

GUERNSEY COUNTY
SERVICE COORDINATION MECHANISM

*Approved by the Guernsey County Family & Children First Council
June 2010*

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Introduction

The Guernsey County Family & Children First Council recognizes the need for family-focused and consumer driven services. Increased involvement from parents, relatives and other sources of family support in the identification and resolution of child and family needs, is a primary goal of the Council in developing the Guernsey County Service Coordination Mechanism. Collaboration and cooperation among all health, human, and social service agencies is also necessary to serve the best interests of each child and family in need of services. In addition, early intervention is crucial if efforts to prevent children and families from progressing through the social services and juvenile justice systems are to be successful.

As stated in Ohio Revised Code (ORC) 121.37, *“Each county shall develop a county service coordination mechanism. The county service coordination mechanism shall serve as the guiding document for coordination of services in the county.”* Service coordination is a process of planning that provides individualized services and supports to families who have multiple needs, or are being served by multiple systems. It is child-centered and family-focused based on the strengths and needs of the child and family.

As required in ORC 121.37, the Guernsey County Family & Children First Council (GCFCFC) seeks to identify and address duplication of, and gaps in, services. In addition, the GCFCFC Service Coordination Mechanism supports Ohio’s Commitments to Child Well-being, striving to ensure the following objectives are achieved in Guernsey County:

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

This will be accomplished through the development of a system of coordination among families, individuals and agencies to facilitate access to, and delivery of, needed services and supports.

Target Population

Coordinating services among the social service agencies in Guernsey County will benefit all children and families who come in contact with multiple systems. Every attempt will be made to ensure that children and families are served in the least restrictive environment possible, and youth will be diverted from Juvenile Court or out-of-home placements for as long as the situation warrants. The specific population targeted by this plan of cooperation includes those families and youth who have multiple needs, who are unruly, delinquent, dependent, abused, neglected or at risk for any of the aforementioned, as well as children of families voluntarily requesting services for their children. The children who are exposed to or suffering the effects of mental health issues, chemical

abuse, unstable family circumstances or developmental delays are also included in the target population. In addition, the plan of coordination will address the issue of those children and youth who are residents of Guernsey County, ages 0-21 years of age having received services from any county agency whose needs remain unresolved, or anyone who voluntarily requests services.

Those children and families whose needs are not being adequately or optimally met in the system with which the family is currently involved and who can benefit from the support of multi-system team of family, community, and agency representatives will be served by the GCFCFC and its levels of service. Of particular concern are those children and youth that may be at immediate or imminent risk of being removed from their families. The goal of maintaining a safe, nurturing family unit is always in the best interest of the child. Any individual, family or professional who identifies the need for assistance from other agencies, individuals or family support systems may refer a case to the Creative Options Committee for review. The Guernsey County Creative Options Committee is the service coordination committee of the GCFCFC, and its membership includes representatives for the Council's mandated members and various community experts. It is estimated that 20-30 children or youth meet the criteria and will be referred for assistance through the Creative Options Committee annually.

Referral, Assessment, and Service Plan Development

Referral to service coordination

Any agency, the Guernsey County Juvenile Court, or a family voluntarily seeking services may refer a family or youth to the Guernsey County Creative Options Committee (COC). The COC is comprised of representatives of the GCFCFC mandated members (if interested please request a full membership list), local service providers, and mental health representatives. An agency referral form and release of information form will be completed, and the referral will be made to the GCFCFC Director or Multi-System Youth Coordinator (MSYC). The GCFCFC Director or MSYC will complete a *Consent for Release of Information* form and the GCFCFC Director will inform each COC member of the referral. The referring party and each COC member will then collect pertinent current or historical information within their agency concerning the referral, and will bring this information to a COC meeting (to be held within 14 days of the initial referral).

