

Marion County Family & Children First Council

Service Coordination Mechanism

INTRODUCTION

We support Ohio's commitment to child well-being.

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are ready for school
- Children and youth succeed in school
- Youth choose healthy behaviors
- Youth successfully transition into adulthood

This plan is being formulated so that Marion County agencies that serve children can meet the needs of those children and their families in a coordinated, simplified, and cost effective manner. It is written in compliance with the guidelines in House Bill 66 (amends 121.37) and the Ohio Administrative Code Section.

Our council is divided into two divisions; the executive part know as the Family and Children First Council (sets policy, funding and develops procedure) and the Clinical part known as the Family and Children First Clinical Team (assess referrals, allocates resources, and monitors treatment decisions). The FCFC Clinical Team is comprised of members appointed by Council's designated agencies.

The purpose of service coordination is to provide a venue for families requiring services where their needs may not have been adequately addressed in traditional agency systems. Service coordination builds upon the strengths of services already existing in the community. The service coordination process provides access to existing services/supports and when appropriate proposes new services, supports, and strategies to be added in order to address unmet needs.

Service coordination is a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex needs. The process is family-focused and strengths-based. It is responsive to the culture, race, and ethnicity of the family. Therefore, it results in a unique set of community services and natural supports individualized for the child and family. The process assists families in building a system of natural supports so to gradually reduce family reliance on formal systems as it becomes appropriate.

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THE ROLE OF THE MARION COUNTY FAMILY & CHILDREN FIRST COUNCIL AND CLINICAL TEAM

- To provide an avenue for parents, families and organizations to express their concerns about the needs of children being served by multiple systems in this county and to increase and encourage involvement of parents and their children in the planning and evaluation of child centered services.
- The Marion County Shared Plan will be used to design and develop services which are deemed necessary to meet the needs of the youth of this county.
- Monthly meetings of the Clinical team will facilitate the sharing of information between child serving systems in the county. Each team member will sign a Confidentiality Release Agreement annually.
- Through the Circle of Service (Wraparound) Process, the Council will screen and identify as early as possible those children and families who need support to prevent them from entering or continuing in the criminal justice system, reduce their reliance on social service agencies, and enable them to self direct their needs and supports.

Additionally, the Council seeks to speak as one unified voice without bias, representing all children, their families and the child serving entities of the county with regard to regulatory relief, funding, and legislative issues which affect the children of this county.

TARGET POPULATION

This plan has the potential of identifying a diverse segment of the population of children in Marion County. This plan is designed to serve the following populations:

- Unruly
- At risk of being unruly
- Dependent
- Delinquent
- Neglected
- Abused
- Mentally retarded/developmentally disabled
- Mentally ill
- Those children for whom families have voluntarily requested services
- Resident of Marion County
- A multi-need child from the ages of 0 through 21
- Receives or is eligible to receive services based on multi-needs
- A multi-need child in need of services and coordinated planning efforts

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Services will be provided to the target population regardless of race, color, ethnicity, culture, gender, and/or diversity of family dynamic. All assistance and services will be provided in the least restrictive environment possible.

CONFIDENTIALITY

Any family being referred for service coordination must sign a release of information. Upon receipt of the referral and release of information, the family is contacted by the service coordinator. The service coordinator discusses the signed release and ensures the parent/guardian understands all areas of the release.

In addition, all team members sign a confidentiality statement at the beginning of each family team meeting. This statement explains the confidentiality expectations of information disclosed during team meetings and the planning process.

ACTION PLAN

STEP 1: REFERRAL OF FAMILY AND/OR CHILD

If any of the following conditions exist with a child or family, an agency and/or family member may make a referral to the FCFC Council:

- There is a multi-systemic need,
- The family has not yet been able to access needed services because of the following:
 - Appropriate services are not available
 - Eligibility requirements cannot be met
 - Funding for these is inadequate or not available
 - Coordination of services among agencies has been unsuccessful.

