

Family and Children First Council of Morrow County
Service Coordination Mechanism Plan
Revised August 17, 2010

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Morrow County Family and Children First Council
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BACKGROUND

The Family and Children First Council (FCFC) of Morrow County in response to A.S.H.B. 66 created its Service Coordination Mechanism Plan. The plan includes services for alleged unruly children and to divert, when appropriate, children from the juvenile court system, as well as services received through the Help Me Grow program and is consistent with rules adopted by the Department of Health under section 3701.061 of the Revised Code.

The service coordination plan shall serve as the guiding document for coordination of services in Morrow County. Service coordination builds upon the strength of services in the community already working for families. The plan guides access to services and supports both formal and informal. A target population would be any child with multi-systemic needs that can be better served through service coordination. It assures families with the ability to voluntarily access the system for such children ages 0 – 21. Participants in the development and approval of this Plan have included representatives from the Board of Developmental Disabilities, Child Welfare/Job and Family Services, Help Me Grow, Juvenile Court, ADAS, Health Department, Education, Mental Health, and the FCFC and family representatives.

GOALS OF THE SERVICE COORDINATION PLAN

1. Support Ohio's Commitments to Child Well-being: expectant parents and newborns thrive, children are ready for school, children and youth succeed in school, and youth choose healthy behaviors, youth successfully transition into adulthood.
2. Divert youth from delinquent activity and keep families together – avoiding unnecessary out-of-home placements.
3. Coordinate, appropriate, effective and cost-effective services for children and families.
4. Increase family involvement throughout the levels of planning and services.
5. Support early intervention with families.
6. Encourage shared responsibility among systems serving children and families.
7. Give direction to the agencies.
8. Assist parents in receiving services for their children and themselves.

SCOPE AND LIMITATIONS OF THE SERVICE COORDINATION PLAN

This plan does not have the scope of a Comprehensive Strategic Plan. The plan is limited to the agencies within the County's child and family serving system. It is not within the scope of this document to describe in full the services that are provided in the community.

PROCEDURE FOR REFERRING A CHILD AND FAMILY:

Any Morrow County family may be referred to Service Coordination by self referral or by the referral of any child and family serving entity within the county, or by a parent advocate or representative. The process begins with the completion of a Service Coordination Referral Form, available from the agency partners and the Coordinator. The Referral Form is then

presented in a Service Coordination monthly meeting and its disposition is decided by a majority vote of the Service Coordination Team.

Referrals will be coordinated by the Service Coordination Coordinator, currently identified as the Coordinator of the Children and Family First Council. Such will include the collection of the necessary documents assuring proper release of information has been signed, client's rights detailed, and individuals advised of the dispute resolution process. Upon review of referral information additional documentation and information may be gathered and a determination made regarding how to proceed with development of a plan.

The documentation of a referral includes

- the date of the referral
- contact information of the child and family, and of the individual making the referral
- a brief description of the concerns for referral
- and the Service Coordination Team's response to the referral.

The Morrow County Service Coordination Mechanism Plan includes three levels of care and intervention: Basic Services, Service Coordination, and Cluster. Beyond basic services for children and families (healthy children achieving in their home, school, and community), Service Coordination is a plan of in-home services (outpatient, minimal intervention, brief crisis stabilization, collaboration among multi-agencies and parents). Cluster is a plan of service that requires greater multi-systemic interventions (addressing significant behavioral or safety issues, and providing intensive services and supports). Parents may request the expanded services of Cluster, and a family is added to Cluster only upon its consent.

The family is permitted to initiate a meeting to develop or review their Service Coordination Plan either by contacting the Service Coordination Coordinator for assistance or initiating such activity directly through the family's lead case worker. A family may invite advocates, mentors, or support persons of their choice to any such meeting.

