affect your services.

- **Informed Consent:** Sign this item only if you feel that you have read or discussed each item on the form and fully understand the information.

**\*\*NOTE:** This release applies only to the items listed. However, WrapAround staff is bound by law to report child abuse or neglect or other crisis situations. Parental consent is not required in these instances.

### Health Insurance Portability and Accountability Act (HIPAA) Family Education Rights and Privacy Act

Any and all personally identifiable information regarding children and families receiving WrapAround services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child’s family regarding their privacy rights, requires providers to keep records of access to child’s records and contains complaints and appeal procedures which apply to disputes over records in possession of WrapAround providers among other provisions. All WrapAround providers comply with these procedures.

**Addendum C**  
**Crisis/Safety Plan**



WrapAround Service Coordination



Youth Name:  
Crisis/Safety Plan #:

Crisis/Safety Plan

<b><u>Present at C/S Planning meetings:</u></b>	<b><u>C/S Planning meeting/s scheduled:</u></b> N/A
<b><u>Celebrations and/or New Strengths:</u></b>	
<b>1. Describe the crisis situation or behavior:</b>	
<b>2. Who is involved in the situation?</b>	
<b>3. List the triggers leading to the situation [include other activities going on that could make the situation better or worse]:</b>	
<b>4. Describe the frequency of the triggers or situation [how often, how long, intensity]:</b>	
<b>5. Describe what happens after, or as a result of, the situation [actions, feelings, consequences, rewards, &amp; responses/reactions by others]:</b>	

**6. Describe past attempts to avoid the situation & how well they worked:**

**7. Why does this situation continue to happen? What unmet need(s) are those involved trying to fulfill?**

**8. What can the family/young person do to prevent and/or decrease the intensity of the situation (environmental, safety features, skill acquisition)?**

**9. When triggers start, what steps can the family take to prevent the crisis from happening?**

**10. Describe what to do if the crisis situation occurs [detailed sequential action steps to follow by family &/or team; should include natural & formal supports]:**

A. \_\_\_\_\_, if unavailable or unable to de-escalate, go to B

B. \_\_\_\_\_, if unavailable or unable to de-escalate, go to C

C. \_\_\_\_\_, if unavailable or unable to de-escalate, go to D

D. if unavailable or unable to de-escalate, go to E

**NOTE: WrapAround Service Coordinator's available hours are Monday through Friday, 8:00am-4:00pm.**

Respectfully Submitted by,

(Delete and insert your signature here)

Your Name & Credentials

WrapAround Service Coordinator

Stark County Family Council

Date Plan is going to be distributed

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WrapAround Supervisor Signature

\_\_\_\_\_  
Date

**Addendum D**  
**Dispute Resolution Process**



## STARK COUNTY FAMILY COUNCIL

### SERVICE COORDINATION DISPUTE RESOLUTION PROCESS

SCM Revision 18.3

Parents/custodians/guardians and agencies shall use existing local agency grievance procedures to address disputes NOT involving service coordination (WrapAround). These dispute resolution processes are in addition to and do not replace other rights or procedures that parents/custodians/guardians and agencies may have under other sections of the Ohio Revised Code.

Parent/custodian/guardian and agency disputes related to WrapAround Service Coordination shall follow the procedure detailed in this document, which is given to all families engaging in High Fidelity WrapAround service coordination as part of the intake process. Dispute Resolution instructions and forms may be obtained by contacting the Stark County Family Council office at (330) 492-8136 ext. 1481.

#### **Steps in the Dispute Resolution Process:**

1. If there is significant and unresolved conflict regarding any aspect of a WrapAround planning process or plan by any participant (including parents and agencies), every attempt is made to resolve that conflict with the participating members of the WrapAround process. This keeps conflict mediation and resolution as close to the direct level as possible.

- **Timeline:** The grievant shall file Part I of the dispute resolution form with the Family Council Director. The Director will respond within three (3) days. A grievant who is not satisfied with the recommendation(s) offered has five (5) days to complete and submit the Dispute Resolution form requesting advancement to the next level of Dispute Resolution.

2. If resolution cannot be found at the Family Council Director level, the process will then proceed to the second level of the Dispute Resolution Procedure and a referral will be made to the Service Coordination Committee (SCC) by completing Part II of the Dispute Resolution Form and returning it to the acting Chair of the SCC through the Family Council office.

- **Timeline:** SCC shall review the grievance within seven (7) days and present their recommendation(s) within five (5) days of their review to the party filing the dispute. A grievant who is not satisfied with the recommendation(s) offered has five (5) days to complete and submit the Dispute Resolution form requesting advancement to the next level of Dispute Resolution.

3. If resolution cannot be found at the SCC level, the dispute will go before the Stark County Family Council Board of Trustees by completing Part III of the Dispute Resolution Form and returning it to the acting President of the Family Council Board of Trustees through the Family Council office. The Board

may require additional information or ask participants for further details regarding the dispute. The Board develops recommendations, which are then voted upon.