Any family member or child serving system may complete a referral form requesting a review by the FCFC Director. The referring system shall be responsible for the proper completion of all releases. Each referred family shall receive a copy of the Service Coordination Mechanism, which includes the dispute resolution process.

STEP 2: ASSESS THE APPROPRIATENESS OF THE REFERRAL AND DETERMINE THE LEVEL OF NEED.

Upon receipt of a completed Circle of Service/First Line referral form, the Circle of Service Coordinator will contact the family and help them to determine their level of need. The family will be contacted within 3 business days of a complete referral.

Level 1: Information and Referral. Resource and referral information is provided to the family and no further services are provided.

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Level 2: Service Coordination: The family has utilized resources and still needs some additional support that can be directly provided by the Family and Children First Council. The Circle of Service Coordinator will meet with the family and develop a plan to alleviate the concerns.

Level 3: Circle of Service (Wraparound): If the family has multiple needs that cannot be resolved through Service Coordination the family will be referred for Circle of Service (See step 3 for more details).

Level 4: Clinical Team: When issues are unable to be resolved through Circle of Service the family will be referred to the Clinical Team (See step 4 for more details). A case may be referred directly to the Clinical Team if the child is in an out-of-home placement and there is a need for Joint Service Planning.

STEP 3: FORMULATION OF A CIRCLE OF SERVICE (WRAPAROUND)

Once a Circle of Service referral is received the family is contacted to determine their willingness to participate in the process. If the family agrees to services, information is gathered for the strengths and culture discovery. A Circle of Service meeting will be scheduled within 10 days of agreement for services. The family's needs and requests are considered when scheduling the time/location of the meeting. All key participants involved with the child and family shall be invited to the Circle of Service meeting. The Circle of Service Coordinator will work with the family to help them identify their support persons, appropriate agencies, and a school district representative. The Circle of Service Coordinator will contact each identified participant to notify them of scheduled meetings.

The Circle of Service plan will address each of the following life domains; Individual, Family, Education, Mental Health, Legal, Social/Recreational. The Circle of Service plan shall be comprised of the following steps:

1. Identification of family/child strengths: The facilitator will facilitate a discussion for the child, family members, service providers, and others when appropriate, to identify the strengths of each family member and the family as a whole.
2. Identify services/needs of the child and/or family: The facilitator will lead a discussion with the team members to help identify the needs of each family member and the family as a whole.
3. Identified family goals: The family will be encouraged to develop goals for each life domain. The goals will be established with input from the team.
4. Description of services/supports that will be provided: The team will develop a description of services and supports that will be implemented to address the areas of concerns. The team focuses on the family's strengths to meet their needs. The services must be responsive to the family's strengths, needs, culture, race, ethnic group. All services should be provided in a least restrictive setting.
5. Responsible person/case worker and lead agency for monitoring: The person responsible for monitoring the service/support will be identified and approved by the family.

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6. **Timeline:** A timeline will be established for the completion of the service/support goals based upon the needs of the family. There will be regular plan reviews to monitor progress toward the identified goals.
7. **Funding sources, reimbursements:** The funding sources for the service or support will be identified.
8. **Crisis and Safety Planning:** All families will be asked to identify a short-term crisis situation or safety concern. The team will develop a plan of action to help prevent the crisis from occurring and a plan to address the crisis if one occurs.

The Circle of Service coordinator, with the family's approval, shall appoint a lead case manager to ensure the family and all staff from involved agencies are notified of and invited to participate in additional team meetings. The tracking of progress on the plan, scheduling of meetings, and facilitation of meetings will be completed by the Circle of Service Coordinator unless the family prefers otherwise. Each family has the option to choose a lead case manager for their team.

When addressing the needs of an alleged unruly child many services and supports are considered. The Circle of Service may involve local law enforcement officials and court personnel. A diversion program through the court will be utilized when appropriate. Mentoring, parenting education, and alternative school settings may be utilized as well.

The formulation of a written Circle of Service Plan will be done no later than 10 days after the scheduled meeting. The parents and agency representative's signatures are required on the plan. The signatures indicate that the parent(s) and agencies are in agreement with the developed plan and will comply with the document.