The Service Coordination Coordinator, working with members of the Morrow County Service Coordination Team will ensure that a comprehensive family service coordination plan meeting occurs before an out-of-home placement is made or within ten days after such a placement in the case of an emergency. The procedure for doing so will be consistent with the Morrow County procedures as indicated herein. This meeting will allow for the assurance that all alternatives to out-of-home placement have been exhausted as reasonable and appropriate. The meeting will additionally include initial planning for community support for the family during placement and beginning planning for the child's return to the community. Nothing in this division shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement.

The Family and Children First Council and the Service Coordination Team are primarily responsible for informing parents, the community, and other caseworkers about how service coordination is operated. Each monthly Council and Team meetings are opportunities to educate the agencies and the community about the workings of service coordination.

Additionally, quarterly “Service Coordination 101” trainings are to be held to educate and refresh agency staff members.

PROCEDURE FOR MONITORING PROGRESS AND TRACKING OUTCOMES OF COMPREHENSIVE FAMILY SERVICE COORDINATION PLAN

Monitoring the progress and tracking the outcomes of service coordination plans, including monitoring and tracking children in out-of-home placements to assure continued progress, the appropriateness of placement and continuity of care after discharge from placement with appropriate arrangements for housing, treatment, and education is assured and will be the responsibility of the Service Coordination Coordinator, working in conjunction with the members of the County Service Coordination Team.

Data and information collected through monitoring and tracking will be presented to the Morrow County Family and Children First Council in program reports scheduled on each meeting agenda. Such information may be reported verbally or in writing and will be utilized by the Council in decision-making, planning and the development of strategies for enhancing services and filling service gaps. This will, in part, assist the Council in meeting its annual responsibility to evaluate and prioritize services, fill service gaps and invent new approaches to achieve better results for families and children. Family and Children First Council Service Coordination data will be submitted to the state, upon request.

CONFIDENTIALITY

Morrow County protects the confidentiality of all personal family information disclosed during the service coordination process or contained in the comprehensive family service coordination plan. Individual entities involved in service coordination have existing confidentiality requirements and these will be maintained with the Service Coordination Coordinator ensuring in writing that involved members are committed to keeping information confidential. A document explaining confidentiality expectations will be signed by all participating service coordination team members.

ASSESSING NEEDS AND STRENGTHS

Procedure for assessing the needs and strengths of the child and family. Assessments will include a determination of needs and strengths. Parents and custodians will be afforded the opportunity to participate. All appropriate parties will assess children and families for strengths and weaknesses, risk and protective factors as part of their screening/assessment procedure. Each assessment tool utilized will be culturally sensitive. The data discovered will form the basis for a service coordinated plan. Procedures include:

1. Utilizing existing agency-specific screening and assessment tools.
2. Reviewing and utilizing information by the Family Team.
3. Utilizing the Parent/Family Strengths, Needs, and Cultural Discovery Assessment for Service Coordination.
4. Involving families (child, parents, guardian or custodian) to the highest degree possible in every step of the process to determine how to divert children from the juvenile court system and out-of-home placements.

FAMILY SERVICE COORDINATION PLAN DEVELOPMENT

Agencies have requirements for preparation of a comprehensive service or treatment plan within their system. When families are referred to county service coordination, the lead case worker will then complete the FCFC's Individual Family Service Coordination Plan (IFSCP).

Identified lead case workers will maintain the responsibility for the development of such plans and assuring comprehensiveness and coordination. In the event the Service Coordination and/or Cluster Coordinator is designated as the family plan coordinator, such responsibility will fall to her or him with the assistance of the County Service Coordination team. In every plan, Service Coordination is available to assist families and lead case workers in development of plans, review and monitoring of plans, and determining outcomes resulting from such plans.

Parents, family advocates, and all appropriate agency staff members, including representatives from the child's school district, will be invited to all service coordination meetings that center on the child and family's service plan. Contact with the parents/custodians will be made by the Lead Case Manager to invite them to all Individual Family Service Coordination Plan meetings.

