



# **Service Coordination Plan**

Amended August 2010

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## **I. Overview and Purpose**

Licking County offers children and families a continuum of formal and informal services and supports with the goal of maintaining children in their homes whenever possible. The county has a long history of collaborative efforts and offers service coordination through Community Support Team meetings facilitated by the Clinical System Services Director. In 1996 the ORC mandated that each community develop a plan to coordinate services for children and families who voluntarily sought services. The Licking County Children & Families First Council (COUNCIL) assumed responsibility for the development of the first service coordination plan. The plan has been modified several times, with the last formal modification in 2005. In 2007 the Funders Committee revised the service coordination mechanism. The plan being submitted includes those revisions which have since been implemented.

Consistent with the revised plan, a Clinical System Services Director was hired in November 2008 to facilitate the service coordination process through Community Support Teaming (CST). The Council appointed the Council Coordinator and the Clinical System Services Director to document the process and formally submit the Plan on behalf of Council. The Plan was reviewed and recommended by the Clinical Committee Members and the Funder's Committee of Licking County. Representatives from the following agencies were involved in the revision and approval process: Children and Families First Council; Help Me Grow / Early Intervention Committee; Licking County Juvenile Court; The Mental Health and Recovery Board of Knox and Licking Counties; Licking County Department of Job and Family Services, Children Services; Licking County Board of Developmental Disabilities; Licking County Health Department; Newark City Schools, Licking County Schools Educational Service Center; Behavioral Healthcare Partners of Ohio, LLC; LAPP and a parent mentor. The Full COUNCIL approved the Service Coordination Plan on May 25, 2010 (minutes attached). The revised plan was re-submitted on Sept. 1, 2010 to the Family and Children First Board of Directors and on August 26, 2010 to the Clinical Committee for further review.

The function of service coordination within the Licking County community is to provide a venue for children/youth between the ages of birth through 21 whose needs are not being met through traditional agency systems, who have multi-system needs or who are involved with multiple systems. Those youth at risk of out-of-home placement or who are returning from an out-of-home placement are given high priority. Service coordination builds on the strengths of the family and community by increasing parent-agency collaboration, ensuring consistent communication and utilizing a broad range of community services. This plan specifies the way in which agencies and families can successfully access existing services and supports; and when needed, propose new services or supports in order to address unmet needs.

In its original form, the service coordination plan responded to multi-need children, including those who were abused, neglected, dependent, unruly, and delinquent. Over time the mechanisms established for coordinating community services for these specified children have served as a model and as a resource for other populations. The service coordination plan reflects and supports the COUNCIL's commitment to:

- X Child well-being in this county.
- X Assuring availability and access to coordinated, culturally appropriate, effective and cost-efficient services for children and families
- X Family involvement throughout the levels of planning and services.
- X Early intervention with families.
- X Shared responsibility among systems serving children and families.
- X Strategic planning at the local level and the deliberate allocation of local resources.

**Parents of newborns** and early childhood service providers will receive information about Help Me Grow, the statewide system of service for infants and toddlers starting at birth through age two. Additionally, CST/CC service coordination information will be made available at local agency offices, through community-wide trainings and other community events. In an effort to increase awareness, the Service Coordination Plan will be posted on the COUNCIL website, <http://www.lcounty.com/Children/default.aspx>. Training on the Service Coordination Plan will be provided by Clinical Committee members and the Clinical System Services Director. Additional community-wide trainings on the CST process have been provided by Dr. Rick Shepler, Kent State University, The Center for Innovative Practices.

## **II. Referral Procedure**

Any community agency, community provider, family member and/or Juvenile Court may refer a youth/family for service coordination. Referrals may be initiated by contacting any Council agency, Clinical Committee member, the Council Coordinator or Clinical System Services Director by phone, email, or by completing the referral form. Initial referral information includes the youth's name and the referring agency.

The completed referral should be returned, accompanied by a release of information, either by mail, email or fax.

The initial parent or guardian meeting is scheduled within 72 hours of receipt of the referral or as soon as possible. The initial CST meeting is scheduled within two weeks of the first family meeting. The family determines who is invited to the team meeting, and when and where it will be held. The parent also agrees to the team facilitator. They then sign the appropriate release of information so the Clinical System Services Director can invite the CST participants. CST

members include the family, staff from involved community agencies, a representative from the youth's school district and the family's natural supports.