- Timeline: The Board shall review grievance within seven (7) days and will issue its results in writing within three (3) days of the meeting. A grievant who is not satisfied with the recommendation(s) offered has seven (7) days to complete and submit the Dispute Resolution form requesting advancement to the next level of Dispute Resolution.

Steps 1-3 shall take no longer than 60 days unless delayed for any reason by the grievant. A WrapAround Service Coordinator will be made available to the grievant to assist with the Dispute Resolution process. While this process continues, all services in place for the child and family must continue.

4. The final step in the County Dispute Resolution is:

a. If agency initiated, a referral to the Senior Judge of the Stark County Family Court. Upon receipt of the response of the Board of Trustees of the Family Council, a grievant may request a review before the Judge by completing Part IV of the Dispute Resolution form and presenting it to the Family Court Administrator. With the appropriate releases signed by the Grievant, the Family Council Director will ensure that all documents, including the WrapAround plan and assessments are presented to the Judge within seven (7) business days of the referral.

Timeline: A hearing will be held within ninety (90) days. At least five (5) days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination, written notice by first class mail of the date, time, place, and purpose of the court hearing.

b. If family/guardian initiated, the Stark County Family Council will make a referral to the State Service Coordination Committee for final resolution. A grievant may request a review before the State Service Coordination Committee by completing Part V of the Dispute Resolution form and presenting it to the Family Council Director. With the appropriate releases signed by the Grievant, the Family Council Director will ensure that all documents, including the WrapAround plan and assessments are presented to the State Service Coordination Committee within ten (10) days of the referral.

Timeline: The family/guardian will receive a response within forty-five (45) days of the Committee's receipt of request.

The rationale for the noted time frames are:

- The need to resolve the conflict in a timely manner while allowing sufficient time for concerns to be heard.
- Bring swift resolution to the conflict so that service delivery for the child and family is minimally impacted.

Agency Disputes – Any agency represented on a county family and children first council that disagrees with the council's decision concerning the services or funding for services a child is to receive may initiate the local dispute resolution process. Resolving agency disputes concerning services or funding will be governed by the guidelines established in Ohio Revised Code 121.38

Emergencies - Though infrequent, there may be an occasional situation, which is considered an "emergency", that requires the Dispute Resolution procedure be modified. An emergency may be considered for any situation that requires immediate response due to the safety and wellbeing of the child. In these instances, an immediate decision is made collaboratively with the parent(s)/guardian/custodian(s) and their lead service coordinator. The final decisions rest legally with

the child's legal parents or guardian. Once the immediate emergency is handled, any continuing conflict will follow the outlined Dispute Resolution Process.

Throughout the dispute process, it will be incumbent upon the lead service coordinator to work with parent(s)/guardian/custodian(s) to develop an interim plan that prevents serious disruption to needed services and supports for the child and family.

**Throughout this process, grievants may involve the services of an advocate to assist with the process.**

Completed form should be sent to:

Dan Gichevski, Executive Director  
Stark County Family Council  
6057 Strip Avenue NW  
North Canton, Ohio 44720  
PHONE: (330) 492-8136 ext. 1481  
FAX: (330) 491-9731

## DISPUTE RESOLUTION FORM

**I. GRIEVANT INFORMATION**

**DATE:**

- Response within three (3) days

FIRST NAME:	LAST NAME	TELEPHONE:
		Home: _____ Work: _____ Mobile: _____

HOME ADDRESS		
Street	City	Zip

EMAIL

LEAD SERVICE COORDINATOR		
Name	Agency	Telephone:
		Home: _____ Work: _____ Mobile: _____

<b>GRIEVANCE ISSUE: State what is in dispute; please be specific.</b>
(Attach additional pages as needed)

<b>ACTION REQUESTED: What do you want to see happen? What "solution" do you want?</b>
(Attach additional pages as needed)

DATE	SIGNATURE (parent or guardian)



OUTCOME	
<input type="checkbox"/> Resolved at the WrapAround Team Level	<input type="checkbox"/> Unresolved. Referral to the SCC level.  <i>Grievant has five (5) days to complete and submit a request to move forward to the next level of Dispute Resolution.</i>
Date	Signature
Comments	

**II.**

**SERVICE COORDINATION COMMITTEE**

Meeting date: \_\_\_\_\_

- Reviewed within seven (7) days of receipt of request.
- Recommendation completed within five (5) days of the review.

FIRST NAME:	LAST NAME	TELEPHONE:

		Home: _____ Work: _____ Mobile: _____
<b>HOME ADDRESS</b>		
Street	City	Zip
<b>LEAD SERVICE COORDINATOR</b>		
Name	Agency	
<b>GRIEVANCE ISSUE: State what is in dispute; please be specific.</b>		
(Attach additional pages as needed)		
<b>ACTION REQUESTED: What do you want to see happen? What "solution" do you want?</b>		
(Attach additional pages as needed)		
<b>DATE</b>	<b>SIGNATURE</b>	

<b>OUTCOME</b>		
<input type="checkbox"/> <b>Resolved at the SCC Level</b>		<input type="checkbox"/> <b>Unresolved. Referral to the Board of Trustee level.</b>  <i>Grievant has five (5) days to complete and submit a request to move forward to the next level of Dispute Resolution.</i>
<b>Date</b>	<b>Signature</b>	<b>Title</b>

**Comments**

III.

