

**Case Resolution Review Report**

**by Service Coordinator**

[ ]  **The Coordinated Service Plan is attached**

[ ]  **CSN Respite Plan form is attached**for CSN funding requests for Respite

1. **CHILD/YOUTH**

**Name:**  **Date of Birth** (YYYY-MM-DD)**:**

 **MEETING INFORMATION**

**Date of Meeting:**

**Goal of Case Resolution:** *(Check one)*

[ ]  Review of complex needs child/youth requiring a coordinated community response

 [ ]  Request for the initial Complex Special Needs-funded support plan

 [ ]  Review of the current funded Complex Special Needs support plan

**Service Coordinator:**

**Agency:**

**Confirmation child/youth has:** (click on the box of choice)

* **a Coordinated Service Plan (CSP)** [ ]  Yes [ ]  No
* **an Individual Safety Plan** [ ] Yes [ ]  No
1. **SUMMARY OF SITUATION**
	1. **Clinical Profile** *(diagnosis and strengths)***:**
	2. **Imminent Risks of Harm to Self or Others:**
	3. **Current situation – include why this is coming to Case Resolution:**
		*
	4. **School:**
* **Type of School Program** (e.g. section classroom):
* **In full day school?** [ ]  **Yes**  [ ]  **No** - **# of Hours:**
	+ - * **Reason:**
			* **Plan to integrate to full day:**
* **Supports provided from school board** (e.g., EA, etc.):
* **Describe school successes and challenges:**
	1. Status of Transition Planning for youth age 14+ (click all appropriate):
	[ ]  Yes it has been initiated [ ] No it has not been initiated

[ ] Child is under age 14

[ ] Eligibility confirmed by DSO

[ ] Servicesidentified for waitlist at age 18, or waitlisted services
 - specify:

* 1. **CSN-funded Service Preferences Expressed by Child/Youth/Family**
1. **SUMMARY OF UTILIZATION OF THE SERVICE SYSTEM**
	1. **Current Services**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Program** | **Start Date**(YYYY-MM-DD) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. **Sources of Funding**

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Funding Amount** | **Detail how funding is used** |
| SSAH |  |  |
| ACSD |  |  |
| OAP |  |  |
| Jordan’s Principle |  |  |
| ACP |  |  |
| LHIN Medically Fragile  |  |  |
| Kids First Respite |  |  |
| Passport |  |  |
| ODSP |  |  |
|  |  |  |

* 1. **Previous Services:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Program** | **Start Date**(YYYY-MM-DD) | **End Date**(YYYY-MM-DD) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **What supports have been successful and why:**
	2. **Describe how the funded service system has been exhausted and why risks have not been stabilized with these supports:**
	3. **What other options were considered to stabilize the child/youth:**
1. **Key Components of the CSN–funded Plan**
	1. **The goal is always to return the child/youth home and to funded services** – Describe plan following Complex Special Needs funding supports and the projected timeline for stabilization:
	2. **What is the clinical plan to stabilize the child/youth with CSN funding
	*Goal(s****) = outline the risks that are to be addressed*

***Support Plan/Intervention*** *= supports that will reduce the risks and rationale for supports****Timeline*** *= dates for this current CSN-funded Plan*

***Outcomes*** *= projected outcomes of this Plan and the actual reduction (intensity, frequency) of risks resulting from CSN funded support*

|  |
| --- |
| **Complex Special Needs Plan: Goals, Interventions, and Outcomes** |
| **CSN-funded PLAN** |
| **CSN Funded Goal 1:** Support Plan/Intervention: Timeline (dates): Outcomes: **CSN Funded Goal 2:** Support Plan/Intervention: Timeline (dates): Outcome:  |

**This section to be completed by Contact Brant**

1. **Details of the specialized plan requesting Complex Special Needs Funds:**
	1. **Agency****providing specialized support** *(include full address*):
	2. **Additional Staffing** *(why needed and hours of support):*
	3. **Other Costs requested and or off-setting revenue** *(details and explanation):*
	4. **Dates for this Stabilization Plan:**
	5. **Budget:** [ ]  **Approved by Case Resolution Team for submission**
	6. **TPA to receive the Complex Needs Funding:** McMaster Brokerage

1. **CASE RESOLUTION OUTCOME**
2. **Recommendation(s)**
3. **The child/youth meets the Complex Needs definition**:

[ ]  There is an imminent risk of harm to the child/youth and/or others without
 the provision of this specialized support

[ ]  The funded service system, other appropriate systems, natural and social
 supports have been fully explored

[ ]  All appropriate and available supports are being used and are insufficient
 to reduce risk

[ ]  Other available supports have been explored and deemed inappropriate.

1. **Attendees**

 **Case Resolution Committee Members Present:**

*

**Other Attendees:**

*
*
1. **The Brant contact person for this plan is:**Contact Brant’s Lead Service Planning Coordinator, Alison Hilborn

 **This Report was distributed to the following:**

* Case Resolution Team Members present
* MCCSS Program Supervisor, Kyra Augustyn