

# Coshocton County Service Coordination Plan

## I. Introduction

The Coshocton County Service Plan focuses on coordinating services for children-abused, neglected, dependent, unruly, and delinquent as well as families voluntarily seeking services. Families voluntarily seeking services will be defined as those whose children are at-risk for becoming abused, neglected, dependent, unruly or delinquent.

The county service coordination mechanism shall serve as the guiding document for coordination of services in the county. For 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. All family service coordination plans shall be developed in accordance with the county service coordination mechanism.

The Service Plan recognizes the need for family-focused services and increased parent involvement in the planning of services for their child. The plan encourages early service intervention and includes wrap around services. Wrap-Around services are designed to help families in all aspects of their lives as well as encourage collaboration and coordination from all agencies involved. A list of agencies that are represented on Council, their respective representative along with phone numbers and address' are kept and maintained by the Family & Children First Council office and are available upon request.

The Coshocton County Family & Children First Council will support Ohio's Commitments to Child Well-being:

1. Expectant parents and newborns thrive
2. Infants and toddlers thrive
3. Children are ready for school
4. Children and youth succeed in school
5. Youth choose healthy behaviors
6. Youth successfully transition into adulthood

In addition, these underlying values of service coordination will continue to guide the progress of Coshocton County's Family & Children First service coordination:

1. Children have the right to live with their own family.
2. Children have the right to be nurtured and protected in a stable family environment.
3. When children are at risk of harm, the community has the responsibility to intervene.
4. Families are our community's most important resource and must be respected, valued, and encouraged to build upon their strengths.
5. The racial, cultural and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.

## Coshocton County Service Coordination Plan

6. Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.
7. Families have a right to individualized service provision that addresses the multiple needs of their children.

### II. **Target Population**

Coshocton County has a total population of just under 40,000 people and is considered an Appalachian County.

The target population for the Coshocton County Family & Children First Council shall be all parents and or families voluntarily seeking services and all children who are or who are at-risk of being abused, neglected, dependent, unruly or delinquent.

Any School, Agency, Coshocton County Juvenile Court, Organization or Parent/ Care Giver can make a referral for service coordination by the meeting the following criteria.

1. The child must live in Coshocton County and be under the age of 22 or an unborn child and have needs in multiple systems.
2. The legal custodian must complete and sign the multiple agency release of information form.

### III. Referral Process

All referrals to Creative Options are received in the Family & Children First Council office. The county-wide referral procedure includes documentation of:

1. Referral receipt date
2. Referral Source contact information
3. Contact information for referred family/child
4. Description of the issues

When a referral for services is indicated, the initial agency with the family's permission and signed release form send the completed referral form and consent for release of information to the Family & Children First Council office to make a referral to Creative Options.

### IV. **Notification of all Creative Options Treatment Team Meetings**

The referral is sent to all Creative Options Committee which includes identified staff from the County and City Health Departments, Job & Family Services, Children Services, Help Me Grow, Thompkins Child & Adolescent Services, Coshocton Behavioral Health Choices, Board of DD, Juvenile Court, Head Start, First Step, Coshocton Mentoring Center, Director of Special Education in each school district, guidance counselors in each school district, and Mental Health & Recovery Services Board with a date that the case is going to be discussed at the committee meeting. The Creative Options Committee meets one time per month on the second

## Coshocton County Service Coordination Plan

Wednesday at 10:00 a.m. of each month in room B125 of the County Services Building. At the committee meeting, the committee hears the presentation of the case to determine the level of need.

### **A. Levels of Intervention**

Level 1 – Intake and Referral- Resource and referral information is provided to the family and no further services are provided.

Level 2- Service Coordination- The family has utilized resources and still needs some additional support from the formation of a team.

If service coordination is determined to be a need, a treatment team is assembled and an initial team meeting is set. The team leader will schedule a team meeting at a neutral, non-threatening site and provide this information to the FCFC office. The invitation is mailed or faxed to each treatment team member which includes any support person identified by the family and the release of information. This notification will include the child and/or family's name, a copy of the signed release of information, and the date of the CO meeting (not to exceed 15 days from the initial contact). In the event of an emergency request, the CO meeting will be held within two working days of the referral.

### **V. Procedure for a family to initiate a meeting and invite support persons**

Upon request to the Family & Children First Council Director or any team member a team meeting will be initiated. The family may invite support persons both formal and informal to team meetings. It is asked that the parent/caregiver submit the name and relationship of the person to the coordinator at least two days prior to the meeting if possible.

### **VI. Ensuring a Service Coordination/Creative Options Family Team meeting occurs before an out- of home placement is made, or within ten days after placement in the case of an emergency.**

Upon notification from Children Services or Juvenile Court that a Creative Options treatment team child is being placed, an emergency meeting will be scheduled. This meeting will occur prior to placement or no later than ten days after placement in the case of an emergency.