**BOARD OF TRUSTEES REFERRAL**

Meeting date: \_\_\_\_\_

- Reviewed within seven (7) days of receipt of request.
- Recommendation completed within three (3) days of the review.

RECOMMENDATION	
OUTCOME	
<input type="checkbox"/> Resolved at the Board of Trustees level	<input type="checkbox"/> Unresolved. Referral to the Presiding Judge of the Stark County Family Court level if agency initiated. Referral to the State Service Coordination Committee if family/guardian initiated.  <i>Grievant has seven (7) days to complete and submit a request to move forward to the next level of Dispute Resolution.</i>

<b>Date</b>	<b>Signature</b>
<b>Comments</b>	

IV. \_\_\_\_\_ Court Date: \_\_\_\_\_

**FAMILY COURT REFERRAL Referred On:**

• referral

Hearing will be held within ninety (90) days of

• delivered to the Court by Stark County Family Council within ten (10 days) Date:  
\_\_\_\_\_

WrapAround information/documentation will be

<b>RECOMMENDATION</b>		
<b>The decision of the Presiding Judge of the Stark County Family Court is considered the final step in the Dispute Resolution process for agency initiated disputes.</b>		
<b>Date</b>	<b>Signature</b>	<b>Title</b>

**NOTES:**

• Parent/custodians/guardians shall use existing local agency grievance procedures to address disputes NOT involving service coordination. The dispute resolution is in addition and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code.

• Throughout the dispute process, it will be incumbent upon the lead service coordinator to work with families/guardians/custodians to develop an interim plan so that there is not serious disruption to needed services and supports for the child and family.

• Throughout the process, at any juncture, participants may involve the services of an advocate to assist them.

• For *Early Intervention* services, the quickest way to resolve a concern is to talk with your EI Service Coordinator or their supervisor. If that does not work, you may file a written complaint with the *Early Intervention* program AT ANY TIME by contacting:

Early Intervention  
Ohio Department of Developmental Disabilities  
30 East Broad Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215

Phone: (614) 466-6879  
Email: ei@dodd.ohio.gov

**SUBMIT FORM TO:**

Daniel Gichevski, Executive Director  
Stark County Family Council

6057 Strip Avenue NW

North Canton, Ohio 44720

PHONE: (330) 492-8136 ext. 1481

FAX: (330) 491-9731

[dan.gichevski@email.sparcc.org](mailto:dan.gichevski@email.sparcc.org)

**V. STATE SERVICE COORDINATION COMMITTEE REFERRAL**

**Referred On:** \_\_\_\_\_

- The family/guardian will receive a response from the Committee within forty-five (45) days of the Committee's receipt of the request.
- WrapAround information/documentation will be delivered to the State Service Coordination Committee by Stark County Family Council within ten (10 days) Date: \_\_\_\_\_

RECOMMENDATION		
<p><b>The decision of the State Service Coordination Committee is considered the final step in the Dispute Resolution process for family/guardian initiated disputes.</b></p>		
Date	Signature	Title

**NOTES:**

- Parent/custodians/guardians shall use existing local agency grievance procedures to address disputes NOT involving service coordination. The dispute resolution is in addition and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code.
- Throughout the dispute process, it will be incumbent upon the lead service coordinator to work with families/guardians/custodians to develop an interim plan so that there is not serious disruption to needed services and supports for the child and family.
- Throughout the process, at any juncture, participants may involve the services of an advocate to assist them.
- For *Early Intervention* services, the quickest way to resolve a concern is to talk with your EI Service Coordinator or their supervisor. If that does not work, you may file a written complaint with the *Early Intervention* program AT ANY TIME by contacting:

Early Intervention  
 Ohio Department of Developmental Disabilities      Phone: (614) 466-6879

30 East Broad Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215

Email: [ei@dodd.ohio.gov](mailto:ei@dodd.ohio.gov)

**SUBMIT FORM TO:**

Daniel Gichevski, Executive Director  
Stark County Family Council

6057 Strip Avenue NW

North Canton, Ohio 44720

PHONE: (330) 492-8136 ext. 1481

FAX: (330) 491-9731

[dan.gichevski@email.sparcc.org](mailto:dan.gichevski@email.sparcc.org)



Addendum E  
Strengths, Needs, Culture Discovery

WrapAround Service Coordination  
Strengths, Needs, & Culture Discovery  
Worksheet

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

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

**Family Vision:**

**Family:**

**Neighborhood:**

**Social & Leisure:**

**Spiritual & Cultural:**

**Educational & Vocational:**

**Health & Safety:**

**Legal:**

**Behavioral & Emotional:**

**Treatment:**

**Other Areas:**

**Identified Needs:**

- 
- 
- 
- 
- 
- 

**WrapAround team members, roles & contact information:**

**Meetings, location & times:**

Respectfully Submitted by:

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

**Addendum F**  
**Initial Plan of Care**

WrapAround Service Coordination

Youth Name:  
 Plan of Care #:

Initial Plan:

<p><b>Participants from Previous Meeting: (include role &amp; organization):</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Next Meeting(s):</b></p>
--	--------------------------------

**Ground Rules:**

1. Confidentiality	2. Mandatory Reporting
3. Cell Phones off/silent; leave room to take a call	4. Avoid "shaming" or "blaming" words
5. Avoid interrupting other team members	6. Be prompt & on time to meetings
7. Stay committed to being on <b>youth's</b> team	8. Stay focused on <b>youth's</b> strengths
9. Stay focused at the meeting or use the "parking lot"	10. Other legal requirements:
11. Others:	12.

**How ground rules will operate during team meeting:**

- 

**Decision-making process:**

- 

**How to celebrate success:**

- 

**Contact between meetings:**

- 

**Family Vision & Team Mission:**

**Family Vision:**

(Delete this sentence and copy & paste the FV from your SCND)

**Team Mission**

(Delete this sentence and copy the TM from your wall sheets)

- **Measured by:**

- 

- **Initial Measurement:**

- 

**Functional Strengths:**

- 

**Identified Needs:**

- 

**Prioritized Need #1:**

- 

**Related Strengths:**

- 

**Goal:**

- 

**Measured By:**

- 

**Initial Measurement:**

- 

**Options:**

1.

<b>Task:</b>	<b>Who:</b>	<b>Freq:</b>	<b>Cost:</b>	<b>Start:</b>	<b>Finish:</b>
1.					
2.					
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4.					
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9.					
10.					

**Parking Lot:**

Respectfully Submitted by,

(Delete and insert your signature here)

Your Name & Credentials  
WrapAround Service Coordinator  
Stark County Family Council  
Date Plan is going to be distributed



**Addendum F1**  
**Review Plan of Care**

WrapAround Service Coordination

Youth Name:  
 Plan of Care #:

Review Plan:

<p><b><u>Participants from Previous Meeting (include role &amp; organization):</u></b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b><u>Next Meeting(s):</u></b></p>
--	---------------------------------------

**Ground Rules:**

1. Confidentiality	2. Mandatory Reporting
3. Cell Phones off/silent; leave room to take a call	4. Avoid “shaming” or “blaming” words
5. Avoid interrupting other team members	6. Be prompt & on time to meetings
7. Stay committed to being on <b>youth’s</b> team	8. Stay focused on <b>youth’s</b> strengths
9. Stay focused at the meeting or use the “parking lot”	10. Other legal requirements:
11. Others:	12.

**Celebrations & New Strengths (functional):**

**Family Vision & Team Mission:**

**Family Vision:**

(Delete this sentence then copy & paste the FV section from your Initial WA POC)

**Team Mission:**

(Delete this sentence then copy & paste the TM section from your Initial WA POC)

- **Measured by:**
  -
- **Initial Measurement:**
  -

- **Historical Measurement (date and measurement):**
  -
- **Today's Measurement:**
  -
- **Progress Narrative:**
  -

**Identified Needs:**

**Prioritized Need #1:**

- 

**Related Strengths:**

- 

**Goal:**

- 

**Measured By:**

- 

**Initial Measurement:**

- 

**Historical Measurement (date & measurement):**

- 

**Today's Measurement:**

- 

**Progress Narrative:**

- 

**Options:**

1.

<b>Task:</b>	<b>Who:</b>	<b>Freq:</b>	<b>Cost:</b>	<b>Start:</b>	<b>Finish:</b>
1.					
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4.					
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6.					
7.					
8.					
9.					
10.					

**Parking Lot:**

Respectfully Submitted by,

(Delete and insert your signature here)

Your Name & Credentials  
WrapAround Service Coordinator  
Stark County Family Council  
Date Plan is going to be distributed

Addendum G  
Transition Plan of Care

WrapAround Service Coordination

Youth Name:  
 Transition Plan of Care #:

Transition Plan:

<p><b>Participants from Transition Planning Meetings (include role &amp; organization):</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Next Meeting(s):</b></p>
---	--------------------------------

**Ground Rules:**

1. Confidentiality	2. Mandatory Reporting
3. Cell Phones off/silent; leave room to take a call	4. Avoid "shaming" or "blaming" words
5. Avoid interrupting other team members	6. Be prompt & on time to meetings
7. Stay committed to being on <b>youth's</b> team	8. Stay focused on <b>youth's</b> strengths
9. Stay focused at the meeting or use the "parking lot"	10. Other legal requirements:
11. Others:	12.