A copy of the plan will be shared with all agencies that will be participating in the treatment. The agencies will develop their individualized service plans based upon the Circle of Service Plan. Each plan will be reviewed no less than quarterly.

Families and service providers can request a review of the service coordination plan by contacting the Family and Children First Council.

Any agency or family member currently involved in Circle of Service who is anticipating an out-of-home placement should contact the Circle of Service Coordinator to schedule a Circle of Service meeting. In the case of an out-of-home placement, the case will be reviewed within 10 days of the placement.

If the issues cannot be resolved through Wraparound Services (Circle of Service), the case will be referred to the Clinical Team for review (Step 4).

STEP 4: CLINICAL TEAM

The Clinical Team is comprised of representatives from Family and Children First, Marion/Crawford Alcohol Drug and Mental Health Board, Marion Area Counseling Center,

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Children Services, Marion County Board of Developmental Disabilities, Marion County Family Court, and Marion City Schools.

When a family's needs have been unsuccessfully resolved through agency involvement or the circle of service process the family may be referred to the Clinical Team. The Council Director will place the family on the agenda for the next scheduled meeting of the Family and Children First Council Clinical Team for the purpose of reviewing, staffing, developing, and implementing a joint service plan for the case.

An emergency meeting can be declared if the Council Director, the parent(s), or any agency(s) believe an emergency is indicated. An agency indicating a need for declaring an emergency should be directly involved with the Clinical Team. An emergency meeting will be called within 7 business days and a crisis plan will be developed.

A copy of the plan will be shared with all agencies that will be participating in the treatment. The agencies will develop their individualized service plans based on the joint service plan.

DATA COLLECTION AND REPORTING

Monthly and annual reports determining the number of families served, referral source, reason for referral, and services provided will be collected. A parent satisfaction survey will also be provided to families upon the completion of services. Any collected data will be given to Family and Children First Council and be reported on at Full Council Meetings. The data collected will help to provide a clearer picture of needs within the community and gaps in service delivery. By working collaboratively and creatively the council can begin to invent new approaches to achieve better results for families and children. Any Family and Children First Data will be submitted to the state, upon their request.

SERVICE COORDINATION MECHANISM TRAINING

Service Coordination Mechanism training is the responsibility of each member agency. Each member agency has identified a lead liaison between Family and Children First and their agency. It is the responsibility of each liaison to ensure their staff members and clients are appropriately trained on the Service Coordination Mechanism. The Family and Children First Council Director will also do periodic presentations to child serving agencies and the Early Childhood Collaborative Committee.

Information regarding Family and Children First and the Service Coordination Mechanism will be provided to families at local community agencies and events. Brochures for Circle of Service/First Line are located in Hospitals, Marion Area Counseling Services, Children Services, Job and Family Services, Board of DD, Schools, and the information is provided to families at community events such as Saturday in the Park, Pinwheels for Prevention Play Day, Kindergarten Registration, Children's Festival, and School Open House.

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FISCAL STRATEGIES

Funding decisions for services identified in the family service coordination plan are determined by the funding source and the agencies requirements for each specific fund. The Family and Children First Council Director will approve the use of Family Centered Support Service Funds.

Resources are maximized by ensuring services are not being duplicated. Agencies will collaborate and blend funds to support service coordination on a case by case basis.

By ensuring children remain in their own community, resources are being reallocated from institutional services to community based family centered service. Local mental health services are being funded to help ensure children are able to have their needs met locally.

If an out-of-home placement is being considered a team meeting will be held to discuss options, resources, and funding sources that can be utilized to maintaining the child locally.

Children's Community Behavioral Health funds are utilized for children needing psychiatric services, individual counseling, and mental health assessments.

DISPUTE RESOLUTION

Conflicts may arise in three distinct types of situations:

1. The child/family is in disagreement with one or more agencies;
2. The child/family is in disagreement with the service plan;
3. One or more agencies are in disagreement with another agency (s) and/or the service plan.