Assessment

At each initial COC referral/case introduction meeting, the level and intensity of service coordination will be determined (i.e. developed plan or information and referral). No specific case will be denied service, but intensity and length of service will be determined on a case-by-case basis depending upon need. At the initial COC meeting, a team leader will be identified at the approval of the family, and a parent advocate will be offered. A Community Options and Service Team (COAST), comprised of agency representatives identified by the team leader, the family, and the COC will be established. COAST may include (but not limited to) representatives from county Juvenile Court, Thompkins Child and Adolescent Services Inc., Six County Inc., county Department of Job & Family

Services, Children Services, Developmental Disabilities, county Alcohol and Drug Services, representative from county Help Me Grow program, representative from area school districts, law enforcement, city-county health department, and any family members, mentors or advocates the family requests. Once a course of action has been agreed upon, the case will be given to the identified COAST.

(It is to be noted that any local mental health service provider participating on the Creative Options Committee is attending as a local expert in mental health care, and not as a solicitor of services. Any local mental health provider that is identified as offering services during an open meeting will be asked to vacate its seat on the Creative Options Committee. If a case comes before Creative Options in need of mental health services, the GCFCFC Director or the Multi-System Youth Coordinator will provide a list of local service providers only, and will not make a recommendation or endorsement as to eliminate any conflict of interest).

Plan Development

The team leader in cooperation with the MSYC, the family, and members of the COAST will engage in a family-specific dialogue based on the presenting situation and complete an assessment, develop a history, identify strengths and needs, identify what works and what does not, create a Crisis and Safety Plan, develop an Individualized Family Service Plan (IFSP), and notify the family of the dispute resolution process. The IFSP will specifically identify family goals, plans of action, services to be sought and provided, who will be responsible for implementation and scheduling the dates and times, and the activities that will be completed and by whom. The IFSP and the development process will be as culturally sensitive as possible based on specific family input identified from the initial dialogue. Once a case is investigated further, the COAST members can make a request to the COC that the intensity level by which the case is being conducted be altered. When multiple agencies share responsibility in developing and executing the IFSP with the family, a comprehensive joint service plan will be developed. IFSPs will be reviewed by the COAST team every 90 days (or as needed), with regular reports to the GCFCFC.

Evaluation and Review

Each IFSP will be reviewed within 90 days of development, or 90 days from the last review. The family, team leader, and all agencies and individuals involved with the plan will be invited to participate in the review. No review will be conducted without the attendance of the family. The review time, date, and location will be determined in coordination with the availability of the family. The GCFCFC Director, MSYC, family, or team leader may request a review at any time. The team leader, with the cooperation of the MSYC and the family, will be responsible for scheduling the review and inviting the appropriate parties. Each team member will be given a written notice of a scheduled review at least one week in advance if at all possible.

As a component of each review, the child and/or family will be given the opportunity to provide feedback concerning service provision. This information will be presented to the

COAST members at the quarterly case review, and the information will be recorded and presented to the GCFCFC for the use in evaluating program and system needs.

Confidentiality

Each member of the COC and all individual COAST members will be asked to protect the confidentiality of all personal family information disclosed during all COC or COAST meetings or contained in the comprehensive IFSP. The COC members will be asked to sign a confidentiality agreement annually, and the COAST members will be bound by confidentiality, as stated, as they are required to sign-off on their agreement/disagreement of what is presented in the IFSP at the end of each meeting.

Fiscal Needs and Service Duplication

Fiscal needs will be identified by the COAST team and referred to the GCFCFC. The service coordination process is funded through the utilization of *Family Centered Supports and Services* (FCSS) funding, but case specific fiscal needs will be referred and decided upon collaboratively by the GCFCFC. Ultimate fiscal responsibility will be determined by the GCFCFC.

Identified service duplication and gaps in service will be referred to the GCFCFC. As an ongoing agenda item in GCFCFC meetings, these overlaps and voids will be discussed and plans for resolution will be developed. If necessary, committees will be assigned to identify, evaluate, and present plans for resolution of service gaps to the Council. Such committees will report to the Board of Trustees to identify progress towards resolution. In addition, information will be shared and updated in the Guernsey County Community Plan and PRC Plan.

