

Morgan County Service Coordination Mechanism September 2010

INTENT OF THIS DOCUMENT

This county Service Coordination Mechanism shall serve as the guiding document for coordination of services in Morgan County when a child/youth, 0-21 years of age, with complex, multi-system needs is referred to the Morgan County Family Council for assistance as required in Ohio Revised Code 121.37. The following entities participated in the development and planning of the SC Mechanism per ORC 121.37: Child Welfare, Juvenile Court, Health, EI/HMG Committee, FCFC, Board of Developmental Disabilities, Education, ADAMH/CMH/ADAS.

For those children who also receive services under the *Help Me Grow* program, the service coordination mechanism shall be consistent with rules adopted by the Department of Health under section 3701.61 of the Revised Code.

INTRODUCTION

The Morgan County Service Coordination Mechanism is rooted in the historical context of a system of care, which has been evolving for over 20 years. This plan is based on the accomplishments of the youth serving systems in Morgan County and relies significantly on procedures and patterns developed collaboratively over time. It builds upon the foundational structures established in the county, progressing in those areas that remain challenging.

The **target populations** for Morgan County's Service Coordination Mechanism are:

1. Children, ages 0-21 years, who have complex, multiple system needs who are referred by agencies, social service systems, Juvenile Court, or parents voluntarily seeking services
2. Children at-risk for out-of-county, residential placement
3. Children who need intensive community-based services

Core Components:

- The Morgan County Service Coordination Mechanism is developed and approved with the participation of the Morgan County Family and Children First Council, which has the required membership to meet the specifications within Ohio Revised Code 121.37 (C).
- The implementation of the Service Coordination Mechanism is managed through work groups established by the Morgan County Family and Children First Council.
 1. The **Service Coordination Committee** (SCC) is made up of the executives of the public, child serving systems in Morgan County: Mental Health and Recovery Services Board, Morgan County Juvenile Court, Morgan County Department of Job & Family Services – Children's Services, Morgan County Board of DD, and a Morgan Local School District Representative. The purpose of this committee is to develop an efficient, effective continuum of care that operates seamlessly across systems to ensure that the needs of children with complex, multiple needs are met as described in Ohio Revised Code 121.37. Health, EI/HMG and FCFC reps are also listed)
 2. The **Service Review Committee** (SRC) consists of administrators and clinicians appointed by the SCC and is chaired by the Creative Options Program Director. The activities of the SRC are focused upon the care management of individual children with complex, multi-system needs. The primary goal of the

SRC is to mobilize community resources to address individual needs, ensuring that identified children are receiving the most appropriate level of service intensity. The SRC strives to implement protocols and procedures that bring Morgan County into compliance with ORC 121.37 by implementing:

- a procedure for monitoring the progress and tracking the outcomes of each service coordination plan requested in the county including monitoring and tracking children in out-of-home placements to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment, and education.
- a procedure for ensuring that a family service coordination plan meeting is conducted for each child who receives service coordination under the mechanism and for whom an emergency out-of-home placement has been made or for whom a nonemergency out-of-home placement is being considered. The meeting shall be conducted within ten days of an emergency out-of-home placement. The meeting shall be conducted before a nonemergency out-of-home placement. The meeting will be set up by the service coordinator as a high priority before a non-emergency out-of-home placement and within ten days of an emergency out-of-home placement. The family service coordination plan shall outline how the county council members will jointly pay for services, where applicable, and provide services in the least restrictive environment.

GOALS OF SERVICE COORDINATION PLAN

Morgan County Family and Children First Council Service Coordination Plan consist of strengthening the one already in place. The council's coordination plan will maintain a successful future, increase family involvement throughout levels of planning and services, support early intervention and families, encourage shared responsibility among systems serving children and families, and demonstrate Morgan County's dedication to Child Well-being. Upon request, service coordination data will be submitted to the state for the purpose of evaluation.

REFERRAL TO CREATIVE OPTIONS

The initial gateway into the service coordination process is the referral.

- Referrals will be received from existing service providers, including juvenile court staff, family supports, professionals in the community, and the family.
- The individuals will complete a paper-based referral form. This form will keep confidential information to a minimum as much of it will be gathered during an initial phone contact with the family and during the assessment process. The referral will be submitted to the service coordinator by mail or can be dropped off at the service coordinator's office.
- Any provider completing a referral will obtain a release of information from the family. A more thorough description will be provided by the service coordinator during the initial phone call.
- The service coordinator will contact the family via phone within two business days of receiving the referral to discuss the referral, review the service coordination process, and schedule the assessment meeting. For families that do not have a phone a letter will be sent.