DISPUTE RESOLUTION POLICY

The purpose of this process is to provide effective and prompt resolution to disputes that arise between agencies and disputes that arise between families and agencies regarding services, processes and/or funding of a specific case. *This process also shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination.*

Additionally, the policy will be used in disputes that arise in the Help Me Grow (HMF) program. The family's preference will be a significant consideration in determining the lead facilitator of the family team. The individual designated to facilitate/lead family team meetings must be approved by the family.

When a family or an agency files a dispute, services being provided as specified in the Individual Family Service Coordination Plan when the dispute was initiated, must continue to be provided until the dispute is resolved.

This process is not to replace administrative reviews, grievance policies or due process policies of member agencies that address the concerns of clients in regards to the programs and services of individual agencies as opposed to systems issues. Systems issues may include but are not

limited to disagreements between providers as to the elements of a treatment plan or the payer for services.

Each step of the following process is an attempt to resolve the dispute. Every effort shall be made to resolve the dispute at the lowest possible level.

Identification: first it must be determined that a dispute exists and that it is appropriate to utilize this policy. Any family member/client or agency staff member may request the policy be utilized. To use this policy is to acknowledge that the parties cannot solve the problem without assistance.

Submission: The person or agency requesting the Dispute Resolution Policy will submit a written summary of the issue to the FCFC Service Coordination Coordinator. The Coordinator will determine the appropriateness of the request and will help the parties find the correct approach to resolution if this policy does not apply. The Service Coordination Coordinator will designate a lead agency.

Time Line: the clock will start at the time the Coordinator receives the letter.

Accountability: the lead agency is responsible for keeping a historical record of the events, dates and decisions of the case. This record will be developed as the case proceeds and will be open to scrutiny by all parties at all levels.

Family/Parent/Client Advocate: *the county council shall inform the parents or custodians of their right to use the dispute resolution process for issues involving service coordination . This dispute resolution process is in addition to and does not replace other rights and procedures that parents or custodians may have under other sections of the Revised Code.* Families and parents may request an advocate to assist them by contacting the Coordinator or the families and parents may arrange for an advocate of their own choosing. The participation of families, parents, and clients in this process will always be voluntary.

Level 1 - Supervisor Assistance: the Service Coordination Coordinator will notify all agencies and families/parents/clients involved in the dispute. The lead agency will call a meeting of supervisors of each agency and all parties in the dispute including families and parents and if appropriate, clients.

Time Line: this meeting will be held within (10) working days.

Accountability: the lead agency shall arrange and facilitate the meeting.

Resolution: the lead agency will make a report to the Service Coordination Coordinator regarding the outcome of the meeting(s). If necessary the Coordinator will move the process to the next level.

Level 2 - Executive Directors Assistance: There are two instances in which the Executive Directors may become involved. 1) If the dispute has not been resolved at Level 1, the Executive Directors of each agency shall meet with the families/parents/client and front line staff involved in the dispute to work toward a solution. 2) If the dispute originates at the administrative level and therefore bypasses the supervisor level, the Executive Directors may choose to include neutral parties such as another Director to assist them.

Time Line: the meeting shall be held within thirty days of the original referral date. In the event the dispute is initially assigned to this level the meeting will occur within seven working days of the date of the referral.

Accountability: the Service Coordination Coordinator shall notify the Executive Director of the lead agency of the need for additional assistance at the Executive Director level and the lead agency shall arrange and facilitate the meeting. Disputes originating at this level will be coordinated by the Family and Children First Council's Coordinator.

Resolution: the lead agency will make a report regarding the outcome of the meeting(s). If unresolved, the dispute will move the process to the next level.

Level 3 – Ohio FCF State Service Coordination Committee: this option empowers the Resolution process to go forward and to mediate the process instead of taking it to court. The OFCF Service Coordination State Committee will provide administrative reviews of referrals from county FCFCs or a family when a child/family involved in the FCFC service coordination process has needs that the council, through the service coordination process, is unable to meet; or when the individual family team is unsure about how to address the needs of the child or family.

The Service Coordination State Committee will also review unresolved local service coordination disputes, if the administrative review is requested prior to using the juvenile court as final arbitrator of the dispute.