**Celebrations and/or New Strengths:**

- 

**Family Vision & Team Mission:**

**Family Vision:**  
 (Delete this sentence then copy & paste the FV from your Review POC)

**Team Mission:**  
 (Delete this sentence then copy & paste the TM from your Review POC)

- **Measured by:**
  -
- **Initial Measurement:**
  -
- **Historical Measurement (date and measurement):**
  -

**Review of Strengths and New Skills/Abilities:**

**Youth:**

**Family:**

**Team Members:**

**Review of Needs**

**All Identified Needs (identify all as met, partially met or unmet):**

- 

**Prioritized Needs addressed and defined during the WrapAround process:**

- 

**All Identified Need progress:**

- 

**What worked:**

- 

**What didn't work:**

- 

**How the family will maintain progress:**

- 

**Crisis/Safety Plan Post WrapAround:**

**See attached Crisis/Safety Plan**

**Follow-up Post WrapAround:**

**Who will continue to be involved?**

- 

**Who will follow-up with the family about new needs/concerns?**

- (Will need to be someone who is listed in the answer above)

**Who else needs copies/updates about WrapAround status?**

- 

**How can the family re-request or get connected to WrapAround services if needed again?**

The family can re-request WrapAround services by calling Stark County Family Council at (330) 492-8136.

**WrapAround Celebration:**

**How should the team celebrate?**

**Date & Time:**

**Where:**

**Who should be included:**

Respectfully Submitted by,

(Delete and insert your signature here)

Your Name & Credentials

WrapAround Service Coordinator

Stark County Family Council

Date Plan is going to be distributed



**Addendum H**  
**Service Review Collaborative**  
**Funding Request Packet**

**STARK COUNTY FAMILY COUNCIL  
SERVICE REVIEW COLLABORATIVE  
FUNDING REQUEST PROTOCOL for COMMUNITY SERVICES/SUPPORTS**

**WHO CAN APPLY FOR FUNDING THROUGH THE SERVICE COORDINATION MECHANISM?** The available funding that is managed by the Service Review Collaborative (SRC) is targeted for families with children (birth through 21 years) who have multi-system involvement and/or are at risk of removal from their home. All other possible funding sources within agencies and/or systems must be used prior to submitting a request through the Service Coordination Mechanism.

- 1) WrapAround Service Coordinators may apply for funding to support the implementation of WrapAround plans.
- 2) Family Support Specialists may apply for funding to support the implementation of a Family Support Plan.
- 3) Other staff providing lead service coordination to children/youth may apply for funding to support the implementation of individual plans such as: Case Workers/Managers, CPST workers, Probation Officers, Service and Support Administrators (SSA), and mental health treatment providers
- 4) Parents/caregivers may apply for funding to support the implementation of their child's/youth's plan.
- 5) Older adolescents (ages 18 through 21) may also apply for funding to support the implementation of their plan.

**TYPES OF SERVICES:**

Respite/Support	Temporary care of children by someone other than the primary caregiver(s). This can be provided in-home or out-of-home. Temporary is defined as one week or less (i.e., 7 consecutive days)
Mentoring	A specially trained individual who is assigned to build a positive relationship with the child/youth and works to increase specific skills and competencies. All requests for Mentoring services must identify targeted timeframes in which services will start/end as well as identify specific goals to be accomplished. Both the timeframe and goals should be collaboratively developed with the case manager, provider, family and youth.
Transportation	Gas cards, bus passes, taxis, or other means of transportation that is essential for accomplishing a necessary life function.
Camp	Day camp or overnight camp. Overnight camp is limited to six (6) days per year; however there is no limit for day camp.
Non-Clinical In Home Parent/Child Coaching	Non-clinical intensive program where a parent coach works with the family in the home to improve parenting and communication skills, address specific behavior and reduce family stress through a strengths-based, individual family-centered approach.
Parent Education	Curriculum used provides guidance in developing and practicing positive parenting techniques.
Social/Recreational Activities	Activities that provide social or recreational outlets for children and/or their families that will improve functioning/skills and increase social/recreational opportunities. (i.e., sports fees/equipment, clubs, creative arts activities, games, personal hobbies, community recreational activities.
Structured Activities to Improve Family Functioning	Activities that support the family's ability to interact more effectively; involves togetherness of the family unit. (i.e., playing board games together, family outings, family garden, cooking, educational walk, bicycling or family picnic).
Non-Clinical Parent Support Groups	Non-clinical parent support groups that offer Peer-to-Peer support. Includes opportunities for parents to network/interact, share experiences, provide peer support and lessen feelings of isolation. DO NOT include sessions that require the participation, facilitation and/or leadership skills of a trained clinician.
Safety and Adaptive Equipment	Includes devices that are used to assist children with physical or mental disabilities in completing activities of daily living. DO NOT include equipment that is considered medical equipment and is eligible to be paid through Medicaid and/or the families' private insurance, is the responsibility of schools to provide on an IEP or should be provided through another government or community non-profit organization.
Parent Advocacy	Assist families to navigate various child-serving systems which their children may be involved, research options available and work effectively with professionals to achieve best outcome for their children. The services and approaches used by SRC funded advocates must align with the Guiding Principles of the Stark County Family Council.
Youth/Young Adult Peer Support	A Peer Support Specialist is an individual with a lived experience of mental illness and recovery who provides peer support to individuals. A Certified Peer Support Specialist is a peer who has completed professional training in order to advance their skills and competencies. The Ohio Empowerment Coalition ( <a href="http://www.ohioempowerment.org/youngadult.htm">http://www.ohioempowerment.org/youngadult.htm</a> ) is ODMHAS' designee to certify Peer Support Specialists for the State of Ohio. Peer support services are programs, discussions, events, groups, etc. within the mental health system that are led by people in recovery and based on the philosophy of peer support. Peer support services take place within the structure of an agency and are provided as a service by a trained peer specialist. As young adults transition out of child mental health services and into the adult system which can be very daunting, youth/young adult peer support