If the Family and Children First Council Director determines the dispute resolution is an emergency situation, the case will be set for an emergency clinical team meeting within 7 days. An emergency is determined if the child is at risk of an out-of-home placement. If the clinical team is unable to resolve the issue, the dispute resolution will continue as outlined. Any non-emergency dispute resolution will be handled in the following manner.

The following steps must be completed and a written determination of findings will be made within a 60 day period:

1. When a dispute arises regarding any aspect of a service plan between any of the contract agencies or a family member, the parties involved in the dispute (i.e. staff and family; staff from various agencies) will first participate in an informal discussion for the purpose of resolving the dispute. If the dispute involves the family, the parent has the right to an advocate of their choice to act as an impartial participant in the process. If the parent does not have an advocate, they may contact the Council Director for assistance in selecting an advocate or other support person.

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2. If the conflict cannot be resolved through informal discussion, a meeting will be scheduled of staff, their immediate supervisors and the family members if the family members are involved in the dispute within 10 days.
3. If the conflict continues to be unresolved, the case will be brought to the full Family & Children First Council within 10 days for the purpose of resolution. The staff, their supervisors, and the family members, if the family is involved in the dispute, will present the individual case.
4. If the matter cannot be resolved by the council, within 7 business days of the council review the parent and/or team may submit a written request to the Council Director for a review by the Family Court Judge. The Council Director shall prepare a written report, including treatment information, for the Judge to review. The Judge will schedule and conduct a conference with the disputing parties and the Council Director. The court decision will be binding.

Throughout the dispute resolution process, services provided to the family will not be interrupted.

Dispute Resolution Related to Part C Early Intervention Services

Purpose: Ohio Department of Health (ODH), as the lead agency, shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county Family and Children First Councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each county council shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

The following steps outline this component of the dispute resolution process:

1. An individual or an organization may file a complaint with the county council regarding the provision of early intervention services within the county. The council director is designated as the council's liaison for the receipt of complaints.
2. The council director will notify ODH (Bureau of Early Intervention Services) of the complaint in writing (via email or U.S. mail or fax) within seven calendar days of the receipt of the complaint.
3. The council director will provide a copy of the procedural safeguards to the individual registering the complaint
4. The council director will explain the options available for dispute resolution, which include:

Filing a complaint with the county council; Filing a complaint with ODH; Requesting mediation; Requesting an administrative hearing with ODH; Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints. *

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5. 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.

6. The council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.

7. The investigation of the complaint will include at least the following:

Conducting an on-site investigation as determined necessary; Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing; Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing; and Reviewing all relevant information and making a decision.

8. The council will issue a written decision to the complainant within thirty (30) calendar days from the 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. A copy of the decision will also be provided to ODH. **

9. The council will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

* If the provider has a resolution process for complaints, the provider of Part C services must notify ODH and the county council of the complaint in writing (via email or U.S. mail or fax) within 7 calendar days of receipt of the complaint. The provider of part C services must issue a written decision to the complainant, the county council, and ODH within thirty (30) calendar days from the receipt of the complaint.

** If ODH receives notice that a complaint regarding Part C services were filed with the county council or a provider. ODH will monitor the resolution process to assure that the complaint is resolved by the county council or provider within thirty (30) calendar days. If the complaint is not resolved within thirty calendar days, ODH will notify the complainant, the county council and the provider, if applicable, that complainant may select one of the following:

1. To have ODH investigate the complaint in accordance with Rule 3701-8-08 (C) (4). If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the county council or provider received the complaint; and

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2. To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (C) (3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.

Upon initiation of services, each family is provided with a copy of the Service Coordination Mechanism. The current dispute resolution process is included in the Service Coordination Mechanism and each family signs a form acknowledging the receipt of the document.

EVALUATION

The effectiveness of the Service Coordination Mechanism will be evaluated annually and revisions will be made. The Service Coordination Mechanism will be reviewed by representatives from Children Services, Developmental Disabilities, Alcohol Drug and Mental Health, Health, Family Court, Education, Family and Children First Council, and the Early Childhood Collaborative.