Diverting Unruly from the Juvenile Court System

There are many community and agency programs in place to divert youth alleged to be unruly from entering in the juvenile court system with a formal filing :

- Elementary Prevention Officer to address truancy issues
- Parenting programs such as Incredible Years, Strengthening Families, Changing Destructive Adolescent Behavior, and Loving Solutions For Tough Kids for those families referred by schools
- Ability to refer to Creative Options with a Probation Officer on COAST to prevent filings
- Unruly complaints referred to diversion program from Prosecutor's Office to Probation Department who will make a referral to Creative Options
- School guidance counselors and social workers may make referrals to diversion program through the court and court makes a referral to Creative Options and/or other appropriate services

Out-of-home Placement and Crisis Contingencies

In the event of an imminent non-emergency out-of-home placement, the team leader and/or MSYC will organize an immediate review for the purpose of exhausting all alternatives to an out-of-home placement. If placement is an emergency in nature, the review will convene within 10 days after placement is made. If placement does occur, the review will focus on a plan of action for the family during placement and to begin planning for the child's return to the home. While in placement, the youth will be tracked to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education.

In the event of a short-term crisis or safety concern a family member, team leader, or MSYC will convene a review of the Crisis and Safety Plan when all team members can be present and can perform in a positive and calm manner in an effort to assure no member will overreact if the need arises to implement the crisis/safety plan. Review efforts will target strategies that provide safety and support to the child and family during the crisis/concern, while still keeping the child and the family together when possible.

Dispute Resolution

In the event of a dispute concerning service provision or fiscal responsibility, all efforts will be made to resolve the dispute at the level in which it is initiated (i.e. COAST, COC, GCFCFC, etc.). Families, agencies, or individuals may initiate the dispute resolution process by presenting their concerns to the Chairperson of the group involved in service planning. The process can be utilized by families who have a dispute with an agency or their service coordination plan, or by an agency who has a dispute with another agency. Unresolved disputes will be presented to the next level of authority and responsibility by the team leader, the Chairperson of the group experiencing the dispute, or the GCFCFC Director. All opinions will be presented, and a resolution plan will be determined. If a dispute persists, the issue will be presented at the next level, with ultimate GCFCFC responsibility for dispute resolution resting with the GCFCFC Board of Trustees. The levels of authority are as follows:

Family & Children First Council Board of Trustees



Creative Options Committee



Community Options and Services Team

In *Non-Emergency* disputes no more than 10 days will lapse between the presentation of and decision for a dispute at each level, with *Emergency* cases receiving expedition. This will allow the dispute to be made clear to members of each level, and for each group to assemble for resolution determination. All disputes will have a written determination of findings in 60 days of a filed complaint if not before. In the interim, the team leader will be responsible for monitoring and assisting the family via means available to him or her.

All services currently being received by the family, must be provided until a decision on the dispute has been reached.

For children who also receive services under the Help Me Grow Part C program, the Dispute Resolution Process shall be consistent with rules adopted by the Ohio Department of Health under 3701.61 of the Revised Code:

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.

ODH/HMG Dispute Process

- (1) An individual or an organization may file a complaint with the GCFCFC regarding the provision of early intervention services within the county. The GCFCFC Director is designated as the council's liaison for the receipt of complaints.
- (2) The council coordinator will notify ODH (Bureau of Early Intervention Services) of the complaint in writing within seven calendar days of receipt of the complaint.
- (3) The GCFCFC Director will provide a copy of the council's dispute resolution process as outlined in the Service Coordination Mechanism to the individual registering the complaint.
- (4) The GCFCFC Director will explain the options available for dispute resolution, which include:
 - (a) Request an investigation by filing a complaint with the GCFCFC;
 - (b) Request an investigation by filing a complaint with the Ohio Department of Health;
 - (c) Requesting mediation through the Ohio Department of Health;**
 - (d) Requesting an administrative hearing through the Ohio Department of Health;**
 - (e) Filing a complaint with the provider of Part C services,

- (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 investigation of the complaint will include at least the following:
- (a) Conducting an on-site investigation as determined necessary;
 - (b) Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing about the allegation;
 - (c) Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing about the allegation; and
 - (d) Reviewing all relevant information and making a decision about whether there has been a violation.
- (7) The GCFCFC will issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH. **
- (8) The GCFCFC will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

Footnotes:

** If ODH receives notice that a complaint regarding Part C services was 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:

- (a) 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
- (b) 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.