Time Line: With the OFCF Cabinet Council's approval, the Office of OFCF will respond, in writing, to county council requests within 30 days of the receipt of the request by the State Service Coordination Committee.

Accountability: This committee will review case documents submitted by the county and make recommendations to the OFCF Cabinet Council for its review and approval.

Resolution: This committee will make a report regarding the outcome of the meeting(s). If unresolved, the dispute will move the process to the next level.

Level 4 - Juvenile Court Judge Ruling: if the dispute cannot be resolved at the Executive Director Level, a detailed statement of the case shall be filed with the Morrow County Juvenile Court by the Coordinator *within seven days*.

Time Line: The timeline for hearing a complaint filed with Juvenile Court is within 90 days of the filing of the dispute.

Accountability: the Judge shall inform the parties of the information required for the meeting and shall conduct the meeting. *Interagency assessment and treatment information will be prepared for the court.* All parties shall abide by the ruling of the Juvenile Court Judge.

Resolution: the Judge shall notify all parties and the Coordinator of the outcome of the resolution process.

Confidentiality: the identities of consumers and others who seek relief through this Dispute Resolution Policy and witnesses who provide information during the process are confidential.

Conflict of Interest: in the case where the Juvenile Court or any of the staff of the Court are parties to the dispute, the Juvenile Judge will appoint a neutral hearing officer.

Services: During the process, services will continue to be provided to the families/parents/clients. Services that have not been initiated will begin if the situation is identified as an emergency. Emergencies are those situations which, without an intervention, pose an imminent danger to oneself or others.

Review: a report on the utilization of the policy regarding time lines, accountability and outcomes will be made to the Executive Committee at the time of the resolution.

Responsibility: the agencies of the Morrow County Family and Children First Council shall distribute, post, and explain the dispute process to their staff members. The agencies which participate in multi-agency service delivery systems shall, in addition, explain this policy to families, parents, and clients as required by law and/or as needed. All other individuals, families, or groups will be informed as required by agency policies, rules, or law.

Dispute Resolution Related to Part C Early Intervention Services –

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

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

1. An individual or an organization may file a complaint with the county council regarding the provision of early intervention services within the county. The council coordinator 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 (via email or U.S. mail or fax) within seven calendar days of the receipt of the complaint.
3. The council coordinator will provide a copy of the procedural safeguards to the individual registering the complaint
4. The council coordinator will explain the options available for dispute resolution, which include:
 - Filing a complaint with the county council;
 - Filing a complaint with ODH;
 - Requesting mediation;
 - Requesting an administrative hearing with ODH;
 - Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints. *
5. Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
6. The council will assign one or more individuals to investigate the complaint. The assigned individuals will not have a direct interest in the matter.
7. The investigation of the complaint will include at least the following:
 - Conducting an on-site investigation as determined necessary;
 - Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing;
 - Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing; and
 - Reviewing all relevant information and making a decision.
8. The council will issue a written decision to the complainant within thirty (30) calendar days from the receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH. **
9. The council will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

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

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

1. To have ODH investigate the complaint in accordance with Rule 3701-8-08 (C) (4). If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the county council or provider received the complaint; and
2. To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (C) (3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.

Procedure for designating service responsibility

Service responsibilities are designated among the various agencies as well as family/youth involved during the development of the comprehensive service plan. Each plan will articulate who will do what and by when. Needed services determined to be unavailable will be documented and alternative supports determined.

Designated Individual for Tracking Progress, Reviews and Facilitating Meetings

As noted above in reference to service responsibility designation, an individual will be determined at the time of plan development to track progress, schedule reviews and facilitate meetings. Timelines related to addressing these issues will be initially determined as the plan is developed. Family preference will be a significant consideration in determining this individual.

Ensure services are responsive to strengths, needs, family culture, race and ethnic group and provided in a least restrictive environment.