	services can assist with these transition challenges. Peer Support Specialist can serve individuals as early as 13 years old and through the age of 25
Other	Other types of requests will also be considered

**FUNDING PARAMETERS:**

- ✓ No service (with the possible exception of mentoring) will be funded for more than sixty (60) days at a time. The expectation is that the family and lead service coordinator will be actively engaged in identifying a more natural, unpaid source to meet longer term on-going needs.
- ✓ Lead Service Coordinators/Case Managers may be asked to present to SRC when requesting extended funding and/or if there are questions about services or Plans of Care.
- ✓ Systems cannot pay funds directly to family members for goods or services, with the exception of family members who are certified providers through the Department of Disabilities.
- ✓ Parents must cover a portion of the costs (even if minimal)

**REQUIREMENTS:**

1. Requests **must** include:
  - ✓ fully completed Funding Request Form filled out electronically (attached)
  - ✓ youth/family narrative that describes the presenting issues (first time request form, attached) or narrative that provides updates and describes family/youth progress (renewal request form, attached)
  - ✓ copy of the family's individualized service plan that reflects the need for the requested service
  - ✓ copy of a signed release of information (attached)
  - ✓ **\*\*incomplete forms will be returned to sender**
2. Requests must be received by end of business on Monday in order to be presented to the SRC on Wednesday. Any requests received after Monday will not go forward until the following Wednesday.
  - ✓ Due to confidentiality, no emailed requests will be accepted

**Fax/Deliver all completed requests to:**

Dan Gichevski  
 Stark County Family Council  
 6057 Strip Avenue NW, North Canton, OH 44720  
 Phone: 330.492.8136 ext. 1481  
 Fax: 330.491.9731

3. The Lead Service Coordinator will receive a faxed notification of all decisions made by the SRC within 2 business days. The Lead Service Coordinator should immediately notify the provider.

**COMPLETING THE FUNDING REQUEST FORM:**

*FOR PROFESSIONALS - Be sure to:*

- Fully provide Youth Information
- Verify system involvement and check appropriate boxes. Youth must be multi-system involved and/or are at risk of removal from their home
- Include your contact information and fax number
- Identify all Requested Service information
- Identify whether or not there is parental and/or youth approval for the service
- Obtain all 3 required signatures:
  - Your supervisor must sign the request form, indicating his/her approval for the request
  - The person/agency providing the service must sign the form prior to submitting the request , confirming the rate, availability, frequency and total cost
  - Parent/caregiver must sign the form prior to submitting the request, confirming their parental contribution.

*FOR PARENTS/YOUTH – Be sure to:*

- Fully provide Youth Information
  - Verify system involvement and check appropriate boxes. Youth must be multi-system involved and/or are at risk of removal from their home
  - Include your contact information (and fax number if available)
  - Identify all Requested Service information
  - Obtain required signatures prior to submitting request:
    - The person/agency providing the service must sign the form prior to submitting the request , confirming the rate, availability, frequency and total cost
    - Parent/caregiver/youth must sign the form prior to submitting the request, confirming their parental contribution
- Family/youth applicant who desires support or assistance with completing the forms should contact Dan Gichevski.

# AUTHORIZATION FOR RELEASE OF INFORMATION

## Stark County Service Coordination

### Stark County Service Review Collaborative (SRC)

PLEASE, Print Information

Revision Date: 10/24/12

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

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

Legal Guardian: \_\_\_\_\_

I, \_\_\_\_\_, authorized the representatives of the SRC/SC:

- \*\* Stark County Mental Health & Recovery Services Board
- \*\* Stark County Family Court
- \*\* Stark County Department of Job and Family Services
- \*\* Stark County Educational Service Center

- \*\* Stark County Board of DD
- \*\* Stark County Family Council
- \*\* Family Representative
- \*\* Community WrapAround Representative

To share during the course of the SCC/SRC meeting(s), information from the Service Coordination Referral packet and other clinical documents as necessary.

I, \_\_\_\_\_, understand that as part of the SC/SRC process, information will be shared by representatives of the SCESC and \_\_\_\_\_ district representatives for the coordination of care of my child.