CREATIVE OPTIONS PLANNING PROCESS

Phase 1: Engagement and Team Preparation

During this phase, the Creative Options Service Coordinator meets with the family to lay the groundwork for trust. The Creative Options Service Coordinator explains confidentiality to the family and obtains releases of information from the guardian to allow communication with the family's natural supports as well as any professional that may be included on the team. Families are offered a Family Support Advocate at this time and are given a copy of the Family Council's Dispute Resolution Process (Attachment B). During this phase, the tone is set for teamwork and team interactions that are consistent with the Creative Options principles. The activities of this phase should be completed quickly (within 1-2 weeks if possible), so the team can begin meeting and become personally invested in the Creative Options process as quickly as possible. The service coordinator will schedule and facilitate family team meetings.

Phase 2: Initial plan development

This phase begins with the team developing their mission, which guides the process for the family. Team trust and mutual respect are built while the team creates an initial plan. Family culture, strengths and needs are the foundation for this plan. All families that agree to the service coordination process will complete strengths, needs, cultural discovery assessment.

- When possible and appropriate, it is highly recommended that the child be invited and encouraged to participate in the service coordination process beginning with the assessment.
- The assessment will focus on the strengths, needs, and cultural issues specific to the child and family.
- The assessment will occur at an agreed upon location within ten business days from the date of phone contact by the service coordinator. This and subsequent meetings will be scheduled at times and locations that are conducive to the family needs.
- During this meeting, the service coordinator will again review the service coordination process, confidentiality, and complete the assessment packet. This packet will include releases of information for all service providers and family supports.
- The service coordinator will complete a crisis and safety plan or obtain a copy of an existing crisis/safety plan to help the family maintain stability as the process of service coordination begins. For children that are in emergency placement and don't have prior involvement in the service coordination process, a crisis and safety plan will be developed in preparation for the children's return home or to a less restrictive level of care.

In addition to the strengths, needs and cultural discovery assessment, the following tasks are accomplished:

- Needs are prioritized
- Measurable goals are developed
- Selected strategies to meet those goals are identified
- Clearly defined tasks and timelines are identified
- Responsibilities are assigned to team members on the family's individual service coordination plan
- A family team leader will be established by the approval of the family. This individual can be anyone including a family member/friend, service coordinator, or an agency representative

Planning is always focused on implementing a child's plan in the least restrictive setting and appropriate level of service intensity. If, for any reason, needed services or supports are not available, the plan will outline

efforts to address such gaps. The team schedules their next review meeting. This phase should be completed within 1-2 weeks of Phase 1. A rapid time frame will be implemented in order to promote team unity and shared responsibility in moving together toward achieving the team's mission. In addition:

- Team meetings are scheduled at times/locations convenient to the family
- A family can request a team meeting at any time by contacting the Creative Options Service Coordinator.
- Families are encouraged to request the Creative Options Service Coordinator to invite additional family members/friends as well as involved agencies, including schools, to team meetings.

Phase 3: Plan Implementation

During this phase, the initial plan is implemented. Progress, satisfaction and successes are continually reviewed at review meetings. Changes are made to the plan as needed while continually striving to build and/or maintain team cohesiveness and mutual respect. If multiple plans are required to operate simultaneously because of system mandates, these plans are coordinated to eliminate duplication and conflicting expectations, with minimal overlap and duplication. The activities of this phase are repeated until the team's mission is achieved and formal Creative Options is no longer needed. Funding decisions are made for services identified in the on the family's individual service coordination plan at the monthly Creative Options meetings.

Phase 4: Transition

During this phase, plans are made for a purposeful transition out of formal Creative Options to a mix of formal and natural supports in the community, or, if appropriate, to services and supports in the adult system. The focus on transition is continual during the Creative Options process and the preparation for transition is apparent even during the initial engagement activities.

SERVICE COORDINATION MECHANISM QUALITY ASSURANCE

The Family and Children First Council will annually review and make necessary changes to the Service Coordination Mechanism as deemed appropriate. The FCFC will collect and track information on the effectiveness of the county's SC Mechanism by decreasing the potential of out-of-home placements, decreasing the potential of court involvement, increase a child's school success, and stabilize home stressors that may create unnecessary burden on families.