In the initial meeting the CST facilitator gathers information from the family regarding their strengths and needs while being respectful of the cultural beliefs of the family. The team members then add to this list in all subsequent team meetings. The strengths are identified in order to utilize these in addressing any unmet needs or challenges. (Addendum D)

### **Juvenile Court**

When a youth is alleged to be unruly and their behavior has resulted in Juvenile Court involvement the child may be ordered into programs of the court. Frequently these same families enter the service system later – often with more complex and challenging needs – that eventually require more formal intervention and resources. Our goal is to develop a service delivery system that addresses the needs and supports the strengths of these families/youth so they are diverted from more structured and formal juvenile court interventions.

In emergency situations, the referring agency may contact the Clinical System Services Director to discuss the current status, request approval for immediate intervention, and schedule an emergency team meeting. Upon notification from Juvenile Court, Children Services or other placing agencies that a child is being placed, an emergency meeting will be scheduled prior to placement or no later than 10 days after placement.

### **III. Funding**

Clinical Committee (CC) includes representatives from community child-serving agencies. CC accepts referrals and authorizes funding for multi-need youth. To qualify as multi-need, the youth must meet the following conditions:

- 1) An interagency team that includes the parent/guardian must develop an individualized Child and Family Plan that is outcome-based and includes a Crisis/Safety Plan.
- 2) Usual and customary services and resources have not been successful and the potential for out of home placement continues to exist.

Approval of funding renewals shall be based on the progress made toward the desired outcomes (i.e. goals) as stated in the Child and Family Plan.

In addition, any request being presented to CC for funding of services and supports requires family team meetings be held. This meeting is facilitated by the referring worker and includes the following: a signed participation and confidentiality statement, team risk assessment, safety/crisis plan and the appropriate release of information.

#### **IV. Notification of Meetings**

At any time in the service coordination process the parent may request a team meeting. The Clinical System Services Director or other team lead approved by the parents will invite participants to the CST meeting either in writing or by phone. CST team members may include the parents/guardians, youth, immediate and extended family members, appropriate school district representative and, if involved, caseworker, mental health provider, probation officer, Guardian ad Litem and other identified community providers. A parent advocate and/or others who are a natural support for the family may be invited.

When possible, meeting participants are sent reminders of scheduled meetings.

Future team meetings will be coordinated with the family and these same identified persons. The family and case manager will ensure all members are notified in a timely manner. Team membership may change upon the request of the family.

#### **Placement Plan**

CC does not authorize payment for out of home placement, except in those instances where a 30-day stabilization stay is deemed clinically warranted. A comprehensive plan to return the child to his home or other community setting is developed as quickly as possible after the stabilization stay is approved. The referring agency representative and the CSS Director will share responsibility for coordination between the placement facility, family and community team. Progress is reported to the CC by the agency representative.

#### **Monitoring and Outcomes**

CST teams monitor youth and family progress in a variety of ways, including periodic completion of the Licking County Team Risk Assessment tool, and parental, school and agency feedback. Teams identify overall improvement, and note individual progress. The CST and CSS Director will collaborate with all team members, including the parents/caretakers, team service providers and placement facility, if applicable, to ensure the service plan is being implemented. Service coordination data will be submitted to the state for the purpose of evaluation upon request or via standardized reporting mechanism required by funding sources. The effectiveness of the service coordination process is measured by the placement of the youth at the conclusion of the process. We also measure dollars saved to the community through family stabilization and improved family functioning. (See attached team survey – Attachment 1.

## **Confidentiality/HIPAA**

Team members sign a confidentiality statement that insures the privacy of the family is protected. Confidentiality is an important right of youth and their families and must be maintained pursuant to all applicable administrative rules, policies, and practices. CST forms and procedures will be explained to the families and this explanation will include protection of Protected Health Information (PHI). Releases will be obtained for interagency exchange of information. Copies of information distributed to CST members will be destroyed in accordance with established state guidelines. (See attached Release of Information Addendum B and Confidentiality Statement – Addendum C).

## **Assessment**

All youth involved in the CST process will have been evaluated by the referring agency to assess risk levels. Initial team meetings will ascertain information as to strengths, needs, and goals of the child and family. Assessment is an ongoing process that will recognize changes and development within all areas. (Risk Assessment Level is noted on Referral Form Addendum A)

All children receiving consultation or funding from the CC will have a comprehensive coordination plan that has been discussed and developed by the child and family team. The individual plan will address the youth's ability to function in a variety of settings and ensure collaborative planning. The plan is amended to reflect progress and continued growth.