I decline permission to share information with or to have information provided by school personnel for purposes of coordination of care. \_\_\_\_\_ Initial

If the Service Coordination Committee accepts the youth for out-of-county placement, multi-system wraparound planning, or flexible funding services, service and clinical information/documentation will be provided to SCC and its designated SRC participants as deemed necessary.

I understand and acknowledge that this authorization extends to all or any parts of the record designated above, which may include treatment for mental illness, and/or alcohol/drug abuse/dependency, and/or AIDS/HIV.

I understand that this information will be released only to the participating agency representatives and that any information released to such representatives may not be further disclosed or shared with any person(s)/organization(s) specifically listed on this form without my written, prior authorization, unless:

- Required to do so by federal and/or state law or regulation
- Unless an emergency exists
- Unless permitted by this or other policies of the Stark County Family Council, or
- Unless the information has been sufficiently de-identified that the recipient would be unable to link the information to the client.

I understand that these records are protected by state and/or federal confidentiality regulations and cannot be disclosed without my written consent, unless provided for in the regulations.

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information to whom it pertains or as otherwise permitted by 42 C.F.R. 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 information to criminally investigate or prosecute any alcohol or drug abuse client.

THIS INFORMATION SHALL BE USED/DISCLOSED FOR THE PURPOSE OF: SERVICE COORDINATION/REVIEW

1. This authorization will remain effective for 180 days, expiring on \_\_\_\_\_, unless an earlier date or condition/event is specified here \_\_\_\_\_. This consent is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it
2. However, I understand that I *HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION, IN WRITING*, by providing written notification to Dan Gichevski, Executive Director, Stark County Family Council, 6057 Strip Avenue NW, North Canton, OH 44720.
3. I understand that I have the right to refuse to sign this authorization; however, should I refuse to sign the authorization, the above youth will not be eligible for financial assistance from the Stark County Service Coordination Committee.
4. I have the right to inspect or copy the protected health information to be used or disclosed as permitted under law.

I have read or have had this document read to me and I understand its content.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Service Review Collaborative Funding Request

**Youth Information**

Last name \_\_\_\_\_ First name \_\_\_\_\_ DOB \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ School Attending \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

<input type="checkbox"/> Specialized Educational Services	<b>Current Systems Involved</b>	HMG Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Behavioral Health <input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Children Services

Lead Service Coordinator \_\_\_\_\_ Phone \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Fax \_\_\_\_\_

**Requested Service(s)**

Provider Name	Service Type	Start Date	End Date	Unit	Cost per Unit	# of units requested	Total Cost
							\$ -
							\$ -
Parents/caregivers approve this service: Yes <input type="checkbox"/> No <input type="checkbox"/>							<b>Parental Contribution</b>
Youth age 18-21 approves this service: Yes <input type="checkbox"/> No <input type="checkbox"/>							<b>Total amount of request</b>
If service type/unit is "other" describe in detail: _____							\$ -

Parent Signature: (confirming parental contribution) \_\_\_\_\_  
 Approving Supervisor: \_\_\_\_\_  
print signature

**By signing this form, I agree to provide the services listed above. I understand that I will not be reimbursed for any services provided prior to the encumbrance date on the Purchase Order nor for any services outside of the timeframe specified.**

Provider Signature \_\_\_\_\_

Request approved  yes  no      Request amended  yes  no  
 If request was amended please describe in detail: \_\_\_\_\_  
 SRC recommendations: \_\_\_\_\_

Funding Source	Contribution	SRC Committee Representative Signature
<input type="checkbox"/> FCSS	_____	_____
<input type="checkbox"/> Home Choice	_____	_____
<input type="checkbox"/> MH	_____	_____
<input type="checkbox"/> JJ	_____	_____
<input type="checkbox"/> DD	_____	_____
<input type="checkbox"/> JFS	_____	_____
<input type="checkbox"/> ESC	_____	_____
<input type="checkbox"/> Parent	_____	_____
<input type="checkbox"/> YIC	_____	_____
<b>Total</b>	_____	_____

Date Lead Service Coordinator notified \_\_\_\_\_

Fax completed form to Patty Kovacs @ 330.491.9731

Requests received by end of business on Monday will be presented on Wednesday.

**YOUTH/FAMILY NARRATIVE**  
**First Time Requests ONLY**

**Youth Name:**

**Lead Service  
Coordinator:**

**Date of Request:**

**Please provide a brief description of why this service is needed:**

**Please restate the specific goal/outcome listed on the Individualized Service Plan that relates to this request:**

**Please describe how this service will support/reinforce the identified ISP goal(s):**

**What is the expected service time frame? (Include anticipated end date)**

**What is the plan for transitioning out of this service?**

**YOUTH/FAMILY NARRATIVE  
Renewal Requests ONLY**

**Youth Name:**

**Lead Service  
Coordinator:**

**Date of Original Request:**

**Dates of Subsequent  
Approved Requests:**

**What has changed since the last request?**

**Service Impact Summary:**

- **ISP Goal** (list ISP goal(s) this service request supports): \_\_\_\_\_
- **Service/Support:** (identify type of service/support request): \_\_\_\_\_
- **Impact Summary:** (briefly describe youth/family progress on the ISP goal this service request supports):

For **mentoring services only**, in addition to completing the above, please provide a copy of the service provider's report.