DISTRIBUTION OF THE COUNTY SERVICE COORDINATION MECHANISM

Families and agency personnel will become aware of and trained in the Service Coordination Mechanism process in Morgan County through the following venues:

1. Family Council Board members will be requested to distribute it within their own agency/organization

SERVICE COORDINATION FOR THE HELP ME GROW PROGRAM

All children enrolled in the *Help Me Grow* program receive service coordination services in compliance with state and local *Help Me Grow* policies. The Morgan County Family and Children First Council is responsible for managing the *Help Me Grow* program in Morgan County. Access to *Help Me Grow* services is coordinated through a central intake and referral site – Morgan County *Help Me Grow* telephone number: (740) 962-6809.

CHILDREN IN PLACEMENT/ALLEGED UNRULY

Maintaining children in their families and in the community when possible and safe is a priority for the Morgan County Family and Children First Council. To meet this end, the focus of the service coordination process is as much prevention as it is intervention. It is the hope of Council that children will be referred at a younger age to allow local services and collaborative efforts to stabilize a situation prior to a child entering middle adolescence. To meet this end, Council will identify risk factors that indicate potential court involvement and make providers aware that these children are a priority for the service coordination process. Council is aware, however, that there will continue to be cases where there is a potential of out-of-home placement or a risk of court involvement.

While it is ideal to identify and coordinate care at a younger age, the Morgan County FCFC is aware that there will continue to be children that do not obtain the services they need and are unable to maintain in their home environment despite attempting to identify all alternatives to out-of-home placements. When this is the case, resources will continue to be pooled to manage the child's care in a placement and step the child down to a less restrictive environment as quickly as appropriate. When there is a risk of placement for a child or potential court involvement, service coordination will be a priority to identify solutions/alternatives/resources to allow the child to remain in the community when possible such as a mentoring program, in-home parent education, etc. This process will always focus on the least restrictive environment for the child. When a child involved in the service coordination process is placed outside of the home on an emergency basis, a service coordination meeting will occur within ten days. The service coordinator will present information related to children in placement during the monthly Service Review Committee meetings.

Morgan County Family and Children First is cognizant that Council's recommendations do not usurp the recommendations of other governmental agencies, i.e. Juvenile Court, Job and Family Services, but will provide service coordination in the attempt to divert a youth from court. This opportunity exists for all cases where a youth is alleged delinquent and/or unruly and Juvenile Court sees service coordination as a diversion option or where providers or school personnel identify behaviors that could be an early indicator of potential delinquent and/or unruly behavior.

DISPUTE RESOLUTION PROCESS

The Morgan County Family and Children First Council have established a formal process to ensure the rights of families involved with Creative Options, the Service Review Committee and/or the Service Coordination Committee processes. The steps to this process and accompanying forms can be found in Attachment B and C. All families accessing the County Service Coordination Mechanism are informed of the Dispute Resolution Process.

Families receiving services through the Help Me Grow program are entitled to accessing the Dispute Resolution process described above to resolve conflicts that may arise in the delivery of their services. This process will be initially facilitated through Morgan County Help Me Grow (740) 962-6809. At any time, families have the right to file a complaint with the Ohio Department of Health, Bureau of Early Intervention Services located at 246 N. High, P.O. Box 118, Columbus, Ohio 43216-0118, phone – (614) 644-8389 or email beis@gw.odh.state.oh.us. The Morgan County Family Council will adhere to all timelines, processes and procedures described in the Ohio Department of Health, Bureau of Early Intervention Services, Ohio Procedural Safeguards, Part C: Early Intervention *Help Me Grow* policies.

**Morgan County Family and Children First Council
DISPUTE RESOLUTION PROCESS**

The local dispute resolution process shall serve as the process that must be used first to resolve disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services.

The following local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. The county council, through the Family & Children First Coordinator (or Help Me Grow Service Coordinator for families enrolled in Help Me Grow), shall inform the parents or custodians of their right to use the dispute resolution process and submit a copy of this document to the parent/guardian. 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. Each agency represented on a County Family and Children First Council that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process.