## **Dispute Resolution**

The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the Licking County Children and Families First Council (Council) regarding service coordination. The Council shall inform the parents or custodians of their right to use the dispute resolution process. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code. The Juvenile Court Judge has the final authority in the county dispute resolution process. (Attachment 2)

## **Comprehensive Family Service Coordination Plan**

Upon recognition that a case may be brought to the CC the case manager or service coordinator of the referring agency will facilitate a family team meeting. The team will discuss the strengths and needs identified in the assessment, and develop goals and service interventions. Service providers will be identified and documented in the service coordination plan.

In response to items recognized through the assessment process, the service coordination plan identifies needs for the family and youth. It affords the opportunity to establish goals and specify persons responsible for assuring completion of each goal. Discussion will be facilitated to promote consideration of a plan that utilizes and incorporates natural supports in order to complete or enhance services. The coordination process is a client driven process, meaning family members will guide discussion as to what services and interventions the family desires.

### **Designating Responsibilities**

The case manager from the referring agency will be in regular contact with the CSS Director and all team members to schedule reviews, track progress, and facilitate team meetings. The plan will be reviewed quarterly at a minimum.

### **Facilitation**

The CSS Director and/or case manager from the referring agency will work in partnership with the parents/guardians to track goal progress, and schedule and facilitate team meetings.

### **Appropriateness**

The CC and CST endorse a “resiliency-based” philosophy of service intervention. Therefore, strengths, needs, culture, race, ethnicity, and least restrictive environment are assessed and considered as part of every team meeting discussion and plan.

### **Goal Timelines**

Cases may be reviewed through CC every 90 days, and more frequently if requested. At each review, goals will be re-evaluated and progress noted. Goal progress will also be reviewed at family team meetings. Goals are then revised according to outcomes achieved.

### **Safety and Crisis Plans**

Safety/crisis is an area addressed in every family’s service coordination plan. A safety/crisis plan is developed at the initial team meeting. (Addendum F)

### **Fiscal Strategies**

As part of the service coordination plan development, the team determines costs for resources needed to address the goals of the plan. The team also determines resources available to meet the needs/costs of the plan. Once complete, the plan

is reviewed by the Clinical Committee. CC will approve the plan and associated costs for up to 90 days or make recommendations for changes/additions including other avenues to acquire resources.

Pooled funds, available state and family contributions fund the services identified in plans. The following organizations contribute funds to the pool for use by the service coordination teams to maximize local resources: Community Mental Health and Recovery Services Board of Licking and Knox Counties, Licking County Department of Job and Family Services, Licking County Juvenile Court, and Licking County Board of Developmental Disabilities (LCDD). These funds are to be used to acquire community based non-categorical, flexible resources to meet the needs identified in the service coordination plan. Family contribution is determined by using a sliding fee scale based on current federal poverty guidelines, using family income and size. Pooled funding is used for residential and other placement stays when reunification is the goal. Capital needs or funding for existing services within the behavioral health, child welfare, juvenile justice, educational or developmental disabilities systems may not be funded with Service Coordination pooled funds.

**COMMUNITY SUPPORT TEAMING PROCESS  
QUESTIONNAIRE**

Date Completed:

<b>Family</b>	Strongly Agree	Agree	Disagree	Strongly Disagree
A. Did you feel supported in the meeting process?				
B. Did you share your concerns during the meeting?				
C. Was your input used in the plan development?				
D. Is your child linked to the appropriate services?				
E. Did your son or daughter benefit from the process?				
F. Do you feel more hopeful about your child's future?				
G. If your child was placed outside the home, did you think it was necessary?				
H. What suggestions do you have for improving this process?				
<b>Service Provider</b>	Strongly Agree	Agree	Disagree	Strongly Disagree
A. Did the process support your professional/agency's objectives?				
B. Do you feel better prepared to assist the family?				
C. Did this process improve the team's communication?				
D. Do you feel more hopeful for the child's future?				
E. If applicable, do you feel prepared to facilitate CST meetings for the family?				
F. If the child was placed outside the home, did you think placement was necessary?				
G. Was the process productive for this child and family?				
H. What suggestions do you have for improving this process?				
<b>Youth</b>	Strongly Agree	Agree	Disagree	Strongly Disagree
A. Did you feel supported by the Team?				
B. Did you feel the team listened to your concerns?				
C. Did your family benefit from the meeting?				
D. Do you feel more hopeful about your future?				
What suggestions do you have for improving this process?				