Judicial Authority

Should a dispute continue to be unresolved through all identified level of the GCFCFC, the final authority of dispute resolution will be the presiding Juvenile Court judge. A case will be filed within 7 days of the last attempt at resolution, and pretrial conference will be held within 14 days of filing with the court. All information pertaining to the

dispute will be presented at this conference, including the case history and any past or current service plans. If the dispute is not resolved at this time, a hearing will be scheduled and the judge will render a binding decision.

In the event that the dispute involves the judge directly or indirectly, and any party identifies this relationship as a potential conflict, a juvenile judge from a neighboring county will hear the dispute and render a binding decision.

State Appeals Process

Per a request, the Guernsey County Family & Children First Council will follow and adhere to the state appeals process, as identified by the Ohio Family & Children First Cabinet Council, to resolve disputes among its member agencies or from a family involved in a dispute within the service coordination process. Any individual, family or agency dissatisfied with the resolution of a dispute may access the state appeals process for further review. This process must be utilized prior to a Judicial review and the rendering of a binding decision.

Quality Assurance and Data Collection

To maintain the quality of the service coordination process, the GCFCFC's efforts will be monitored regularly. The COAST process will be reviewed at least every 90 days to provide feedback on any progress and the timetable of goal attainment of each case. That progress will be regularly reported to the COC and GCFCFC Director. That information will be shared with the Board of Trustees every 60 days.

The GCFCFC will review the mechanism annually. The GCFCFC will ensure that each member agency be informed of the mechanism and the service coordination process, and how and when the process should be utilized. A brochure has been created and distributed to the community partners, and the GCFCFC urges that the information be shared with any agency-served families as needed. The GCFCFC will also keep members updated on any changes to the mechanism or to the service coordination process.

Data on the number and types of cases will be tracked by the GCFCFC Director and MSYC on a regular basis. This data will be presented every 60 days to the Board of Trustees, and will be made available to the offices of Ohio Family and Children First as requested.

Guernsey County Service Coordination Mechanism History and Background

The Guernsey County Family & Children First Council (formerly the Guernsey County Family Service Council) was formed in August of 1994. In November of 1995, a Family & Children First Coordinator was hired. In January of 1996, Rules of Operation were

adopted establishing a multi-tiered Council structure. Members of the Creative Options Committee completed training and began implementation of the Creative Options wrap-around services process in May of 1996. The Family & Children First Council began monthly meetings by July of 1996. The Family & Children First Council Board of Trustees met a minimum of once per month, and then began meeting quarterly, or as needed, by June of 1996. The Guernsey County Service Coordination Plan was implemented by July 1, 1996, with all other processes in place. In May of 2002, the Service Coordination Plan was revised and was implemented by June of 2002. In November of 2005, the current Service Coordination Plan was revised and scheduled for implementation by January of 2006. Name and language updates were presented in April 2010, and scheduled for implementation by June 2010.

Additional Considerations

Fiscal Implications

Funding for services is determined on a case-by-case basis at the COC level with approval from the corresponding members of the Family & Children First Council. The work of the Multi-System Youth Coordinator is funded in-part by the Family Centered Systems and Support (FCSS) funding provided by the GCFCFC through the State of Ohio.

Twelve member agencies pooled funding to supplement those made available by the Family and Children First Initiative in order to hire a Family Service Coordinator. Other member agencies provided in-kind contributions in the form of materials, supplies, equipment, services, meeting space and personnel.

Currently the Family & Children First Council is administered through grants from the State of Ohio as well as private grants and contracts. The Family & Children First Council, and its Board of Trustees, addressed the issue of pooled funding prior to implementation of biennium budget for state fiscal years 1998 and 1999. In 2004, the Board of Trustees approved the measure of a Council membership fee in order to establish an effort of pooled funding for the ongoing support of Council programming.