SERVICE COORDINATION MECHANISM DEVELOPMENT

Initially, the full FCFC and small groups (made up of representative of service agencies and members of the Council) met and implemented the original Service Coordination Plan on July 1, 1996.

In July of 2002, the Clinical Team held a two-day retreat to explore strategies and outcomes. Revisions and modifications for this plan were initiated at the retreat. Representatives were present from FCFC Director, Marion Area Counseling Center, Board of MR/DD, Marion County Children Services, Family Court, Marion County Schools, and Crawford-Marion ADAMH Board.

The Service Coordination mechanism was reviewed and updated on November 7, 2005.

In July 2010, the Service Coordination Mechanism was updated in order to satisfy the Ohio Family and Children First Council requirements. The mechanism was reviewed by representatives from Family Court, Children Services, Board of Developmental Disabilities, Crawford-Marion Alcohol Drug and Mental Health, Marion Public Health Department, Marion City Schools, Early Childhood Collaborative Committee, Families, and Family and Children First.

Original: July 1, 1996

Revision: July 2002

Second Revision: November 7, 2005

Third Revision: July 2010

Marion County Family and Children First
125 Executive Drive, Suite 100
Marion, Ohio 43302
740-223-3075 Fax 740-382-4357
e-mail: mcfcfl@Marion.net

REFERRAL FORM

Date of Referral: _____

Child(ren)'s Name and DOB: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Referral source : _____ Phone: _____

PRESENTING CONCERN: (Include reason for referral, current custody status, & Significant History):

<u>Requested Participants</u>	<u>Agency/Relationship</u>	<u>Phone Number:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Suggested Meeting Location and Time: _____
A referral will not be accepted without a completed release of information.

-----FOR FAMILY AND CHILDREN FIRST USE ONLY-----

Outcome of Referral

Date referral Received: _____ Date of initial Contact: _____
(within 3 days of receiving referral)

__ / __ / __ 1. Information and Referral __ / __ / __ 2. Service Coordination

__ / __ / __ 3. Wraparound Services __ / __ / __ 4. Clinical Team

Lorain County Children and Families Council AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

Client's Full Name _____

Date of Birth _____

Social Security Number _____

Parent/Guardian Name _____

The following persons/programs/agencies have my permission to coordinate service planning and delivery for the above named person by disclosing specific information for the following specific purpose (s): **Service planning and coordination; access to Lorain County Children and Families Council funded services; utilization management; recommendations to all or selected disclosed parties; payment, treatment and agency operations.**

A COPY MAY BE ACCEPTED AS A SUBSTITUTE FOR AN ORIGINAL FORM

Please initial all persons/programs/agencies that may disclose and/or receive information for the purposes listed above.

Give	Receive	Give	Receive
___	___	___	___
Lorain County Juvenile Court (including legal counsel and other court personnel)		Nord Center	
___	___	___	___
Lorain County Children Services		Lorain County Alcohol and Drug Abuse Services (LCADA)	
___	___	___	___
Lorain County Prosecutor's Office		Psychiatric and Psychological Services	
___	___	___	___
Lorain County Board of Mental Health		Lorain County Children and Families Council	
___	___	___	___
Lorain County Board of Developmental Disabilities		Lorain County Help Me Grow	
___	___	___	___
Alcohol and Drug Addiction Services of Lorain County		___	___
Ohio Department of Youth Services		___	___
___	___	Other approved parties:	
___	___	___	___
Applewood Centers, Inc.		___	___
___	___	___	___
Beech Brook		___	___
___	___	___	___
Catholic Charities of Lorain County		___	___
___	___	___	___
Bellefaire JCB		___	___
___	___	___	___
Berea Children's Home and Family Services		___	___

Place a diagonal line through blank lines above and initial.

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

Circle and initial

- Yes No _____ Identifying information: name, birth date, sex, race, address and telephone number.
- Yes No _____ Social Security Number
- Yes No _____ General Medical: medical records (except for HIV, AIDS and drug and alcohol treatment records) disability, type of services being received and name of agency providing services to me or the individual named above.
- Yes No _____ Social History: social history, treatment/service history and other personal information regarding the individual named above or me.
- Yes No _____ Mental Health: Diagnostic Assessment, treatment plans, transfer/discharge summaries, psychological assessments, psychiatric evaluations, treatment summaries, lab results and medication histories.