### **VII. Monitoring progress and tracking outcomes of each Integrated Service Plan**

The needs of the child are monitored on each ISP which identified goals, a time frame, the responsible party and the progress. The ISP is reviewed at every treatment team meeting. As a component of each review, team members (including child, family and support system) will be given the opportunity to provide feedback on the CO process and implementation of the integrated services plan.

## Coshocton County Service Coordination Plan

### VIII. **Protecting the Confidentiality of Families**

Coshocton County strives to maintain a collaborative effort and coordinate services to families in need. All Creative Options members sign a letter that is maintained by the Family and Children First Council office stating that they will maintain the families right to privacy and confidentiality. With the efforts of all persons involved in the decision-making process, it is recognized that the most important player in any situation is the family. The family has the right to have services provided in the least restrictive environment.

### IX. **Assessing the needs of Children and Families**

The Needs and Strengths are assessed using the Common Life Domain Areas document (attached) during the treatment team meeting and included in the service plan. In addition, strengths are identified from self-reports and evaluations from involved agencies.

### X. **Developing a family integrated service plan**

At the initial team meeting, an integrated service plan for the family is developed and each family will be asked to complete the *Strengthening Families' Protective Factor Survey*. The plan includes identifying the child/family strengths, challenges, services, cultural discovery, responsible person and agency, and a description of the services to be provided along with a time frame for completion. The treatment team is responsible for the preparation of this plan. All participating agencies and team members will sign and date each plan and a copy will be shared with family and agencies. The safety plan will be completed as well as crisis numbers will be listed on the integrated service plan. Before the meeting adjourns, the team determines the next meeting date, location, and time. The parent is informed that they can call a meeting sooner if necessary by contacting either their treatment team leader or the FCFC Director.

The Creative Options committee has access to Pooled Funding which is used to help families/child involved in the Creative Options process.

If a child is involved with Juvenile Court, the service plan with treatment components will be incorporated into the court ordered case plan and the court will order compliance with the coordinated service plan.

### XI. **Process for Designating Service Responsibilities**

As discussed above, the integrated services plan will describe the services the family/child is receiving, the responsible person and agency, and a time frame to track progress. In most cases the treatment team leader conducts the meetings however, in their absence a team member or FCFC Director will provide leadership in conducting the meetings. The FCFC Director completes the integrated service plan.

## Coshocton County Service Coordination Plan

The FCFC Director will navigate the system for the families and be responsible for tracking progress, scheduling meetings as needed, their rights, and secure all necessary paperwork for the case. Parent Advocates can be included in the meetings to ensure that culturally appropriate services are maintained. The family chosen treatment team leader and/or the FCFC Director will also be responsible for setting goals with the family, time lines and agency referrals. The FCFC Director or treatment team leader will inform the parent or guardian of their right to use the dispute resolution process.

### **XII. Monitoring and Public Awareness**

The Creative Options committee will review all cases on a rotating basis. Rotating reviews lead to agencies/individuals being held accountable for services and supports identified in the plan. It also provides an evaluation of the service plan by reviewing the progress of the child/family. The reporting will include services provided (written into plan) and their effectiveness as well as any gaps in services. The effectiveness will be shown in child/family progress, timelines, parent involvement as well as the quality of services provided to the family/child.

Families will also be given satisfaction surveys to family members and agencies involved in the Creative Options process. The Coordinator will report results back to the Council as results are received.

The Creative Options chair will share this information, in a generic fashion, with the FCFC Board of Trustees. This will help FCFC identify service effectiveness, gaps and duplication in order to improve collaborative efforts.

Referrals into Creative Options are summarized monthly on a tracking report that reflects numbers of referrals and outcomes of referrals. All the services that are provided and paid for with Family Centered Service and Support funds are tracked and reported bimonthly to the Family and Children First Council.

The monthly tracking reports and expense reports will be submitted to the state upon request for the purpose of evaluation.

Creative Options informational brochures are distributed annually to school districts and trainings are held on an as need basis for agency personnel.

### **XIII. Diversion of Youth form the Juvenile Justice System**

School Truancy - The Coshocton County Juvenile Court and the county school officials have established a uniform truancy process by which charges may be filed at Coshocton County Juvenile Court. A series of notices and informal meetings and agreements will be utilized to document intervention strategies. Referrals and links to other community agencies will be used to address school truancy issues.

## Coshocton County Service Coordination Plan

Other Unruly Behavior - All other unruly behavior complaints must be processed by the Coshocton County Prosecutor's Office.

### XIV. **Dispute Resolution**

The local dispute resolution process shall be used to resolve disputes between a child's parents or guardians and the county council regarding service coordination. Complaints, disagreements and disputes may arise between:

- Child/Family – Agency
- Child/ Family- Service Plan
- Agency - Agency

Every effort will be made to develop such strong partnerships between families and service providers that virtually all disputes can be resolved informally. However, if the dispute cannot be resolved informally the following procedure will be followed:

1. The Council Coordinator is notified and a written complaint from the treatment team leader is made to the Family & Children First Council Executive Committee.
2. The Executive Committee will meet to discuss the complaint within 10 days. A written recommendation will be issued within 10 days of the meeting. The recommendation will be given to the Council Coordinator and all treatment team members (including the family).
3. In the event that the Executive Committee recommendations do not resolve the complaint, the Council Coordinator will within 7 days submit all gathered information to the Juvenile Court Judge and request that the Juvenile Court Judge provide mediation. The Juvenile Court Judge is the final arbitrator.