Service Coordination Mechanism Development

This Service Coordination Mechanism was developed and revised through many efforts of many Council members. The Chief Juvenile Probation Officer was instrumental in reviewing guidelines and developing the original draft of the plan. The committee was comprised of the Directors of the Board of Developmental Disabilities, the Children's Services Board, the county/city Health Department, the Department of Job & Family Services, Thompkins Child and Adolescent Services Inc. (Mental Health), along with the Juvenile Court Judge, the Chair of the Creative Options Committee, representative of the Cambridge City School District, representative of the Mental Health and Recovery

Services Board, representative of Early Intervention, Family and Children First Family Representative, and the Family & Children First Council Coordinator.

The plan was reviewed by a sub-committee of the Family & Children First Council, with recommendations for changes and revisions to be presented to the Council approved March 15, 1997, and annually thereafter. With the passage of House Bill 57 in 2002, the Plan was modified in May of 2002 to include language which addresses the processes and supports at the county level to reduce the incidence and change the behavior of unruly youth. The Revised Service Coordination Plan was submitted to Council for approval in June of 2002, scheduled for implementation by July 1, 2002. With the passage of Amended Substitute House Bill 66 in 2005, the Plan was modified to include language which requires that the agencies, organizations and families of Ohio's counties work together to design an improved procedure for responding to the strengths and concerns of multiple need children and their families. The Revised Service Coordination Service Plan was submitted to Council for approval in November for 2005 for implementation by January 1, 2006. Language, name changes, and dispute policy edits were submitted for approval in March of 2010 for implementation by July, 2010.

**Guernsey County Family & Children First Council Authorization Disclosure Form
Referral to Creative Options – Service Coordination**

Date of Referral: _____

I request and authorize _____
Agency/Organization

to release and exchange information regarding _____,
Name of client

to the following agencies/programs/organizations with the authorization to: disclose, receive, or exchange information as noted below

Authorized Individual/Agency/Organization to Whom Disclosure is Made

For the purpose of/Reasons/Issues

Name of client: _____ Date of Birth _____
First Middle Last

Address: _____

Telephone number: _____

Purpose of Disclosure: To coordinate treatment, to gather assessment for treatment planning, to determine developmental levels and eligibility, and to coordinate life domain information.

Type of Information to be Disclosed: Progress notes, diagnostic assessment information, progress/attendance in treatment, lab results, urine drug testing, diagnostics, evaluation information psychological profile, school performance records, counseling records, medical reports, and court documents.

Amount of Information to be Disclosed: Information covering the most recent admission, and any information, historical or updated, that is needed for treatment/coordination between any agency/organization.

I expressly consent to the release of the protected health information designated above. I understand and acknowledge that this authorization extends to all or any part of the records designated above, which may include treatment for mental illness (ORC 5122.31), alcohol/drug and/or abuse (42C.F.R., Part 2), and/or Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) test results or diagnosis (ORC 3701.24.3).

Current and recent historic information regarding the services your child receives, demographic information (such as age, gender, ethnicity, zip code, etc.), and measures of your child's, your own, and treatment staffs' assessment of your child's health or well being, and your satisfaction with services, will be shared with the CMH/ADAS/ADAMH Board, local and regional Family Advocates (if applicable), other agencies and systems serving your child that are included in your family plan(s), the Ohio Departments of

Addendum A

Mental Health and/or Drug & Alcohol Addiction services and the Center for Family Research at The Ohio State University for the purposes of treatment delivery and advocacy, payment, and evaluation of the effectiveness of aspects of this program in increasing family stability, increasing family satisfaction and decreasing levels of risk for youth and families.

Prohibition Against Re-Disclosure: 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 unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42C.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. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

This authorization expires (specify event, date and/or condition) six (6) months from date or 90 days after discharge.

Signature and Date of Client or Other Person Authorized to Permit Disclosure

Signature and Date of Staff or Witness

I understand that this information may be released verbally or in written form.