Conflicts may arise in three distinct types of situations:

- The Family is in disagreement with one agency;
- The family is in disagreement with the service plan; or
- One agency is in disagreement with another agency or the service plan

1. The process for handling each of the above situations is dependent on the premise that individuals and agencies will, in all instances, seek clarification and resolution at the Family Team level prior to initiating the formal conflict resolution process. If difficulties in resolution at this level occur, the Council Administrator can be asked to sit on the team as a mediator for conflict resolution. At no time during the dispute resolution process will service to the family be disrupted. This keeps the conflict mediation and dispute resolution as close to the direct level of care as possible. The process itself is a mediating process and is based on a "stay at the table" approach, which is understood and accepted by the participants. The final Family Team plan, which emerges, is the negotiated document and contains "team" solutions.
2. If the Family Team cannot resolve the conflict, a referral can be made by contacting the Council Administrator in writing. Upon receipt of the written referral, the Council Administrator shall present the referral to the Creative Options Team at their next regularly scheduled meeting. The Creative Options Team will review all relevant information and issue recommendations within five business days beginning the day after the Creative Options Team reviews the referral. For emergency dispute resolution, the family or provider brings the emergency situation to the attention of the Council Administrator. (An emergency situation is defined as disruption to an essential service provision, which jeopardizes the safety and well being of the child or family). The Council Administrator will request an emergency meeting of the Community Options Team to review the referral and request an emergency meeting of the Creative Options Team to review the referral and issue a recommendation within five days of the emergency meeting.
3. If a resolution cannot be found at the Creative Options Team level, then the Council Administrator makes a referral to the Executive Committee of the Family and Children First Council. This committee shall review a written statement of the problem and the steps previously taken to resolve it. The Executive Committee shall have fact-finding and recommending functions and may require any additional information or as any participants for further details regarding this conflict. All parties to the action may be present during the review by the Executive Committee. Any additional information requested will also be provided to all Family

Team Members. The Committee will issue a written majority recommendation within 10 working days of review of the referral to the Council Administrator and complainant. The recommendation is then conveyed to the Family Team. This decision is considered to be legally binding.

4. At the next regularly scheduled Council meeting, the Executive Committee will report its actions along with recommended policy changes to improve the overall delivery of services.
5. In the event the Family and/or Agency is not satisfied with the action taken by the Family and Children First Council, the final arbitrator of individual case resolution will be the presiding Juvenile Court Judge. The party may pursue the issue by filing an action with Juvenile Court within seven (7) days of the failed dispute resolution process. Interagency assessment or treatment information shall be submitted to the court. Where the Juvenile Court is a party to the action, a Court in another county shall hear the complaint. Decisions of the Juvenile Court shall be subject to the standard appeal process of the Justice System. The state appeals process must be utilized prior to a judicial review and the rendering of a binding decision. Written determination of findings needs to be made within 60 days.

Morgan County Family and Children First Council shall assure that there is a process, through the Ohio Department of Health (ODH), for complaint resolution that includes mediation and civil hearing procedures for parents in the Morgan County 'Part C' program component. If a complaint is unresolved and the complainant feels their rights relative to any Part C services have been violated, they may forward the complaint to the Ohio Department of Health and/or the Morgan County Family and Children First Council for further action. (**See Ohio Department of Health Bureau of Early Intervention Services, Ohio Procedural Safeguards: Early Intervention – pages 15-22**). Discussion of parent's rights and the HMG complaint process should occur with families at the initial IFSP and all subsequent IFSP reviews.

Parents of children enrolled in the 'at-risk' component of HMG shall follow the dispute resolution process as outlined in this Dispute Resolution Process; however, they may also submit their complaint in writing to the Ohio Department of Health.

The Ohio Family and Children First Cabinet Council has an established State Appeals Process to resolve disputes among participants of local Family and Children First Councils when local Council participants agree that reasonable responsibilities are not being shared. Local Councils may access the appeal process only by a majority vote of their local membership.

ADDRESSES:

Morgan County Family and Children First
4275 N State Route 376 NW
McConnelsville, OH 43756
(740)962-4572

Morgan County Help Me Grow
4275 N State Route 376 NW
McConnelsville, OH 43756
(740)962-6078

I _____ have been advised of and understand my
(Print name)
Family's rights to use the dispute resolution process.