**Describe the process utilized to identify natural supports and natural community activities. What natural supports have been identified thus far?**

**What progress has been made on the plan for transitioning youth out of this service?**

**Anticipated End Date:**

**Addendum I**  
**Continuous Quality Improvement**  
**Policy**



## **Continuous Quality Improvement Policy**

Stark County Family Council believes it is important to continue to monitor, improve and enhance our WrapAround/Service Coordination program in order to best serve families. There are many ways to monitor and assess program standards and Stark County Family Council has elected to take a multi-layered approach to continuous quality improvement. Outlined in the policy below are different angles each geared towards implementing the best program possible for Stark County youth and their families.

### **Supervision**

Stark County Family Council employs an Executive Director and a WrapAround Supervisor. Both positions have direct responsibility to ensure this policy is implemented as written and that continuous quality improvement of the WrapAround program is monitored regularly.

Each WrapAround Service Coordinator (WASC) will receive regular supervision on three different levels.

- 1) Individual – this will consist of a one-on-one individual session with the WrapAround Supervisor
  - a. WASC will schedule individual supervision once a month with supervisor
  - b. WASC will inform supervisor when he/she feels that skill building is necessary
  - c. WASC will be prepared to discuss entire case load
  
- 2) Group – this will consist of each WASC attending a group session with the other WrapAround staff members and the WrapAround Supervisor
  - a. WASC will attend group supervision twice a month
  - b. WASC will not schedule meetings with parents or schedule WrapAround meetings during group supervision
  - c. WASC will be prepared to case present, if requested
  
- 3) Observation – this will consist of WrapAround Supervisor attending/observing one meeting of each WASC
  - a. WASC will schedule one observation a month with supervisor

### **Continuous Quality Improvement Tools**

Stark County Family Council utilizes Continuous Quality Improvement (CQI) tools to monitor program fidelity and support systemic quality improvement. These tools were originally created utilizing information provided by Vroon Vandenberg and developed over time to include new practices and field updates. The eight (8) CQI tools include a mixture of live observation and document review to ensure that all aspects of program fidelity are measured. Listed below are the CQI tools:

- a. Engagement (Live Observation)
- b. Team Development (Live Observation)
- c. Strengths, Needs, Culture Discovery (Document Review)
- d. Crisis/Safety Planning Meeting (Live Observation)
- e. Initial WrapAround Meeting (Live Observation)
- f. WrapAround Review Meeting (Live Observation)
- g. WrapAround Plan (Document Review)
- h. Transition Planning Meeting (Live Observation)

Each CQI tool focuses on a different portion of the WrapAround program and contains elements that are necessary to be included during each phase. Some elements are best monitored via live observation and others by a review of the documents prepared.

The CQI tools may be implemented by the Family Council Director, WrapAround Supervisor or a designee of either the Director or Supervisor (e.g. JDAI Director, Court Personnel, Lead WASC).

A WASC will be required to pass each individual CQI tool once annually. The WASC will have five (5) opportunities to pass each CQI tool. Each activity on the CQI tool will receive a rating of “Met,” “Partially Met” or “Unmet.” In order for a WASC to pass a CQI tool, they must attain an 80% or above of activities “Met” with zero activities receiving an “Unmet” status.

If a WASC is unable to pass the CQI tools as described above, the supervisor and/or director will work with the WASC to develop a performance improvement plan for the necessary development.

Stark County Family Council believes that with the multi-layered approach of strong supervision on the individual, group and observation levels along with proper implementation of the CQI tools, that the WrapAround program is positioned well for continuous quality improvement. A quality program with consistent monitoring will benefit youth, their families and the community.

**Addendum J**  
**Confidentiality Sign-In**

**Stark County Family Council WrapAround  
Meeting Sign-In Sheet**

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

Initial     Review Meeting     Team Meeting     Crisis/Safety     Other \_\_\_\_\_

**By signing below I am acknowledging that:**

- I understand and agree that in the performance of any duties as a designated representative for my agency to this WrapAround Meeting I must hold in strictest confidence any observations I may make or hear regarding clients, client families, staff or volunteers.
- I understand that I may not use any information (including but not limited to verbal, written or electronic formats) of a personal or private nature in casual conversation or in other ways that might identify, cause harm or detract from the reputation of another person.
- I understand that I may not use or disclose an individual's protected health information for any purpose without the properly documented written consent or authorization of the client or his/her authorized representative.
- I understand that I must preserve the integrity and the confidentiality of individually identifiable health information (IIHI) pertaining to each client. This IIHI is protected health information (PHI) and shall be safeguarded to the highest degree possible in compliance with the requirements of the security rules and standards established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Print Name:	Signature:	Role:	Phone Number:
1.			
2.			
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