_____ I hereby waive my right to a copy of released information.

_____ I hereby request that I receive a copy of the written information released.

Revocation: This authorization is subject to revocation at any time except to the extent the program or person who is to make the disclosure has acted in reliance on it. Drug and/or alcohol clients can revoke consent either verbally or in writing.

I hereby revoke consent in writing _____
Client's/Parent's/Guardian's Signature and Date

Authorization was verbally revoked: Date _____ Time _____

Signature and Date of Person Witnessing Verbal or Written Revocation

<i>For FCFC Office Use Only</i>	
Result of referral:	
Date:	

**CREATIVE OPTIONS COMMITTEE
CONSENT FOR RELEASE OF INFORMATION**

Creative Options Case Number _____ Date of Referral _____

Release of Information Expires on: _____

Name of Child	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Parent	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____

Custodian/Guardian _____

School District _____

The following agencies have my/our permission to use and disclose information regarding service delivery planning for the purpose of securing, coordinating and providing services for the individuals named above. This information may include protected health information.

Guernsey County Board of MR/DD
 Guernsey County Job & Family Services
 Ohio Department of Youth Services
 Mental Health and Recovery Services Board
 Guernsey Health Choices
 GMN Educational Service Center
 East Guernsey Local School District
 East Muskingum Local School District

Guernsey County Children Services Board
 Guernsey County Juvenile Court
 Cambridge-Guernsey County Health Dept.
 Guernsey Counseling Center – Six County
 Thompkins Child & Adolescent Services
 Cambridge City School District
 Rolling Hills School District
 Help Me Grow

I authorize sharing of the following information, if needed, by the receiving agency to secure, c-ordinate and provide services to the individual/s. (Circle Yes, No, or N/A and initial).

Yes	No	N/A	_____	<u>Identifying Information</u> Name, birth date, sex, race, address, telephone number, social security number
Yes	No	N/A	_____	<u>Case Information</u> the above identifying information plus medical (except for HIV, AIDS, mental health treatment records and drug and alcohol treatment records) and social history, treatment / service history, individualized education plans (IEP), transition plans, vocational assessments, grades and attendance and other personal information regarding me or the individual named above and all other information regarding disabilities, type of services being received and name of agency providing services to the individuals named above.
Yes	No	N/A	_____	<u>HIV and AIDS related diagnosis and treatment</u>
Yes	No	N/A	_____	<u>Substance Abuse Information</u> Substance abuse diagnosis, treatment plans, diagnostic intake / assessment, treatment progress, attendance, drug test results
Yes	No	N/A	_____	<u>Mental Health Information</u> Diagnosis, treatment plan, diagnostic intake/ assessment, medications, treatment progress, psychological and / or psychiatric evaluation, attendance, test results

Addendum B

Yes No N/A _____ **Financial Information** Income, revenue, savings, assets, and public assistance eligibility information including but not limited to pay stubs, W-2 forms, tax returns, records from employers, financial institutions and public assistance agencies

I understand that this Consent for Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the individual, or a legal guardian. I also understand that I may cancel this consent at any time in writing, including date and signature. The revocation does not include any information which has been shared between the time the consent was given and rescinded.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. However, I understand that information being disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Creative Options.

I understand that my signing or refusal to sign this consent will not affect public benefits or services for which I am eligible.

This consent expires on the _____ day of _____.

Child Name (Print)	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Name (Print)	Signature	Date
_____	_____	_____
_____	_____	_____

Witness (Print)	Signature	Date
_____	_____	_____

Violation of federal laws and regulations is a crime. Suspected violations may be reported to the United States District Attorney in the district where the violation occurs.

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT.

1. This information is protected by federal and/or state rules of confidentiality. Any further disclosure is prohibited without specific, written and informed consent from the individual to whom the information pertains, the Department of Youth Services in the case of youth records, or as permitted by applicable state and/or federal law.
2. If the records released include information on diagnosis or treatment of mental illness, drug or alcohol abuse the following statement applies: this information has been disclosed to you from records whose confidentiality is protected by federal law.