Parent/Guardian Signature

Date

CREATIVE OPTIONS REFERRAL FOR SERVICE COORDINATION

FAMILY NAME _____ DATE _____
 REFERRING AGENCY _____
 CONTACT PERSON _____ PHONE _____

IDENTIFYING DATA:

Child's Name _____ D.O.B. _____ Sex _____ Medicaid # _____
 School District _____ Placement/Grade _____ SS# _____

Mother's Name _____ Address _____
 Custody: Yes No Phone _____ Employment _____

Father's Name _____ Address _____
 Custody: Yes No Phone _____ Employment _____

Legal Custody (other than parents) _____ Address _____
 Foster Placement: Yes No Relative: Yes No Permanent: Yes No
 Phone Number: _____

ALL OTHER MEMBERS OF HOUSEHOLD:

| NAME | SEX | RELATIONSHIP | SOCIAL SECURITY # | DATE OF BIRTH/AGE |
|-------|-------|--------------|-------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

FINANCIAL STATUS (include all sources of income, not amounts):

OWF SSI BCMH SSDI INSURANCE VA CHILD SUPPORT OTHER _____

OTHER AGENCIES INVOLVED WITH FAMILY AT THIS TIME:

- | | | |
|---|--|---|
| <input type="checkbox"/> Job & Family Services | <input type="checkbox"/> Health Department | <input type="checkbox"/> Six County Inc. |
| <input type="checkbox"/> Morgan Behavioral Health | <input type="checkbox"/> Dept. of Youth Services | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Wash/Morgan Comm. Action | <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> Juvenile Court |
| <input type="checkbox"/> Children Services | <input type="checkbox"/> Worthington Center | <input type="checkbox"/> Morgan County DD |
| <input type="checkbox"/> Thompkins Center | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

REASON FOR REFERRAL (include family's perspective on needs and concerns):

Is at least one parent/custodian willing to be a member of the Integrated Services Team? Yes No

Please submit completed form with signed F&CF Release of Information to:
 Lisa King, Creative Options Coordinator – 4275 N. St. Rt. 376 NW McConnellsville, OH 43756
 Phone: (740) 962-2477 Fax: (740) 962-3271

FAMILY & CHILDREN FIRST COUNCIL OF MORGAN COUNTY
CONSENT FOR RELEASE OF INFORMATION

Person's Full Name

Date of Birth

Social Security Number

Creative Options members have my permission to use and/or disclose protected health information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person. Creative Options includes the following agencies:

- ABLE Program
Avondale Youth Center
Big Brothers/Big Sisters
Child Phycsian(s)
Department of Youth Services
Genesis Health Care
Head Start
Help Me Grow
Mental Health & Recovery Services Board
Morgan Behavioral Health
Morgan Local Schools
Morgan County Sheriff's Office
Morgan County Board of Development Disabilities
Morgan County Department of Job & Family Services
Morgan County Juvenile Court
Morgan County Children Services Board
Morgan County United Ministries
Muskingum Valley Health Center
Morgan County Health Department
Morgan Metropolitan Housing Authority
Six County, Inc.
Thompkins Child & Adolescent Services
Washington/Morgan Community Action
Worthington Center

Other Agencies:

authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual: (check Yes, No, or N/A and initial)

Check One Initial
[] Yes [] No [] N/A

Identifying Information:
name, birth date, sex, race, address, telephone number, social security number

[] Yes [] No [] N/A

Case Information:
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 (IEPs), Individualized Family Service Plans (IFSPs), transition plans, vocational assessments, grades and attendance, and other personal information regarding me or the individual named above (disability, type of services 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 [] N/A

HIV and AIDS related diagnosis and treatment

[] Yes [] No [] N/A

Substance Abuse Information:
Substance abuse diagnosis, treatment plan, diagnostic intake/assessment, treatment progress, attendance, drug test results for the past: (specify length of time or number of treatment episodes).

[] Yes [] No [] N/A

Mental Health Information:
Mental health diagnosis, treatment plan, diagnostic intake/assessment, medications, treatment progress, psychological/psychiatric evaluation, attendance, test results.

Attachment C- Creative Options Consent

Yes No N/A _____

Financial Information:

Public assistance eligibility and payment information provided for establishing eligibility, but not limited to pay stubs, W2's and tax returns, and other financial information.

I understand that the Consent for Release of Information expires one year from the date that it is signed. I also understand that I may cancel this Consent for Release of Information at any time in writing, along with the date and my signature. The revocation does not include any information which has been shared between the time that I gave permission to share information and the time that it was canceled.