It is the intent of the Morrow County family and child serving system to assure services are responsive to strengths, needs, family culture, race and ethnic group and provided in a least restrictive environment. Family involvement and feedback will assist in ensuring this intent is met. Regular reports to the Morrow County Family and Children First Council will include review of such elements. Every family will be given the opportunity to express their thoughts in the Parent/Family Strengths, Needs, & Cultural Discovery Assessment.

Children alleged to be unruly

Diverting a child from involvement in the Juvenile Court system is an objective of the Morrow County child and family serving system. The court's diversion program and consistent efforts to work with the schools, faith based community and others so as to assure early identification of unruly behavior is ongoing. The Service Coordination Team maintains the responsibility for collaboratively assisting the elements of the system with these diversion endeavors.

Timelines for service plan goals

Each service plan is individualized and therefore maintains unique timelines relative to the plan. The lead caseworker has the primary responsibility for assuring timelines are monitored, reviewed, adjusted and/or met.

Short term crisis and safety

The safety of a child is paramount to the Morrow County child and family serving system. Nothing in this plan is intended to supersede the authority and or responsibility of individual agencies to act in a crisis, within the confines of the Revised Code and other governing rules and regulations to assure the safety of a child.

In each event when an IFSCP is developed, a Crisis/Safety Plan will be completed. The lead case worker will assure such is accomplished with the assistance of the County's Service Coordination Team and Coordinator as needed to monitor and assist with development and implementation.

Fiscal Strategies

It is the intent of the Morrow County child and family serving system to efficiently utilize their limited resources through this planning process. Primarily, categorical funding will be blended in the most effective manner so as to assure adequate resources for implementation of the plans developed.

It is the intent of the county to utilize resources made available through the System of Care's Family-Centered Services and Supports (requests made through our Family and Children First Council and the Service Coordination Family Team).

In addition to the above strategies the County will continue to examine the possibilities related to "pooled & shared" funding, increasing flexibility in the use of current funds, changes in service program eligibility to increase program flexibility, and reallocation of resources preserved as a result of reduced placement in institutional and out-of-county settings to community based services.

Quality Assurance

The “threats and opportunities” resulting from implementation of the County’s Service Coordination Mechanism Plan will be reviewed on a monthly basis by the Executive Committee of the Morrow County Family and Children First Council and quarterly by the Full Council. The review will include consideration of the referral process, appropriate development of plans, protection of confidentiality, dispute resolution utilization, family feedback and other elements deemed appropriate or requested by the Council or the Service Coordination Family Team.

Definitions:

Cluster Coordinator: the individual selected by the Family and Children First Council to lead the Cluster level of Service Coordination. Currently one person serves as Coordinator for both Service Coordination and Cluster services.

Family Team: those individuals assembled to meet with parents in creating a Family Service Plan. A lead case manager is assigned to each family to coordinate services.

Service Coordination Coordinator: the individual assigned by the Family and Children First Council to lead the Service Coordination Team.

Service Coordination Team: those individuals who meet monthly to facilitate Service Coordination county-wide.

Morrow County Service Coordination Referral Form
Family & Children First Council

Date of Referral: _____ UCI / MACSIS # (if known) _____

PARENT/CAREGIVER INFORMATION

Family Name: _____

Street Address: _____
 (No PO Box Numbers)

City, State, Zip: _____

Contact Number: _____ Alternate Contact Number: _____

Referring Agency _____ Contact Person _____ Phone _____

Is a Release of Information form included? ____ Yes ____ No

Request for Service Coordination _____ Request for Youth Cluster _____

FAMILY INFORMATION: (please provide the data you have available)

Referred Child(ren)

Referred Child(ren)'s Name	Birth Date	Grade level	Race	Gender

Adults living in the home and relationships to the child(ren)

Name	Relationship to Child

Other children living in the home

Child's Name	Age

Parents' marital status:

- Married Separated Divorced Widowed Single

Family's medical provider _____

Service Coordination Referral Form – page 2

Reason for Referral: (check all that apply)

Child Facing Out of Home Placement	Child Exhibiting Behavior Issues at School	Child Exhibiting Behavior Issues at Home	Family Crisis/ Conflict	Legal Charges Pending/Filed on the Child