RELEASE OF INFORMATION MUST BE 2-SIDED

- Yes No _____ School Information: grades, attendance records, Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Service Plan (ISP), Multi-Factored Evaluation (MFE), (Children's) Ohio Eligibility Determination Instrument (COEDI/OEDI), discipline reports, transition plans and vocational assessments regarding me or the individual named above.
- Yes No _____ HIV and AIDS related diagnosis and treatment.
- Yes No _____ Substance abuse treatment, recommendations and involvement specifically, **assessment, treatment records, attendance, tox screens, discharge summary**
- Yes No _____ Financial Information necessary to establish eligibility for public assistance including, but not limited to, pay stubs, W2's and tax returns, and other financial information.
- Yes No _____ Juvenile Court: Disposition Investigation Report, Face Sheet, Complaints, Magistrate's and Judge's Orders, Court Appearances and Dispositions, Hoge and Andrews Youth Level of Service/Case Management Inventory, Facility Reports, Detention Home Reports, MAYSI, police reports.

I understand that my alcohol and drug abuse patient records are protected under the Federal regulations governing confidentiality of those records, (42 CFR Part 2), cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand this Release expires 180 days from the date it is signed unless otherwise indicated by me. I also understand that I may cancel this Release at any time in writing with my signature, and the date it is signed, and delivering it to **Melissa Stefano, Director, Lorain County Children and Families Council**. Canceling it applies to that day forward and not to information already shared.

I understand that signing or refusing to sign this Release may affect public benefits or services for which I am eligible, unless otherwise required by the regulations of the agency.

I understand that the information disclosed pursuant to this authorization may be the subject of re-disclosure by the recipient, for necessary and appropriate reasons without further protection.

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

Client Signature

Date

Parent/Guardian Signature

Date

Witness/Agency Representative

Date

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

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

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

**PROHIBITION ON REDISCLOSURE OF INFORMATION
CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT**

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:

This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnoses.

3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law.

RELEASE OF INFORMATION MUST BE 2-SIDED

Marion County Family and Children First Council

CONSENT TO RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____, the _____ of
(Relationship to child)

_____ hereby represent that
(Name of Child) (Date of Birth)

I have legal authority to act on behalf of the above named child and hereby give my consent/authorization to each agency to release and exchange confidential information, regarding this child to the designated representative/s of the following agencies which comprise the Marion County Family and Children First Clinical Council:

- Marion Public Health Department
- Marion Area Counseling Center
- Marion/Marion Alcohol, Drug Addiction & Mental Health Board
- Marion County Children Services Board
- Marion County Department of Job and Family Services
- Marion County Family and Children First
- Marion County Juvenile Court
- Marion County Developmental Disabilities Board
- Marion County and City School Systems; North Central Ohio Educational Services Center
- Ohio Heartland Community Action Commission Head Start
- Ohio Department of Developmental Disabilities
- Ohio Department of Youth Services
- Others (pertinent to this specific release): _____

Initialed: _____

I understand that such information as may be necessary to develop a comprehensive treatment plan for the child will be released and exchanged among the designated representative of the Marion County Family and Children First Clinical Team, and that such information may include, but not be limited to, medical records, psychotherapy records, scholastic/attendance records, psychological reports, Juvenile Court records, and Children Services records.

Other information to be released/exchanged: _____

I understand the information to be released includes: (initial appropriate areas)

_____ Diagnosis and/or treatment for alcohol and/or drug abuse.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

_____ HIV test Results;

_____ AIDS/AIDS Related Complex (ARC) diagnosis and/or treatment;

_____ Diagnoses and/or treatment relating to other communicable diseases;

_____ Except as limited as follows: _____

(Continue on reverse side)

Please initial acceptance of the following statements.