**DISPUTE RESOLUTION PROCESS AND JUDICIAL AUTHORITY**

The Dispute Resolution Process for Licking County Children and Families first Council will be used when an agreement cannot be reached (between the family and a service provider, between service providers, or between funding agencies) regarding the child/family assessment, service plan, or service responsibilities for implementing the plan. The Dispute Resolution procedure will be given to the family in writing and will be explained to them at the initial Family Team Meeting or when they first enter the multi-agency service system. Before a dispute reaches this level, every attempt will be made to resolve the conflict in a face-to-face Family Team Meeting.

During the formal Dispute Resolution process, necessary services will continue to be provided to the family. Services will not be denied to a child and family that would place a child at imminent risk. An emergency dispute situation is defined as one involving significant risks to the child or other persons who are to be addressed by the proposed comprehensive family service plan.

If resolution is not possible during the Family Team Meeting the following steps will be initiated. FOR CLINICAL COMMITTEE DISPUTES, GO DIRECTLY TO STEP 2A

- 1) The Licking County Children and Families First Council will appoint a Dispute Resolution Committee from its member agencies and family representatives. The Lead Case Manager will refer the matter to the Dispute Resolution Committee within three (3) days following failure to achieve resolution at a Family Team meeting. The dispute Resolution Committee will convene a meeting with the disputing parties (including the family), within ten (10) days of notification to resolve the dispute. All involved parties will be permitted to submit relevant written materials to the Committee prior to the meeting. At the meeting, it will be necessary to clarify with the disputing parties what is excluded from the process such as single system eligibility or issues of adjudication. This meeting will be face-to-face and will occur at a time that is convenient from the family. Within one (1) working day of the meeting, the committee will issue a written decision to resolve the dispute. Families involved in the Help Me Grow Program will also have access to the Help Me Grow Dispute Resolution which is explained during their initial family orientation. There are two ways for a Help Me Grow Client to file a dispute – first by contacting the Local Help Me Grow Program or by contacting the Ohio Department of Health by calling 614-644-8389.
- 2) If this decision fails to result in satisfactory resolution by any of the parties involved, the dispute Resolution Committee will immediately refer the matter to the Board of Directors of the Licking County Children and Families First Council. The board of Directors will meet to review the dispute and issue written findings and recommendations within ten (10) days. All involved parties will be permitted to submit relevant written materials to the Committee prior to the meeting.

2A) Any funding agency or the Clinical Committee Coordinator shall immediately refer the matter to the Board of Directors of the Licking County Children and Families First Council. The Board of Directors will meet to review the dispute, and make recommendations within ten (10) days. The Board of Directors will solicit information from the family as deemed necessary. All involved parties will be permitted to submit relevant written materials to the Board prior to the meeting.

- 3) If the dispute is not resolved in Step #2 or 2A to the satisfaction of all involved parties, the process and time lines established under Section 121.38 of the Ohio Revised Code shall be initiated for finding resolution determination.

# LICKING COUNTY COMMUNITY SUPPORT TEAMING REFERRAL

Youth Name/DOB/Age:

Parent/Guardian and phone/message #:  
Address:

Person making Referral      Agency:

Referral Date      Phone #:      Fax #

Youth Level of Risk of Out-of-Home Placement:  High  Moderate  Low  
(per referral source)

Agencies Involved with Youth:       JFS       Court       Kraner  
 The Woodlands       Moundbuilders       MR/DD       LAPP  
 School/IEP       Other

Presenting Concerns/History:

**LICKING COUNTY COMMUNITY SUPPORT TEAMING  
REFERRAL  
PAGE TWO**

Youth Name/DOB/Age: \_\_\_\_\_

Requested Meeting Participants	Agency/Role	Phone (P) or Fax (F)#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TO BE COMPLETED BY CST FACILITATOR**

**Meeting Date      Location      Time**

Parent/Custodian/Guardian gives verbal permission to schedule a Community Support Team meeting and to communicate this information with meeting participants via FAX, phone or e-mail.  Yes  No      Initials

Summary of Referral Follow Up:

Action Taken	Date	Person Contacted
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referral Outcome:  CST Meeting Scheduled       Referral to Appropriate Agency  
 CST Criteria Not Met       CST Not Needed (family determined)

# LICKING COUNTY CHILDREN & FAMILY FIRST COUNCIL

## CONSENT FOR RELEASE OF INFORMATION

(Permission for multi-agency comprehensive services & exchange of information)

Person's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Case #: \_\_\_\_\_

The following agency(s) have my permission to exchange/give/receive/share/re-disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above-named person.