Describe the needs of the child/family:

Statement of what would be different as a result of this plan

Statement of client/family strengths to be utilized to accomplish this plan

Is the child/family situation _____ Chronic or _____ a Crisis? (Mark both if applicable)

Is the family aware that a referral has been made for FCFC Services? _____

Current System Involvement: (check all that apply to referred children)

- | Agency | Contact Person and phone # |
|--|----------------------------|
| <input type="checkbox"/> Juvenile Court | |
| <input type="checkbox"/> School District _____ | |
| <input type="checkbox"/> Job and Family Services | |
| <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Alcohol/Drug Agency | |
| <input type="checkbox"/> Board of DD | |
| <input type="checkbox"/> Health Department | |
| <input type="checkbox"/> Help Me Grow | |
| <input type="checkbox"/> Head Start | |
| <input type="checkbox"/> Alternative School | |
| <input type="checkbox"/> Other services (describe) | |

Services requested:

Morrow County Family and Children First Council
408 Bank St., Mount Gilead, OH 43338
DennisSchultz@columbus.rr.com **419-560-3887**

Morrow County Service Coordination Team/FAMILY & CHILDREN FIRST COUNCIL
CLIENT AUTHORIZATION FOR INFORMATION SHARING

I hereby authorize the Member agencies of the Family & Children First Council of Morrow County, named on the reverse side of this Authorization, to exchange, give, receive, share, or redisclose information in their records, from whatever source derived, related to my participation and that of my minor child:

Name of Child: _____ Date of Birth: _____ Social Security # _____

in the services provided by one or more of these agencies.

I understand the following:

1. The purpose of this information sharing is to improve the communication about services to me and my family.
2. Each of the member agencies has agreed:
 - a) to share this information only with other member agencies;
 - b) not to share information with non-member agencies without my written consent unless otherwise required or authorized by law; and
 - c) Information exchanged due to this authorization will not be used against me or my children for purposes of criminal investigation, prosecution, or sentencing, unless otherwise required by law or judicial order.
3. Any and all rights to confidentiality, which I may have under state or federal law, will continue, except for information covered by this form.
4. I may revoke this Authorization at any time except for information that has been previously exchanged.
5. This Authorization shall automatically expire 180 days from the date below unless I revoke it sooner.
6. This Authorization shall not restrict information sharing otherwise authorized by law.

I authorize sharing of the following information: (Circle and initial, if yes, and sign below)

- Yes _____ Case Information: Identifying information, plus medical and social history, treatment/service history, Psychological evaluations, IEP's, IFSP's, transition plans, vocational assessments, grades and attendance, financial information and other personal information held by any of the member agencies regarding me or my minor children.
- Yes _____ HIV and AIDS- related diagnosis and treatment
- Yes _____ Substance abuse diagnosis and treatment
- Yes _____ Social Security Number

If yes: This Authorization for information sharing has been explained to me. I have read the disclosures below. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

Signature of Client

Date Signed

Signature of parent/guardian (if applicable)

Staff Person Facilitating this Authorization

Relationship of Person Signing to Client

If applicable, date of revocation. (Revocation must be submitted in writing)

I am also authorizing the exchange of information with the following specific persons/agencies:

Signature of Client (or parent/guardian if applicable)

Date Signed

Request for Service Coordination _____

Request for Youth Cluster _____

MEMBER AGENCIES: (PLEASE CHECK EACH FOR AUTHORIZATION)

- Family and Children First Council/Service
Coordination and Interagency Youth Cluster
- Central Ohio Mental Health Center
- MC Board of Developmental Disabilities
- MC Health Department
- MC Job & Family Services
- MC Juvenile Court
- Help Me Grow/Early Intervention
- Ohio Department of Youth Services
- Delaware – Morrow Mental Health & Recovery
Services Board

- Recovery & Prevention Resources
- Maryhaven
- Ohio Heartland Head Start
- The Tomorrow Center
- Cardington – Lincoln Local Schools
- Highland Local Schools
- Mount Gilead Exempted Village Schools
- Northmor Local Schools