Federal regulations (42 C.F.R., Part 2, the Health Insurance and Portability and Accountability Act of 1996 P.L. 104-191 (HIPAA), 45 C.F.R. Parts 160 & 164) prohibit any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by said regulations. A general authorization for the release of other information is not sufficient for further release or sharing of this information.



**GUERNSEY COUNTY
FAMILY & CHILDREN FIRST COUNCIL**

Chad Hibbs, Director
756 Wheeling Ave., Cambridge, Ohio 43725
(740) 432-6815 hibbsc@odjfs.state.oh.us

Addendum C-1

Guernsey County Creative Options Committee

Confidentiality Agreement

As a member of the Guernsey County Creative Options Committee, I understand that I hold a position of trust relative to information obtained through this committee.

I understand that information obtained through this committee is confidential and must not be shared with anyone that is not part of the Creative Options process.

Information received through this committee is also protected through federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164.

Creative Options Committee Member

Print Name

Signature

Date



**GUERNSEY COUNTY
FAMILY & CHILDREN FIRST COUNCIL**

Creative Options Committee
Stephanie Laube - Multi-System Youth Coordinator
 801 East Wheeling Ave. Room D 101
 Cambridge, OH 43725
 (740) 432-9271

Addendum C-2, Addendum D, Addendum E-2

INDIVIDUAL FAMILY SERVICE PLAN

Child(ren)'s Name _____ C.O.C. Case # _____
 Date of Meeting _____ Review Meeting by _____
 Team Leader _____

Family Strengths:

1. _____
2. _____
3. _____
4. _____
5. _____

Presenting Problem/Family Needs:

1. _____
2. _____
3. _____
4. _____
5. _____

COAST Members Goal:

1. COAST will address the needs of the family by providing services and support that enhance family strengths.

COAST Member	Signature	Agree	Disagree	Relationship

By Signing above I agree to keep all information shared secure and confidential.

Specific Family Culture Discovery/Requests

1.

2.

3.

4.

GUERNSEY COUNTY CREATIVE OPTIONS TEAM FAMILY SERVICE REPORT

CHILD'S NAME: _____ PARENT'S NAME: _____
(OR, GUARDIAN'S NAME)

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

CHILD'S DOB: _____ DATE OF INITIAL ACCEPTANCE TO CREATIVE OPTIONS: _____

PERSON MAKING CREATIVE OPTIONS REFERRAL: _____

LIFE DOMAIN	SERVICE PROVIDERS	SERVICES/NEEDS	GOALS	TIME FRAME FOR GOALS TO BE MET	EVIDENCE OF GOAL ATTAINMENT
<u>Residence</u> *own home *relative *residential facility *group home *detention *foster care *DYS					
<u>Educational</u> *school name *ed. Disability *grade					

Addendum E-1

LIFE DOMAIN	SERVICE PROVIDERS	SERVICES/NEEDS	GOALS	TIME FRAME FOR GOALS TO BE MET	EVIDENCE OF GOAL ATTAINMENT
*progress *IEP/MFE *other services					
<u>Mental Health</u> *diagnosis *agency *case manager/therapist *services & frequency					
<u>Psychiatric</u> *psychiatrist *meds (dosage) *hospitalizations					
<u>Medical/Health</u> *doctor's name *meds (dosage) *hospitalizations					
<u>Legal</u> *GAL/CASA *delinquency *probation officer *parole officer *custody status *court status *custody status *family abuse/neglect					
<u>Social/Recreational</u> *camps *community activity *after school					

Addendum E-1

LIFE DOMAIN	SERVICE PROVIDERS	SERVICES/NEEDS	GOALS	TIME FRAME FOR GOALS TO BE MET	EVIDENCE OF GOAL ATTAINMENT
*YMCA *other <u>Family Support</u> *relatives *friends *neighbors *church/organizations					
<u>Other</u>					

Service Coordination:

Long Term Goals:

Other Vital Information

(Medications, unusual circumstances, hints, tips, etc.)

- ◆
- ◆
- ◆
- ◆
- ◆

Any related issues

Plan

Any related issues	Plan