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 Family and Children First Council of Morgan County.

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

This consent expires on the _____ day of _____, 20_____.

| | | |
|--|-----------------------|---------------|
| _____ Signature of Person | _____ Printed Name | _____ Date |
| _____ Signature of Parent/Guardian | _____ Printed Name | _____ Date |
| _____ Witness/Agency Representative | _____ Printed Name | _____ Date |

Violation of Federal law and regulations 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:

THIS INFORMATION IS PROTECTED BY FEDERAL AND STATE PRIVACY LAWS AND REGULATIONS. ANY FURTHER RELEASE OF THIS INFORMATION IS STRICTLY PROHIBITED UNLESS FURTHER DISCLOSURE IS EXPRESSLY AUTHORIZED BY THE INDIVIDUAL; DYS IN CASE OF YOUTH RECORDS; OR APPLICABLE EXCEPTIONS IN FEDERAL AND/OR STATE LAW.

1. If the records released include information of any diagnosis or treatment of mental illness or drug/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, the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191 ("HIPAA"), 45 C.F.R. Pts. 160 & 164) 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 on 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 (O.R.C. 3701.24.3). 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 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.

Morgan County Family and Children First Council
Parent/Family Strength Assessment

Date of visit ____ / ____ / ____

Date of Referral ____ / ____ / ____

IDENTIFYING DATA

Family Name _____

Phone (____) _____

Child's Name _____

Birthdate _____

Residence Address _____

City _____

State _____

Zip _____

School _____

Grade Level _____

Father's occupation _____

Father's education _____

Mother's occupation _____

Mother's education _____

Number of moves in the last 5 years _____

Birth order of child _____

PARTICIPANTS TO ASSESSMENT

Name of respondent _____ Birthdate ____ / ____ / ____ Relationship _____

Name of other participants _____

1. The things I like most about my child(ren) are:

2. My family's life would really be better in six months from now if:

3. Does your family participate in faith-based, cultural, or social activities that it enjoys?

4. Do you have any special family traditions that our family enjoys? What activities do you and your family enjoy together?

5. The best times we have had as a family are:

6. Name some special rules that your family has:

7. Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Who do you feel you can trust to be there when you need them?

Notes/additions:

Interviewer's signature: _____ Date ____/____/____

Parent's signature: _____ Date ____/____/____

Morgan County Family and Children First Council Family Service Coordination Plan

Date: _____ Date of Initial Plan: _____

Parent: _____ Phone (____) _____

Child's Name: _____ DOB _____ School/Grade: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Sibling: _____ DOB _____ School/Grade: _____

Sibling: _____ DOB _____ School/Grade: _____

Email Address: _____ Lead Case Manager: _____

| LIFE DOMAIN | SERVICE NEEDS | FAMILY STRENGTHS | ACTIONS GENERATED | PERSON/AGENCY RESPONSIBLE | DATE COMPLETED / OUTCOME | OUTCOME REVIEW |
|---|---------------|------------------|-------------------|---------------------------|--------------------------|----------------|
| <u>Residence/Family</u> | | | | | | |
| Own Home Out of Home Date of Placement | | | | | | |
| <u>Educational/Vocational</u> | | | | | | |
| School Name | | | | | | |
| District | | | | | | |
| Grade IEP | | | | | | |
| <u>Physical/Psychological/ Psychiatric</u> | | | | | | |
| Primary Care | | | | | | |
| Hospitalizations | | | | | | |

Addendum E

| LIFEDOMAIN | SERVICE NEEDS | FAMILY STRENGTHS | ACTIONS GENERATED | PERSON/AGENCY RESPONSIBLE | DATE COMPLETED / OUTCOME | OUTCOME REVIEW |
|--|---------------|------------------|-------------------|---------------------------|--------------------------|----------------|
| <u>Legal</u> -GAL Adjudicated Delinquent/Unruly Court Diversion CSB-Abuse/Neglect Custody status | | | | | | |
| <u>Social/Recreational</u> | | | | | | |
| <u>Family Natural Supports</u> (as identified by family) | | | | | | |

Comments:

Other Vital Information: (Medications, unusual circumstances, hints, tips, etc.)

-
-
-
-
-
-
-
-

| Any related issues | Plan |
|--------------------|------|
| | |