Definition of "Case Information":

If this release authorizes the disclosure of Case Information, consent to such disclosure may include the following types of information, if it is in files of the agency disclosing this information:

- a. Identifying information: names, birth dates, sex, race, address, telephone number, social security number, type of services being received and name of agency providing services to me or my minor children. Medical records, including but not limited to results of physical and mental examinations, diagnoses of physical and mental disorders, medication history, physical and mental health status and history, summary of treatment services received, summary of treatment plans and treatment needs.
- b. Psychological and medical testing, including but not limited to any IQ tests or other tests of cognitive or emotional or mental status, and any reports of physical tests such as X-rays, CT scans, diagnostic blood testing, and other test results.
- c. All records of services provided by the County Department of Human Services except child abuse investigation reports.
- d. Juvenile court and detention records.
- e. School records: This information is subject to the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g, and the Ohio Student Records Privacy Act RC 3319.321.

To all Agencies receiving information disclosed pursuant to this consent:

If the records released pursuant to this consent include records of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

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

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

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

Morrow County Service Coordination Team Signature/Confidentiality Page

I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, findings, evaluations, and/or actions taken during today's meeting are **CONFIDENTIAL**. Except as required to carry out the duties of my employment, this information is not subject to disclosure – pursuant to Ohio Revised Code Chapters 2305, 2317, 4757, and 5122. I further understand that any breach of this confidentiality is subject to disciplinary action, and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited, and are binding on me even after my involvement with the service coordination team.

The individuals signing below are members of the team and were a part of the meeting, either in person or by telephone, held on August 17, 2010.

Printed Name	Role	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Morrow County Family & Children First Council
Parent/Family Strengths, Needs, & Cultural Discovery 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 _____ Mother's occupation _____

Mother's education _____ Father's education _____

Number of moves in last 5 years _____ Birth order of child _____

PARTICIPANTS

Name of respondent _____ Birthdate ___/___/___ Relationship _____

Name of other participants _____

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

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

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

4. The most important thing I have ever done is:

5. I am happiest when:

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

7. Name some special rules that your family has:

8. 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?

9. What activities do you and your family enjoy together? What do you enjoy most about yourself?

10. What are your family traditions? In which cultural, ethnic, or seasonal events does your family participate?

11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additions:

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

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

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MORROW COUNTY SERVICE COORDINATION CASE PLAN

Youth Name: _____ DOB: _____

Life Domain: (Check One)

- Safety/Crisis
- Family
- Psychological/Behavioral/Emotional
- Alcohol/Other Drugs
- Physical/Medical/Developmental
- Legal/Judicial
- Education

GOALS/MEASURABLE OUTCOMES

_____ Date Goal Developed: _____

INTERVENTIONS

1.) _____

Individuals Involved: _____

2) _____

Individuals Involved: _____

3.)

Individuals Involved:

4.)

Individuals Involved:

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Morrow County Family and Children First Council - Crisis/Safety Plan

Family Name: _____ Date: _____

Lead Agency Caseworker: _____

Describe the crisis behavior or situation in detail, what does it look like?

Who is involved in the crisis?

Are there other activities going on in the environment that make the situation better or worse?

List the triggers that lead to the crisis:

How often does the crisis occur? (choose best option)

Daily _____ How many times? _____

Weekly _____ How many times? _____

Monthly _____ How many times? _____

Other _____ How many times? _____

Why do you think the crisis continues to happen? What is this individual getting from the crisis:

When triggers start what action steps can you take to prevent the crisis from happening?

What can the youth do instead of the crisis behavior?

What signs or behaviors indicate the crisis is beginning:

What do you do when things start to calm down before the situation becomes severe:

If the crisis occurs what do I do: (Detailed, sequential action steps to be followed by the team). Include who (natural & formal supports) will do what, when and how often:

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Youth/Child Signature: _____

Date: _____

Service Coordinator Signature: _____

Date: _____

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