*(please check each box and INITIAL)*

- |  |  |
|--|--|
| <input type="checkbox"/> _____ Children's Services Division, Licking County Dept. of Job & Family Services | <input type="checkbox"/> _____ Behavioral Healthcare Partners-Moundbuilders                |
| <input type="checkbox"/> _____ Licking County Health Department  | <input type="checkbox"/> _____ Behavioral Healthcare Partners-Kraner                       |
| <input type="checkbox"/> _____ Licking County Board of Developmental Disabilities                          | <input type="checkbox"/> _____ Licking County Alcohol Prevention Program (LAPP)            |
| <input type="checkbox"/> _____ Licking County Juvenile Court   | <input type="checkbox"/> _____ Mental Health & Recovery Board of Knox and Licking Counties |
| <input type="checkbox"/> _____ Regional Office, Dept. of Youth Services                                    | <input type="checkbox"/> _____ Community Parent Representative                             |
| <input type="checkbox"/> _____ Newark City Schools   | <input type="checkbox"/> _____ Parent Advocate   |
| <input type="checkbox"/> _____ Licking County Educational Services Center                                  | <input type="checkbox"/> Other: _____  |
|  | <input type="checkbox"/> Other: _____  |
|  | <input type="checkbox"/> Other: _____  |

I further authorize sharing of the following information to any third-party provider of services recommended or referred by the Clinical Committee.

*(Check yes or no and initial):*

Yes  No \_\_\_\_\_ *Identifying Information: name, birth date, sex, race, address, and telephone number.*

Yes  No \_\_\_\_\_ *Social Security Number.*

*Case Information: the above Identifying Information, plus medical (except for HIV, Aids, and drug and alcohol treatment records) and social history, treatment/service history, psychological evaluations, Individual Education Plans (IEPs), Individual Family Service Plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding me or the individual named above (disability, type of service being received and name of agency providing services to me or the individual named above). Information regarding the following shall not be released unless initialed below:*

Yes  No \_\_\_\_\_ *HIV and Aids-related diagnosis and treatment.*

Yes  No \_\_\_\_\_ *Substance abuse diagnosis and treatment.*

Yes  No \_\_\_\_\_ *Financial Information: Public assistance eligibility and payment information provided for establishing eligibility, including but not limited to pay stubs, W2s and tax returns, and other financial information.*

Yes  No \_\_\_\_\_ *I would like to be contacted by the Parent Advocate.*

**CONSENT FOR RELEASE OF INFORMATION**

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I understand that the Consent for Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature and delivering it to \_\_\_\_\_. The revocation does not include any information, which has been shared between the time I gave permission to share information and the time that it was cancelled.

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

This consent expires on the \_\_\_\_\_ day of \_\_\_\_\_ '20.

Signature of Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Agency Rep.: \_\_\_\_\_ 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 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:

Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal law.

Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

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 medial or other information is **NOT** sufficient for the purpose of the release of HIV test results or diagnosis.

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, DYS in the case of youth records, or applicable federal and/or state law.

This form contains privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Confidentiality Section 2151.421 of the O.R.C. Penalty Section 2152.99 of O.R.C. Thank you for your consideration and confidentiality.

Revision 7-28-10





### Strengths and Needs

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Family Strengths and needs include activities that address the cultural discovery of the family to include any special activities, hobbies, interests or family traditions.

Strengths	Needs
<p><i>List strengths of child and family below:</i></p> <ul style="list-style-type: none"> <li>▪</li> </ul>	<p><i>List needs of child and family below:</i></p> <ul style="list-style-type: none"> <li>▪</li> </ul>

This information is compiled in the initial parent and team meetings. Any strengths and needs identified in follow-up meetings will be added and dated.

## **Addendum D**



**Community Support Team Meeting Minutes**

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

**Name of Youth:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Members Present:	Relation to Youth
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Members Absent:	Relation to Youth
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

*Develop Crisis Plan: Identify Risks, Steps to Take and People to Call.*

*Identify Strengths and Needs of Youth/Family:*

<b>Strengths</b>	<b>Needs</b>







## Family Safety and Crises Plan

Crisis Plan for: \_\_\_\_\_

<i>Predicted Crisis</i>	<i>Intervention Plan</i>

<b>Name</b>	<b>Relationship</b>	<b>Contact Information</b>