If the situation is deemed an emergency, the Executive Committee will meet within seven days.

At no time during the dispute resolution process will services for the child be disrupted.

#### Help Me Grow Procedural Safeguards

An individual may file a complaint with the county FCFC, however if child is Part C eligible they may file due process with Ohio Department of Health per procedural safeguards. Efforts will be made to ensure that services to the family continue while the complaint is being investigated. The FCFC shall notify ODH of the complaint in writing (via e-mail or fax) within seven calendar days of receipt of the complaint and investigate the complaint in accordance with procedures that meet the following minimum requirements:

- a. The alleged violation must have occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was received.

## Coshocton County Service Coordination Plan

- b. The alleged violation must be submitted to the FCFC in writing and shall include the facts alleged in the complaint. FCFC's written procedures must include the address where the complaint is to be mailed.
- c. The FCFC shall assign one or more individuals to investigate the complaint. The assigned individuals must not have a direct interest in the matter and shall investigate the complaint by doing at least the following:
- Conduct an on-site investigation as determined necessary;
  - Interview complainant and give complainant an opportunity to submit additional information, either orally or in writing about the allegation;
  - Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the allegation; and,
  - Review all relevant information and make an independent determination as to whether there has been a violation.
- d. The FCFC shall issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The decision shall address each allegation in the complaint and shall include the findings of fact and conclusions and the reasons for the FCFC's decision. A copy of the decision shall be provided to the complainant and the ODH.
- e. If the FCFC determines there was a violation, the FCFC must ensure that corrective actions are implemented within 45 days or sooner of the written final decision. The corrective action plan may include the following:
- Require the participation of the provider in specific technical assistance activities;
  - Award of monetary reimbursement appropriate to the needs of the child and family; and/or
  - Develop and provide trainings at the county level to achieve compliance in the appropriate future provision of services for all infants and toddlers with disabilities and their families.
- A copy of the corrective action plan must be provided to the complainant and the ODH.
- f. The ODH will monitor the corrective action plan to ensure that corrective actions are implemented.
- g. If the complainant is not satisfied with FCFC's findings or corrective action plan, the complainant may file a complaint with ODH in accordance with the procedures set forth by ODH. ODH will investigate the complaint and issue a written decision within thirty (30) days from receipt of the complaint.

If a written complaint is received above that is also the subject of an administrative hearing, or contains multiple issues, of which one or more are part of the administrative hearing, the complaint investigation or any part of the complaint

## Coshocton County Service Coordination Plan

investigation that is being addressed in the administrative hearing must be set aside until the conclusion of the hearing. However, any part of the complaint that is not part of the administrative hearing must be resolved within the established timelines.

If an issue is raised in a complaint filed under this procedure that has previously been decided in an administrative hearing process involving the same parties, the hearing decision is binding and the ODH will notify the complainant of such.

At any time, the individual may contact the Ohio Department of Health

### **XV. Development of Service Coordination Plan**

The following agencies participated in the development and approval of the service coordination plan.

Coshocton County Health Department, Coshocton City Health Department, Job & Family Services, Mental Health and Recovery Services Board, Coshocton City Schools, Ridgewood Local Schools, Riverview Local Schools, Coshocton County Juvenile Court, Help Me Grow, Coshocton County Board of DD, Coshocton Behavioral Health Choices, and Thompkins Child and Adolescent Services, and the Family and Children First Council

The attachments included in this document are as follows:

- Flowchart for Creative Options Process
- Creative Options Dispute Resolution
- Referral Form
- Release of Information
- Common Life Domains
- Integrated Service Plan
- Discharge Summary
- Parameters for Pooled Funding
- Process to access Pooled Funding
- Service Provider Agreement
- Pooled Funding Request Form
- Team Confidentiality Statement
- Creative Options Flyer

Revised and Approved 8/22/06

Revised and Approved 6/15/10

## Creative Options

**Description:** Creative Options is established to assist professionals, families and children in identifying, defining and solving problems, which surround children involved in multiple systems.

**Participants:** Directors of the following agencies shall appoint representatives to Creative Options:

- Coshocton County Department of Job & Family Services
- Coshocton County Juvenile Court
- Coshocton County Board of Mental Retardation & Developmental Disabilities
- Mental Health and Recovery Services Board
- Ridgewood Local Schools
- Riverview Local Schools
- Coshocton City Schools
- Coshocton County Health Department
- Coshocton City Health Department
- Six County Inc.
- Coshocton Behavioral Health Choices
- Thompkins Child and Adolescent Services
- First Step FVIS
- Help Me Grow
- Head Start
- Mentoring Center of Coshocton
- Parent Representatives

**Officers:** Creative Options members shall elect a Chair and Co-Chair for one-year terms at the first meeting in June each year. Each officer is limited to two consecutive one-year terms in the same office. Family & Children First Council Representative will be the recorder.

**Meetings:** Meetings will be held on the second Wednesday of each month or at such times as determined by the members. The Chair is deemed necessary may call special or emergency meetings, with notification to members by phone or in writing as much in advance as possible.

**Confidentiality:** Since individual cases may be presented for consideration, members are required to follow the standards set forth by member agency policies, state and federal laws, and professional ethics.

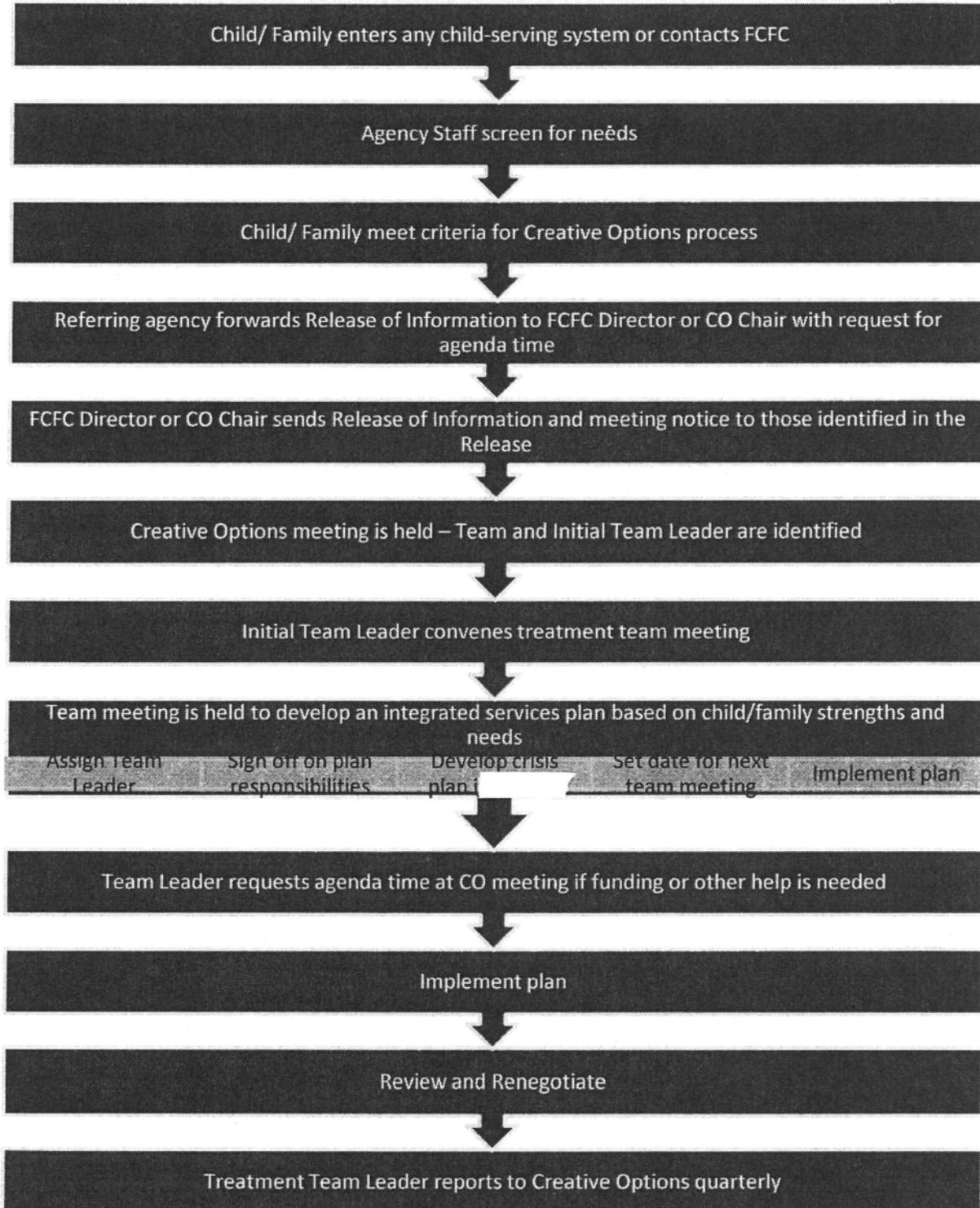
**Responsibilities:** Creative Options shall respond to requests from team leaders, and/or individual agency staff to:

- Provide technical assistance, e.g., identifying community resources, etc.
- Release flexible funds, if available, to help children/ families implement service plans.
- Help to form an Integrated Services Team (Treatment team) when requested by a referring agency. The team would be responsible for developing and implementing the Integrated Services Plan.
- Request/recommend shared funding agreements among agencies involved in situations that require long-term funding for extensive in-home service or out-of-home placement.
- Monitor the formation and implementation of joint service plans.

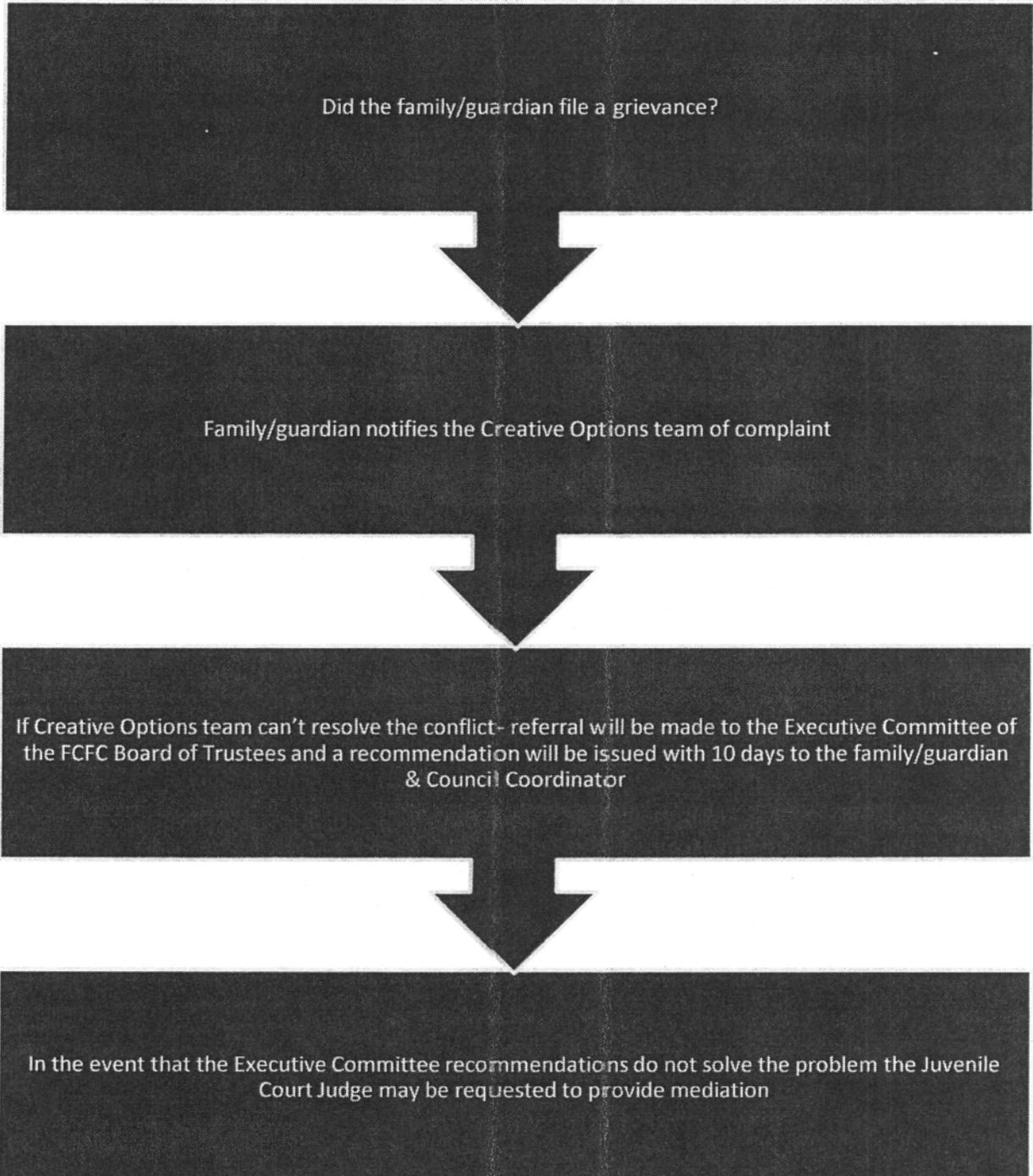
**Reports to Family & Children First Council:** Creative Options Chair will report to the Family & Children First Council Board of Trustees on a regular basis. This will include the number and types of cases, flexible funds used, funding/resource requests, gaps in services, duplication of services, and an annual evaluation of the process.

Updated July 2009, July 2010

# Coshocton County Family & Children First Council Flowchart Creative Options Process



Coshocton County Family & Children First Council  
Flowchart  
Creative Options Process  
Grievance /Dispute



Coshocton County Family & Children First  
Creative Options  
REFERRAL FOR SERVICE COORDINATION

Family Name \_\_\_\_\_ Date \_\_\_\_\_

School District \_\_\_\_\_ Placement/ Grade \_\_\_\_\_

Mother's / Custodian Name \_\_\_\_\_ Custody: yes  no

Address \_\_\_\_\_

Phone \_\_\_\_\_ Employment \_\_\_\_\_

Father's/ Custodian Name \_\_\_\_\_ Custody: yes  no

Address \_\_\_\_\_

Phone \_\_\_\_\_ Employment \_\_\_\_\_

Foster Placement:  yes  no      Relative:  yes  no      Permanent:  yes  no

Referring Professional \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

**CURRENT AGENCY INVOLVEMENT:**

(Check all that apply)

Thompkins \_\_\_\_\_  
CBHC \_\_\_\_\_  
Juvenile Court \_\_\_\_\_  
DJFS \_\_\_\_\_  
CCBDD \_\_\_\_\_  
Help Me Grow \_\_\_\_\_  
Coshocton City Schools \_\_\_\_\_

Ridgewood Schools \_\_\_\_\_  
River View Schools \_\_\_\_\_  
Opportunity School \_\_\_\_\_  
Church/ Religion Involvement \_\_\_\_\_  
DYS \_\_\_\_\_  
Six County \_\_\_\_\_  
County Health Dept. \_\_\_\_\_

City Health Dept. \_\_\_\_\_  
First Step \_\_\_\_\_  
Family PACT \_\_\_\_\_  
Mentoring Center \_\_\_\_\_  
Head Start \_\_\_\_\_  
Other \_\_\_\_\_

**RECOMMENDED TEAM MEMBERS:**

\_\_\_\_\_

**REASON FOR REFERRAL:**

Explain what "informal linkages" and steps have been taken to resolve the situation prior to referring to Creative Options, along with the anticipated service needs.

\_\_\_\_\_

**GOALS:**

What are the goals/ outcomes that the family wants to achieve? \_\_\_\_\_

Sort Term 60 days \_\_\_\_\_

Long Term 6 months \_\_\_\_\_

Is at least one parent/ custodian willing to be on the integrated service team? \_\_\_\_\_

*Please submit completed for with Release of Information to FCFC office.*

**FAMILY & CHILDREN FIRST COUNCIL OF COSHOCTON COUNTY  
CONSENT OF RELEASE OF INFORMATION**

Person's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Individual Case 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.

Coshocton County Department of Job & Family Services  
 Coshocton County Health Department  
 Coshocton County Board of DD  
 Mental Health & Recovery Services Board  
 Department of Youth Services  
 Thompkin's Child & Adolescent Services  
 Coshocton Behavioral Health Choices  
 Help Me Grow  
 First Step Family Violence Intervention Services  
 Family PACT  
 Coshocton Opportunity School

Six County, Inc.  
 Coshocton City Health Department  
 Coshocton City Schools  
 Ridgewood Schools  
 Riverview Schools  
 The Mentoring Center of Coshocton County  
 Head Start  
 Coshocton County Juvenile Court  
 Coshocton County Family & Children First Council  
 Positive Balance

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

**CIRCLE ONE**                      **INITIAL**

Yes    No    N/A                      \_\_\_\_\_

Yes    No    N/A                      \_\_\_\_\_

Identifying Information:

Name, birth date, sex, race, address, telephone number, social security number

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 (IEP's), Individualized Family Service Plans (IFSP's), 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                      \_\_\_\_\_

Yes    No    N/A                      \_\_\_\_\_

HIV and AIDS related diagnosis and treatment:

Substance Abuse Information:

Substance abuse diagnosis, treatment plan, diagnostic intake/assessment, treatment progress, attendance, and 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.

Yes    No    N/A                      \_\_\_\_\_

Financial Information:

Public assistance eligibility and payment information provide 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 **180 days** from the date it is signed or one month after the time I am no longer served by the Family & Children First Council of Coshocton County (whichever comes first unless otherwise indicated herein by the consumer. 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 & Children First Council of Coshocton 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, 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, 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 diagnoses.

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

I hereby revoke this Authorization for Release of Information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Coshocton County Family & Children First Council**  
**Creative Options**  
**Common Life Domain Areas**

1. **Home/ Residence:** Do the current living arrangements meet the person's/family's needs?
2. **Family/ Surrogate Family:** Does the person have a family? Who is in the family, by their definition? Do all family members have appropriate access to each other? What do the members of the family need to stay together or in touch with each other? Are there serious, unmet needs for the family members that impair family functioning?
3. **Physical/ Medical/ Dental/ Substance Abuse:** Are health care needs met? Does the person or family have access to any specialist services they may need?
4. **Emotional/ Psychological/ Behavioral/ Psychiatric:** Does the referred individual/family have any unmet needs to these areas? Are there unresolved issues that impede normal interactions within the family or community?
5. **Social/ Recreational:** Does the person or family members have friends and access to their friends? Does this person/family have the opportunity to socialize with each other? As individuals? Do they have any fun? Do they have a way to relax?
6. **Educational/ Vocational:** What will it take to ensure a viable education for the person or the children, particularly the identified client? Do the older children have access to employment opportunities? For what sort of future are they being prepared? Are civil rights intact?
7. **Legal/ Judicial:** Is the person or any family members involved in the judicial system; on probation or parole? Do they have legal representation: Are there issues around custody?
8. **Safety/ Crisis:** Is the individual or the family safe? Are there dangers to the individual family members? Is anybody potentially dangerous to themselves or to the community?
9. **Other:** Crisis intervention, spiritual, cultural, financial, behavioral, or what ever seems to suit the person/ family in question.

**COSHOCTON COUNTY FAMILY & CHILDREN FIRST COUNCIL  
CREATIVE OPTIONS INTEGRATED SERVICES PLAN**

Children/Family:	Team Leader:	Date Developed:	Case#
Strengths		Weaknesses	

Specific Goals/ Action Plan	Projected Time Frame	Person (s) Responsible	Progress/ Date Goal Achieved
(1) Home/Residential			
(2) Family/Surrogate Family			

Specific Goals/ Action Plan	Projected Time Frame	Person (s) Responsible	Progress/ Date Goal Achieved
(3) Physical/Medical/Dental/Substance Abuse			
(4) Emotional/Psychological/Behavioral/Psychiatric			
(5) Social/Recreational			
(6) Educational/Vocational			

Specific Goals/ Action Plan	Projected Time Frame	Person (s) Responsible	Progress/ Date Goal Achieved
(7) Legal/Judicial			
(8) Safety/Crisis			
(9) Other			

<p>We agree with the above Integrated Services Plan, and will follow through with the actions as initialed.</p> <p>Parent/Custodian: _____</p> <p>Team Leader: _____</p> <p>Team Members: _____</p> <p>_____</p> <p>_____</p>	<p>Treatment Team Review/Date</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

COSHOCTON COUNTY FAMILY & CHILDREN FIRST COUNCIL  
CREATIVE OPTIONS

Discharge Summary

Team Number: \_\_\_\_\_

1. Has the treatment team met with the family and determined that it was time for the case to be terminated?  yes  no
  
2. Is termination due to goals being met and progress made?  yes  no
  
3. Please provide a brief description/summary of the family's progress while involved in Creative Options.  
\_\_\_\_\_
  
4. Please provide a brief description/summary if termination is due to lack of progress, or lack of involvement.  
\_\_\_\_\_
  
5. Were any referrals or recommendations made upon discharge/termination? Was the family open to these recommendations?  
\_\_\_\_\_
  
6. Has the termination form been completed?  yes  no
  
7. Any additional information?  
\_\_\_\_\_

Form update: April 2009

**COSHOCTON COUNTY FAMILY & CHILDREN FIRST COUNCIL  
CREATIVE OPTIONS**

**PARAMETERS FOR FLEXIBLE FUNDING**

A Creative Options funding account is established and maintained in the Family & Children First Council for the purpose of purchasing planned services for those eligible children and families with multiple needs involved in the Creative Options process.

**Creative Options Purpose:** The purpose of Creative Options is to assist families in need of three or more social services (including school and courts) to develop a creative plan for providing the necessary wrap-around services for a child and family that allows them to succeed and keep the child in their home and community.

**Purpose of Flexible Funding:** A way of funding services to children and families on a non-categorical basis. Often times, children/families involved with several agencies are not eligible for services they need, or they need services that are not available in our community. The flexible funds will be used to help implement a joint service plan based on a family's needs rather than on availability of or eligibility for existing programs.

**Use of Flexible Funds:** Examples of the use of flexible funds are as follow:

- Purchase of services or tangible goods for multi-need children/families (wrap-around), for example: respite care, mentors, transportation, etc.
- Establish support to a provider in order to initiate, enhance, or expand programs/services for multi-need children/families. Any reimbursement shall be directed to the Creative Options flexible funding account.
- Payment for development of local service alternatives.

**Please Note:**

The Family and Children First Council recognize that in most difficult cases, short/long term residential care may be necessary. It is not, however the intention of Creative Options to financially support short/long term residential care with the Creative Options flexible funding account. If short/long term care is needed, each agency involved with the family may be approached by the Creative Options treatment team to contribute toward short/long term residential care. Current Creative Options procedures for these circumstances will be followed and addressed on a case-by case basis as the need arises. As part of its request for funding, the Creative Options treatment team will present not only its recommendation for placement, but also its discharge plan.

Creative Options, in coordination with the treatment leader, will pursue all other appropriate sources of funds/reimbursements applicable to the case, including but not limited to, parental support, insurance, IV-E, Medicaid, and SSI. Reimbursement of costs from any source will be deposited into the flexible funds account or deducted from the cost of service.

**Coshocton County Family & Children First Council**  
**Process to Access Creative Options Flexible Funding**

**Process:** Creative Options meets on a regularly scheduled basis. Council agencies are aware of the meeting schedule. The treatment team leader of any treatment may request time on the agenda to present the need for help in implementing a joint service plan. The treatment team is one that was formed among agencies involved with the child/family, or through the Creative Options process. The team should be ready to show why funds are needed and to verify that all other avenues for needed services and/or funds have been pursued and found lacking. Creative Options will choose three of its members, including the CO Chair, to make final decisions on funding issues when CO does not reach a decision by consensus. Any reimbursement of costs from any one or more sources will be paid back into the Flexible Funding account or deducted from the cost of the service.

**Access to Flexible Funds:** Creative Options will be responsible for the authorization of any expenditures, will work closely with the named fiscal agent, and will operate within the confines of available resources, reporting activities to the account contributors and to the Family & Children First Council. ***The funds will be used only when necessary to the success of a service plan and only when other family and community resources are exhausted.***

**Requests by Treatment Teams:**

1. Team reaches consensus on the plan. Team consists of family and its support system, along with front-line staff of involved agencies. Team will be an integrated services team formed at a Creative Options meeting.
2. Team leader presents rationale for request to CO during a regularly scheduled meeting. Family & Children First Council staff and CO Chair should be notified before the meeting.
3. Request for flexible funds is made only after all other resources have been exhausted. The request must conform with conditions set forth in the Flexible Funding Account Parameters.
4. Request is approved or disapproved by consensus of CO members. If consensus is not reached, the request is reviewed by the CO funding committee, which makes the final decision. The funding committee is comprised of three CO members, including the CO Chair.

**Emergencies:** For emergency funding needs between CO meetings, the following process is to be followed:

1. Team leader contacts CO Chair.
2. CO Chair contacts the other two funding committee members. Together, they approve/disapprove request.
3. Funding decisions made for emergencies are to be reported at the next regular CO meeting. The request form would be completed at that time.

Coshocton County Family & Children First Council  
SERVICE PROVIDER AGREEMENT

This agreement is entered into at Coshocton, Ohio this \_\_\_\_\_ day of \_\_\_\_\_, by and between Coshocton County Family and Children First Council, Creative Options 724 South 7<sup>th</sup> St., Coshocton, Ohio hereinafter referred to as Council and \_\_\_\_\_ whose address is \_\_\_\_\_ hereinafter referred to as provider.

The parties enter into this agreement to provide respite care services to child and families, hereinafter referred to as the consumer, that have been identified as needing services by treatment teams established by Council to identify such needs and documented by an Integrated Service Plan (ISP)

Obligations of Service Provider:

1. Provide adequate insurance to assume financial responsibility for any damages that may occur while working with the consumer under the terms of this agreement;
2. Provide immediate notification to Council or designated supervisor of any emergency situation that jeopardizes the safety of the consumer;
3. Provide the services as specified under the ISP and Service Provider addendum;
4. Maintain the confidentiality of all information concerning the consumer as bound by state and local mandates of confidentiality;
5. Maintain documentation of services and provide written reports of services requested by Council;
6. Attend meetings as requested by Council;
7. Satisfactorily complete background investigation conducted by the Bureau of Criminal Identification and Investigation ( BCII);
8. Agrees to hold harmless the Council against any claims, suits, damages, or liability arising out of services provided pursuant to this agreement.

Obligations of Council:

1. Reimburse the provider within thirty (30) days of receipt of the provider's invoice;
2. Provide all necessary information on the consumer to the provider;
3. Provide regular frequent contact and support to the provider whenever necessary;
4. Include provider at team meetings when appropriate; and

Coshocton County Family & Children First Council  
SERVICE PROVIDER AGREEMENT

5. Notify provider if unable to fulfill the terms of this agreement.

The rate for the aforementioned services will be \$4.00 and hour per child up to \$40.00 a day for services rendered and will be paid from the pooled funding account maintained by Coshocton County Auditor's office. All payments will be made without deductions of any kind. Cost of services will not exceed \_\_\_\_\_ for the period of the contract. Provider will submit invoice for services to the Council.

The terms of this agreement will commence on \_\_\_\_\_ and will end on \_\_\_\_\_.

This service agreement will be reviewed at least every ninety days and maybe terminated with written notice with good cause by the Council or Provider. Upon termination, the obligations of all parties shall cease.

Signatures below indicate understanding and agreement with this service agreement.

Service Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Council Signature \_\_\_\_\_ Date \_\_\_\_\_

COSHOCTON COUNTY FAMILY & CHILDREN FIRST COUNCIL  
 CREATIVE OPTIONS  
**FLEXIBLE FUNDS REQUEST/AUTHORIZATION**

TEAM REQUEST:

Child/Family Name \_\_\_\_\_ CO Case# \_\_\_\_\_

Team Leader \_\_\_\_\_  
                   Name                    Agency                    Phone#                    Fax#

Person Making Request \_\_\_\_\_  
                                   Name                    Agency                    Phone#                    Fax#

Help is needed to implement a service plan for child/family involved in the above numbered case. All other known sources have been explored, with no other funding available for this purchase/services.

<u>Purchase/Service (include billing source)</u>	<u>Amount</u>

**Total Requested** \_\_\_\_\_

**Total Approved** \_\_\_\_\_

- **If funds are requested for respite care a service provider agreement must be completed before approval of flexible funds.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                                   Person making request

CO Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
                                   CO Chairperson/Funding Committee Member

FCFC Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
                                   Director/FCFC Chairperson

