

**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**

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| --- | --- | --- |
| **Agency** | **Program** | **Start Date**  (YYYY-MM-DD) |
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* 1. **Sources of Funding**

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| --- | --- | --- |
| **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:**

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