_____ In the event that the designated representatives of Marion County Family and Children First Clinical Team are unable to reach agreement on a comprehensive treatment plan for the above named child, I consent to the release and exchange of confidential information to the Marion County Family and Children First Council for resolution. Per the FCFC Dispute Resolution, if the dispute is not resolved by the FCFC Council the matter will be taken to the Juvenile Court Judge for final disposition.

_____ I further understand that information about my child may need to be released to the State Interdepartmental Cluster for Youth Services and/or to the Family and Children First Cabinet Council for the purpose of applying for state funds to be used in the care and treatment of my child.

_____ I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it, and that in any event this consent expires automatically as follows: Upon the expiration of ninety (90) days after the date of signing this consent. This release may be revoked by contacting the Marion County Family and Children First Council Director at 740-223-3075.

A photocopy of this consent to release and exchange confidential information shall have the same force and effect as the original.

Signed on this _____ day of _____, 20____

Parent, Guardian, Custodian of Child

Witness

Original: Family and Children First Council
CC: Agency Representative - Lead Case Manager
Parent/Authorizing Person

MARION COUNTY FAMILY CHILDREN FIRST COUNCIL
Strengths and Culture Assessment

Parent/Guardian Name:

Date of Assessment:

Assessment Performed By:

Children's Names	DOB	Race	Gender

Address:

Phone:

Agency Involvement (Last 12 Months)	Primary Contact's Name
ADAMH	
Children Services	
Family and/or Juvenile Court	
Head Start	
Health Department	
Help Me Grow	
JFS/Medicaid	
Legal Aid	
Community Counseling	
Medical Physician(s)	
Board of Developmental Disabilities	
Probation/Parole	
School(s)/Special Education/IEP/GRADS	
SSI/SSD Benefits	
Turning Point	
Other:	

Custody Arrangements:

Life Domain

Family & Family Culture

Do you have any family traditions that are important to you?

What is your best quality as a parent?

Tell me about the rules in your family. How do they work?

Residence/Neighborhood

Who in you neighborhood helps you out?

How do you feel about your home?

Are you from Marion?

Social/Recreational

What does your family do for fun?

MARION COUNTY FAMILY CHILDREN FIRST COUNCIL
Strengths and Culture Assessment

Who do you go to when things are tough? How do they help you?
How do you relax?

Education (Youth)

Do you like school?
Does anyone at school do anything special or different to help you learn?
What doesn't work at school?
How could school be a better place?

Behavioral/Emotional

Tell me what a typical "good" day looks like?
Who has tried to help you in the past? What did they do to help? What wasn't helpful?

Vocation/Financial

Are you currently working? If so, where?
Is there anyone at work who knows what you are going through at home?
What do you want to be when you grow up? (youth)

Medical

What kinds of things do you do to stay healthy?
Which providers are working with your family around medical needs?
Are there any concerns with the current diagnoses or medications?

Safety/Crisis

Do you feel your family is safe? If not, why?
Have you ever stayed up at night worrying about your family's safety?
What are ways you have kept your child safe?
Do you lock things up or hide things?
Do you have to do things that other parents don't have to do in order to keep your family safe?

Supports

Who do you feel supported by? (family, friends, neighbors, church, clubs/organizations, etc.) Why?

What are your three most urgent concerns?

- 1
- 2
- 3

Why do you think these concerns are occurring? What is causing them?

- 1
- 2
- 3

In a perfect world, how do you see these being resolved?

Circle Of Service Plan

Child Name: _____ Family Name: _____ Date: _____

Life Domain/ Need	Strength	Desired Outcome	Services/ Support	Person Responsible	Date to be completed	Funding

Facilitator Signature: _____

Parent/Custodian Signature: _____

Youth Signature: _____

Crisis/Safety Plan

Child Name:

Family Name:

Date:

Summary of concerns: #1	
Predict what is likely to happen:	
Prevent:	
Plan:	
Summary of concerns: #2	
Predict what is likely to happen:	
Prevent:	
Plan:	

Parent/Custodian Signature

Date: