

BRANT CASE RESOLUTION PROTOCOL FOR CHILDREN'S SERVICES

PURPOSE:

To ensure that children/youth with urgent complex needs are responded to by the Brant community with appropriate support options when children's mental health services and/or children's developmental services in Brant are not able to meet their needs.

BACKGROUND:

Case Resolution is a mechanism established by MCSS/MCYS under the Making Services Work for People framework to ensure that children and youth with urgent and multiple complex needs are identified, and that appropriate service options are developed. **Service providers are encouraged to be flexible within their mandates and work creatively within available resources to meet the needs of children with complex special needs.** The MCYS Decision-Making Guidelines (Appendix 1) and the MCYS Memo re Children and Youth with Complex Special Needs Access Process (Appendix 2) detail the Ministry expectations regarding meeting the needs of children with complex needs.

Service providers, through the Case Resolution mechanism, are to ensure priority access to existing services for children/youth with complex special needs and their families assessed as "most in need", to prevent health and safety risks from occurring and/or escalating. **Where the existing service system is not able to meet the needs of the child/youth, that child/youth must be referred to the local Case Resolution mechanism.** Children/youth reviewed through Case Resolution are determined to be at imminent risk of harm to self and/or others, need consideration for specialized support due to the complexity of service needs, and service needs are beyond the capacity of the service system and family to address.

It is expected that creative solutions must be developed for these children/youth within the finite allotment of resources to reduce the immediate risk to the health and safety of each child/youth and their family. The Ministry expects Case Resolution and service providers to work with the child/youth and their family to **transition the child to appropriate supports within the existing service system once immediate health and safety risks have been reduced.**

MCYS expects that children's mental health and developmental service agencies are responsible for regular attendance and participation in the Case Resolution meetings, and will actively support the planning process. Case Resolution should ensure that Children's Service providers engage other related sectors to plan for the specialized needs of the child/youth.

GUIDING PRINCIPLES:

- ❑ Case Resolution is a community process that responds to children/youth with extraordinary needs requiring supports on an urgent basis to reduce imminent risk
- ❑ Case Resolution will ensure meaningful participation of children/youth and families; the process will assist children/youth and families in an integrated and coordinated manner
- ❑ Case Resolution will work within available resources (MCSS/MCYS funded services, community and informal supports); when additional resource commitments are made, the Case Resolution process will focus on reducing the need for exceptional services and re-assessing the child's needs for services to plan towards a return to funded services as soon as possible
- ❑ The Case Resolution process will occur quickly and easily when children/youth are at imminent risk of harm and require an urgent response to stabilize the situation
- ❑ Each MCYS-funded agency will commit a senior level manager to the Case Resolution Team; this Team member will have the ability to make service decisions and resource allocations.
- ❑ The Case Resolution Team will meet monthly at an established date and time to review cases. When the situation is urgent, a Case Resolution meeting will be held within 5 working days of the request at a date and time agreed upon by the individual/family, Contact Brant, and the Case Manager; where an immediate response is required, an interim plan may be developed through consensus by email/phone prior to the urgent Case Resolution meeting, with approval by the Regional Office.

1. PREREQUISITES FOR CASE RESOLUTION CONFERENCING

Prior to implementing Case Resolution, community services, resources and processes must have been exhausted.

Prior to Case Resolution the child/youth:

- will already have been through the access process with Contact Brant
- typically will be involved with a number of services
- should have been identified to Contact Brant as at risk ("emergent" or "urgent" according to the Community Service Collaboration Protocol).

Prior to Case Resolution, a Pre-Resolution Case Conference involving current and potential service providers (including senior staff who have decision-making authority on behalf of their organization) must occur:

- to consider creative solutions within the funded system
- to examine if supports have been fully coordinated or maximized
- to identify opportunities for collaboration to reduce risk
- Contact Brant should be involved in this case conference and can help facilitate whether Case Resolution should be considered.

These Pre-Resolution Case Conferences should result in specific plans and options if they are to be considered by Case Resolution. Case conferencing should continue for children/youth who have already been through Case Resolution to develop plans to bring back to Case Resolution to reduce the need for exceptional services and provide supports within the current funded system.

Refer to further information on case conferences and community protocols: Case Conference Information (Appendix 3); Community Service Collaboration Protocol; Transitional Aged Youth with a Developmental Disability Protocol; and Brant Community Crisis Protocol.

Case Resolution will occur in response to the following:

- Situations that are urgent, complex and critical requiring multi-disciplinary responses or immediate intervention to reduce the imminent risk of harm to self or others, and where there is no immediate suitable and appropriate service
- Situations where there are significant supervision needs due to complex health, multiple diagnoses, or critical mental health issues, and these needs exceed the capacity of the service system
- Situations where the barriers to provision of service include resource implications, lack of access to expertise, and/or mandate restrictions
- Review of support plans, progress, and outcomes for children and youth previously considered by Case Resolution.

2. RESPONSIBILITIES OF SERVICE PROVIDERS

- Commitment to the Guiding Principles
- Prioritization, attendance and active participation in the Case Resolution meetings.
- Annually identify to Contact Brant a senior staff representative who has appropriate knowledge and authority to make service decisions and resource allocations to act as their agency's Case Resolution Team member
- Ensure appropriate staff working with the individual being reviewed attend the Case Resolution meeting to provide information, both written and verbal
- Preparation in advance of the meeting to consider potential agency supports and collaborative opportunities to respond to the individual(s) being reviewed
- Response to the Case Resolution Team's approved plan of action within the identified time frames
- Maintenance of confidentiality
- Commitment to service collaboration that assumes the coordination of individual plans has occurred, resulting in the development of realistic plans including alternatives prior to the review by Case Resolution
- Consistency with the typical access and community processes
- Contact Brant has the responsibility to implement the Case Resolution process to address the needs of children and youth eligible for Brant MCYS funded Children's Mental Health Services and/or Children's Developmental Services
 - Contact Brant will provide the Case Resolution Team with the status of the Regional Complex Needs Fund if a recommendation is made to the Regional Office for approval.
 - Contact Brant Resource Coordinators will assist community staff to prepare for Case Resolution and other community processes.
 - For situations where support is required immediately because of a crisis situation, Contact Brant will advise the individual/family of crisis response services (Woodview for ages 0 – 16, and St. Leonard's for ages 16+) as well as emergency services (e.g. 911, Police, BGH Emergency); Contact Brant will work with service agencies to develop a plan for interim support, when

required, until a Case Resolution meeting can be held within 5 working days - Contact Brant will request support of this interim plan by email/phone and request approval of the interim plan by the Regional Office.

3. RESPONSIBILITIES OF THE CASE RESOLUTION TEAM

- ❑ To ensure children/youth with urgent and multiple complex needs are identified, appropriate service options are developed, and imminent risk situations are managed by the implementation of short term supports to lower the person's risk of harm to themselves or others until the situation has stabilized
- ❑ To review quarterly the Case Resolution support plans, goals and outcomes, as well as address plans for services within the funded system and/or identify opportunities to reduce costs, for children who have been through Case Resolution and are supported by the Regional Complex Needs Fund
- ❑ To annually review by February of each year all Case Resolution cases that are anticipated to again require Complex Needs Funds for the next fiscal year
- ❑ To ensure the support plan includes a clinical assessment of the child's needs, how the immediate risk will be reduced, the service goals to be achieved, the timeframe for transitioning the child to existing base-funded services where possible, and the cost of providing specialized supports
- ❑ To work collaboratively as a part of the service system processes to support effective service coordination, planning and community responsibility in addressing children/youth considered most in need – Refer to the Community Service Collaboration Protocol, Transitional Aged Youth with a Developmental Disability Protocol, and the Crisis Protocol
- ❑ To review the individual Case Resolution information package(s) which will be sent electronically or faxed 2 – 3 days prior to the Case Resolution meetings, and be prepared for the Case Resolution reviews
- ❑ Communicate to children/youth and their families that the specialized supports are interim, time-limited and outcome based; the level of services is not fixed, and will be re-examined in subsequent case reviews; and Case Resolution will work towards a transfer to funded services as soon as possible.
- ❑ Case Resolution will consider the total fiscal pressures these cases represent, and make recommendations to service providers regarding supports, as well as to the Children's Services Committee regarding systems issues, gaps, barriers and resource commitments required.
- ❑ Make any funding recommendations to the Executive Directors of MCYS-funded Children's Service agencies to access the Regional complex Needs Fund.

4. RESPONSIBILITIES OF FAMILY

MCYS expects that all children and youth supported with Complex Special Needs funding will remain the legal responsibility of their parents; ongoing parental involvement provides stability and consistency for the child/youth, and reinforces parental guardianship responsibilities. **Wherever possible, services will be provided in the family home.**

Parents/guardians will:

- be involved in making decisions about care

- be involved in working with service providers, including access and Case Resolution mechanisms, to support their child
- provide financial support (where possible) for the child's personal care needs

5. THE CASE RESOLUTION MEETING ATTENDEES

For each Case Resolution meeting, the Case Manager and Contact Brant staff, in consultation and by consent of the individual/family, will determine who will be invited to the Case Resolution meeting, including:

- Individual and family members
- Advocates or support people identified by the individual or family (optional)
- Individuals identified by Contact Brant or the Case Manager who would improve the problem solving capacity of the Team, including other involved or potential service providers (optional).

The Case Resolution meeting will include:

- Case Manager
- Contact Brant Resource Coordinator
- Members of the Case Resolution Team (as identified by Consent of the individual/family)
- Contact Brant (Chair)

6. THE CASE RESOLUTION PROCESS

a. Identifying and Preparing for Case Resolution

- Service coordination, including a Pre-Resolution Case Conference, will already have ensured that community resources and processes have been exhausted prior to a referral to Case Resolution (Refer to Prerequisites for Case Resolution).
- The need for a Case Resolution meeting will be identified by Contact Brant in consultation with the individual's Case Manager and Pre-Resolution Case Conference when a clear goal/plan for the Case Resolution Team has been developed.
- Contact Brant staff will notify the Case Resolution Team of the meeting date and time.
- Contact Brant staff in conjunction with the Case Manager will identify participants to be invited to the meeting, including the individual, family, and appropriate service providers. Contact Brant and/or the Case Manager will invite these people to the meeting once consent has been provided.
- Contact Brant in conjunction with the Case Manager will develop the Case Resolution Package to be reviewed by the Case Resolution Team. Contact Brant will ensure current and relevant information is included. The Case Manager should refer to Contact Brant for the Case Resolution forms:
 - Consent for Case Resolution meeting
 - Case Manager's Summary, which is a brief summary that includes:
 - the clinical profile
 - the immediate health and safety risk
 - the reasons why the situation is not able to be resolved within the current system
 - what support has been successful/what support has not worked

- a clear plan to stabilize the individual and the rationale for these interventions
- what other options were considered
- how the immediate risk will be reduced because of the plan
- community processes and services accessed
- detailed budget costs of the plan, timelines, and the transfer payment agency identified to provide the supports
- Pre-Resolution Case Conference minutes
- Relevant professional assessments
- The Case Manager must provide the package of information to Contact Brant at least 4 days prior to monthly Case Resolution meetings, or 24 hours prior to urgently called meetings. Contact Brant will email or fax the package of information to Case Resolution Team members 2 – 3 days prior to the meeting date to review and prepare for the meeting.
- The Case Manager and/or Contact Brant Resource Coordinator should review the information in the package with the individual/family prior to the meeting.

b. Case Information Review

The Case Resolution Team is responsible to review the individual Case Resolution information package(s) prior to the Case Resolution meeting.

At the conclusion of the Case Resolution Meeting, the Contact Brant Resource Coordinator will collect Case Resolution Information Packages from the Case Resolution Team.

c. The Meeting

A Contact Brant staff will chair the meeting and is a member of the Case Resolution Team. The Case Resolution meeting format will be **one hour** for each case review. The meeting will have 3 distinct parts:

- Part 1 - Preparation:

The Case Manager will meet with the child/family to review the process and the information in the Case Resolution package. The Contact Brant Resource Coordinator may also be involved.

The Case Resolution Team will meet 'in camera'. The Team will identify any questions regarding the situation and the child/youth's plan that needs to be addressed with the Case Manager and child/family. Additionally, the Team will problem solve, discuss creative options that ensure funded supports have been fully considered, and identify what clarification or additional information is required:

- Are risk issues and context clearly identified (why now, why not able to cope, what other options considered)
- Are the person's behaviour, emotional and health needs identified
- Are clinical treatment plans available and being implemented
- Are family dynamics identified and family/ informal supports maximized
- Are services clearly identified, coordinated and maximized
- Does the service history identify what's worked, what hasn't worked, and why
- Is the interim plan clearly identified (goals, supports required, budget, timelines) and details why this plan will reduce the risk
- Is the longer-term plan clearly identified

- Part 2 – Case Resolution Meeting:
The Team will meet with the Case Manager and child/family as well as the Contact Brant Resource Coordinator, to identify the interim support plan. Since the Team has reviewed information in advance, the need to retell the story is not required; however, the Team will ask any clarifying questions. The child/family will be given the opportunity to provide additional information or ask questions of the Team.
The Chair will summarize the optimal clinical plan based on the discussions and ask the child/family if they agree with this.
 - The Team will make a statement regarding risk (identify specific areas of imminent risk, and to whom)
 - The Team will ensure the recommendations made for services will be interim, time-limited, and outcome based; the same level of service is not guaranteed in future reviews and a transfer to existing funded services will occur when the immediate risk has been addressed, and is appropriate.
- Part 3 – Decision Making:
The Case Resolution Team will meet ‘in camera’ to make recommendations on how to support the clinical plan, including resource commitments:
 - If support is available within the funded system, the Case Resolution Team may prioritize the person to receive support immediately or as needing to wait for services to become available
 - When funding is recommended, the Case Resolution Team will develop funding parameters, including timeframes, required response/service, funded resources that will be utilized, additional resources that are required, and recommend the maximum amount of funding as well as any cost recovery. The Chair will provide information on the status of the Regional Complex Needs Fund.
 - Any recommendation for funding will be based on the estimated cost of service prepared by the Case Manager and Contact Brant; however, the Case Resolution Team, especially those members directly involved in the plan, need to be prepared to confirm budget requirements at the meeting.
 - A transfer payment agency will be identified to provide the service, or as case manager of the service.
 - The Team will make recommendations:
 - to service providers to reduce the costs of supports and risks, and move to supports within the funded system
 - to the Children’s Services Committee regarding accessing the Regional Complex Needs Fund. Additionally, the Team will identify any findings regarding systems issues, gaps and barriers to the Children’s Services Committee as well as consider the total fiscal pressures cases represent, and make recommendations to build community capacity through creative solutions or opportunities to respond to the exceptional needs of children and youth.

d. Decision Making Process

The Chair will negotiate agreement by consensus.

The final decisions regarding the action plan and recommendation for resource commitments rest with the Case Resolution Team. When specialized supports are

required due to the complexity of service needs that are beyond the capacity of the service system and family, and immediate measures are needed to decrease the risk, Case Resolution will follow the MCYS Decision-making Guidelines (Appendix 1) and the MCYS Memo re Children and Youth with Complex Special Needs Access Process (Appendix 2) and consider:

- The urgency of need for measures to reduce the risk to the immediate health and safety of the individual
- The support needs for the individual with complex needs and their family
- The availability of Ministry-funded supports in the community
- The availability of other formal and informal supports to the individual/family
- The availability of funds.

e. Approval of Funding

It is expected that **creative solutions** be developed for specialized services and supports **within the finite allotment of community resources** to reduce the immediate risk.

If a decision to provide resources beyond the agencies' base allocations is deemed necessary as a risk management strategy, Case Resolution may make a recommendation to access the Regional Complex Special Needs Fund; funds would be anticipated for a short term and expensed within the fiscal year. The MCYS Regional Complex Needs Fund can only be considered for youth under age 18 where protection concerns do not exist, with the primary focus of the funds being to maintain the child in their family home.

- The Case Resolution Team, through Contact Brant, will make a recommendation to access the Regional Complex Needs Fund funding to the Executive Directors of MCYS-funded children's Services, who will in turn, through contact Brant, make the recommendation to the MCYS Regional Office; Contact Brant will submit the recommendation for funding to the MCYS Regional Office through the Case Resolution Report.
- The MCYS Regional Office makes the final approval of any resource allocations, and will notify Contact Brant of the decision.
- The Children's Services Committee will receive a report on Case Resolution recommendations from Contact Brant and will receive information from the Regional Office regarding the status of the Regional Complex Needs Fund.

f. Follow-up

- Contact Brant will ensure the individual/family and Case Manager are informed of the recommendations following the meeting; the individual/family will be given the opportunity to state their response to be included in the Case Resolution Report prior to it being submitted to the Regional Office.
- Team members whose agencies are identified to implement the plan will follow-up within their organization on their action items in the plan.
- Regular reviews of on-going plans need to occur quarterly at Case Resolution to assess the progress of the individual's plan, their current level of need and the level of supports being provided, as well as the return to base-funded services. The Case Manager will schedule follow up meetings/Case Conferences and support to the individual/family to implement and monitor progress of the plan, and will report back on the progress of the plan to Contact Brant for the follow-up Case Resolution meeting.

- The transfer payment agency or identified purchase of service provider must provide services within the timeframes identified and within the context of the plan parameters, including approved funding.
- Contact Brant will ensure any recommendation for funding is taken as soon as possible to the Regional Office for approval.
- Contact Brant will inform the agencies involved regarding the MCYS funding decision, as well as report this to the Children’s Services Committee.
- The Children’s Services Committee will review the Brant utilization of the Regional Complex Needs Fund, and MCYS-funded Children’s Services will manage any over-commitments within their sector.

g. Documentation

Contact Brant will document the Case Resolution plan in the Case Resolution Report for each individual reviewed at Case Resolution and distribute to the individual/family, Case Manager, the Team members present, and any other agency that has responsibilities outlined in the plan.

Contact Brant will submit the Case Resolution Report to the MCYS Program Supervisor to identify the community pressures, and to request approval for any recommendation for funding on behalf of the Brant community.

The Ministry Decision-Making Guidelines outline documentation required in the Report:

- The immediate health and safety risk
- The reasons why it is unable to resolve the situation
- The plan to address the child/individual’s needs including how the immediate risk will be reduced
- Information from the community processes to address the needs of the child/individual and family and their “most in need” status
- The specific supports requested, the cost and the transfer payment agency that will provide the supports

Contact Brant will regularly provide a report of Case Resolution system recommendations and findings on gaps, trends and pressures to the Children’s Services Committee for the purposes of system planning.

7. DISPUTE RESOLUTION

The Contact Brant Resource Coordinator will notify the individual/family at the Case Resolution meeting that they will be called to provide feedback on their satisfaction with the Case Resolution outcome. If an individual/family is not satisfied with the outcome, further Case Resolution meetings will need to occur.

All service providers involved in Case Resolution can formally lodge a dispute in writing regarding the recommendations and action plan to the Chief Executive Officer of Contact Brant within 5 working days of the Case Resolution meeting.

Contact Brant will arrange a meeting with the Case Resolution Team, the disputing party and a representative from the MCYS Regional Office to review the dispute and to seek resolution. Minutes will be taken at this meeting and forwarded to all present. At a minimum they will include:

- The names of all parties present at the meeting
- Nature of the Dispute
- Response to the Dispute
- Resolution and next steps or Non-Resolution and explanation for lack of consensus

8. EVALUATION FRAMEWORK

Contact Brant will complete a phone survey, with consent, for each individual/family involved in Case Resolution. The survey will address the individual/family's experience of the Case Resolution meeting as well as the outcome of the plan of action developed at the Case Resolution meeting. The survey will be completed within one month of the Case Resolution meeting.

The Children's Services Committee will review the Case Resolution Protocol annually, including feedback from the Case Resolution Team. Contact Brant will strike a Working Group to address any revisions to the Case Resolution Protocol when requested at any time by CSC.

Contact Brant will develop an annual Case Resolution Report for the Children's Services Committee, MCYS, and the Case Resolution Team to include:

- volume of meetings differentiating children's vs. developmental services
- summary of situations brought to Case Resolution
- summary of outcomes/plans of action
- service system recommendations and findings identified
- summary of disputes, volume and type of disputes
- summary of Case Resolution Team representation
- summary of survey responses.

Case Resolution Team Membership

The Case Resolution Team in Brant has broad stakeholder representation and is responsible to follow both the Children's Services Case Resolution Protocol and the adult Developmental Services Case Resolution Protocol, as appropriate.

The Case Resolution Team members invited to each Case Resolution meeting will be according to consent provided by the individual/family and as appropriate.

Following are the agencies committed to providing a Case Resolution Team member:

Brantwood Centre
Brant Community Health System
Children's Aid Society of Brant
Community Living Brant
Community Living Six Nations Ronatahskats
Contact Brant for Children's & Developmental Services (Chair)
Family Counselling Centre of Brant
Grand Erie District School Board
HNHB Community Care Access Centre
Lansdowne Children's Centre
Six Nations Child and Family Services
St. Leonard's Community Service
Woodview Children's Centre

To be invited as appropriate for adult Developmental Services sector:

Twin Lakes Clinical Services
Bethesda Community Response Program
Southern Network of Specialized Care (for adults with a dual diagnosis)

To be invited for Children's Services reviews when the child is a student of BHNCD SB
(this reflects the request of BHNCD SB):

Brant Haldimand Norfolk Catholic District School Board

Specialized Support for Children/Youth with Complex/Multiple Needs

Decision-making Guidelines

I: Introduction

Children/youth with complex/multiple needs are:

- Under the age of 18 and require specialized services/supports to participate in activities of daily living, on a long-term, continuous and/or intermittent basis; and
- Have two or more different special needs, requiring an integrated service approach that crosses sectors (health, education and social services) with services often being provided at a number of different locations; and
- Have needs associated with a variety of conditions, which may include physical, intellectual, emotional and developmental disabilities, and chronic, severe and/or terminal illness.

Where there are no protection concerns, these children/youth and their families are to be referred to non-protection agencies that have both the mandate and the expertise to provide the services.

The policy, *Making Services Work for People*, 1997 requires that every local system of services have (or develop) the capacity to provide supports¹ to children/youth with complex/multiple needs who have been assessed to be “most in need”, within available resources. Local systems of services must find ways to provide service to children/youth who are assessed to be “most in need” to reduce the immediate health and safety risk to the child/youth. Once the level of risk has been reduced, the child/youth and/or family may be placed on a waiting list for additional services where the services are not immediately available.

Some children/youth with complex/multiple needs require specialized supports to meet their unique circumstances because:

- The complexity of the service needs for the child/youth are beyond the capacity of the service system and family to address; and
- Immediate measures are needed to decrease risk to the immediate health and safety of the child.

Where a request for specialized support is received the decision-making shall:

- Reflect a common set of guidelines and a common process, as outlined in the Sections II and III of these guidelines, that give all applicants an opportunity to submit the information they believe needs to be considered in their request for specialized support;
- Demonstrate a consistent interpretation and application of the guidelines;
- Consider each individual's and family's unique situation and circumstances and show a willingness to use discretion where circumstances warrant; and
- Result in decisions that are consistent, objective and sensitive to individuals, families, language and culture.

¹*Making Services Work for People*, p. 6

While the framework for decision-making will be consistent across the province, the amount of support that a child/youth may receive will vary depending on the individual circumstances, unique characteristics, and available community resources.

The following guidelines will assist in decision-making regarding specialized support where a request is received for a specific child/youth with complex/multiple needs and his/her family. Decisions will be made within the resources available to the ministry. Supports approved through this process are time-limited with the goal being to transition the child/youth and family into the existing service system. Services/supports provided through this process will be managed by transfer payment agencies with the clinical expertise to support the child/youth and family. These agencies are subject to ministry review and accountability requirements.

II: Guidelines

Children/youth with complex/multiple needs may be considered for MCYS specialized support if they meet the following criteria:

- Are residents of Ontario;
AND
- Have ongoing functional limitation/s as a result of a disability and/or disorder as documented by a physician, psychologist, or psychiatrist;
AND
- Have support needs that are beyond the available services and supports as documented by the local case resolution mechanism.

In addition:

- The supports required are ones that MCYS provides within its policy and legislative mandates;
AND
- The services/supports are to be provided/delivered within the Province of Ontario.

Approvals will be based on the following **decision-making factors**:

- The urgency of need for measures to reduce the risk to the immediate health and safety of the child/youth;
AND
- The support needs of the child/youth with complex/multiple needs and the family;
AND
- The availability of ministry-funded supports in the community;
AND
- The availability of other formal and informal supports to the child/youth and family;
AND
- The availability of funds.

III: Process

Families of children/youth with complex/multiple needs will be informed of the full process for accessing specialized support by the Access Mechanism or the Case Resolution Mechanism.

Step 1: Access Mechanism

Each community has established an access mechanism, which provides information about services, makes referrals, and maintains waiting lists for services. Any individual or

family requiring services is expected to contact the access mechanism in their area for information and/or referral. Families seeking specialized support must contact local access mechanisms for assessment, prioritization, referral, intake and service provision. The family is not expected to repeat this process if it occurred at an earlier time.

Step 2: Case Resolution Mechanism

Where the existing services and service system are not able to meet the child's/youth's needs the child/youth must be referred to the local case resolution mechanism.

The ministry requires every local system of services to have a *Case Resolution Mechanism*² to deal with "most in need" cases. The functions of a case resolution mechanism include:

- Reviewing cases to determine if they are "most in need"; and
- Recommending service options to address "most in need" cases.

The process of decision-making for specialized supports does not replace existing mechanisms for identifying "most in need". It is intended to deal with those children/youth who are first identified by a Case Resolution Mechanism as "most in need" and then also fit the criteria identified in Section II of this document.

Step 3: Specialized Support

The case resolution mechanism may consider specialized support for a child/youth, within available resources, when:

- The child's/youth's needs are sufficiently complex that the family and the existing service system are not able to meet the needs of the child/youth; and
- The child/youth meets the criteria identified in Section II of this document.

Step 4: Regional Office Review

Where the Case Resolution Mechanism decides that it is unable to address the need, it may submit a plan for the child to the regional office for consideration. The Case Resolution Mechanism must document:

- The immediate health and safety risk;
- The child's eligibility in the context of the criteria identified in Section II of this document;
- The reasons why it is unable to resolve the situation;
- The plan to address the child's needs including how the immediate risk will be reduced;
- Information from the community processes to address the needs of the child/youth and family and their "most in need" status;
- The specific supports requested, the cost and the transfer payment agency that will provide the supports; and
- Evidence that the family has been given an opportunity to provide additional information that may inform the plan prior to submitting it to the Regional Office.

On receipt of a request for specialized support the Regional Office will:

- Request additional information as required to make a decision;
- Send a letter to the family and copy the case resolution mechanism, acknowledging receipt of the request for specialized support and the plan, advising

²*Making Services Work for People, p. 27.*

that the guidelines for decision-making can be made available upon request and identifying a timeframe for a decision;

- Review the plan against the guidelines, the five decision-making factors to be considered for specialized support and the available resources;
- Give the family an opportunity to provide additional information about their plan prior to a final decision being made; and
- Document the decision and reasons for the decision including:
 - ✓ A response to the criteria and five decision-making factors;
 - ✓ Level and type of support to be allocated; and
 - ✓ The transfer payment agency who will manage the support plan with the family and facilitate linkages with and the transition to the existing service system.

Step 5: Inform the Family of the Decision

Within the timeframe identified in the acknowledgement letter, the Regional Office will inform the family in writing, and copy the Case Resolution Mechanism, of:

- The decision and the reasons for the decision;
- The specific time period of the approval up to a maximum of one year, coinciding with the ministry's fiscal year;
- The requirement that the urgency of need will be reassessed at least annually by the Case Resolution Mechanism. The same level of support is not guaranteed in subsequent approvals; and
- The requirement that the family work with the case resolution mechanism and/or local agencies to transition the child/youth and family to the existing service system.

**Ministry of Community
and Social Services
Ministry of Children and
Youth Services**

Hamilton/Niagara Region

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August 28, 2009

TO: Executive Directors
MCYS/MCSS Transfer Payment Agencies
Hamilton/Niagara Region

cc: Members of the Local Children's Service System Tables

FROM: Ron Burwell
Program Supervisor/Complex Special Needs Lead
Hamilton/Niagara Region

RE: Children and Youth with Complex Special Needs Access Process

This memo is intended to provide additional clarity concerning the provision of service to children and youth with exceptional needs. In particular, it highlights the roles and responsibilities of local case resolution mechanisms and Ministry regional offices in managing the complex needs portfolio. As well, this memo reinforces Ministry expectations of children's aid societies and other transfer payment organizations (notably in children's mental health and developmental services) in relation to children and youth with complex special needs.

CONTACT agencies function as the initial entry point to services for children and youth with emotional, behavioural or developmental concerns. There is a CONTACT agency located in each of the four communities in the Hamilton/Niagara Region, including:

- Contact Hamilton, 140 King Street East, Suite #4, Hamilton; 905-570-8888
- Contact Niagara, 23 Hannover Drive, Unit #8, St. Catharines, 905-684-3407
- Contact Brant, 25 King Street, Brantford, 519-758-8228
- Haldimand-Norfolk R.E.A.C.H. (Contact H-N), P.O. Box 5054, Townsend, 519-587-2441

CONTACT agencies provide single point of access for:

- Information about Available Services;
- Central Intake and Referral;
- Coordination of Services;
- Case Resolution; and
- Residential Placement Advisory Committee (RPAC).

The range of services CONTACT agencies are able to refer a family to include, but are not limited to: in-home supports including intensive child and family service, out of home respite, Special Services at Home (SSAH) and Assistance for Children with Severe

Disabilities (ACSD), outpatient services including assessment and treatment, behavioural supports, case management, residential treatment, which can include options such as respite/shared care/and full time placement, and inpatient mental health services.

Children and Youth with Complex Special Needs

A “child/youth with complex/multiple special needs” is, as defined in the Specialized Support for Children/Youth with Complex/Multiple Needs Decision-making Guidelines, a child/youth:

- Under the age of 18 in need of specialized services/supports to participate in day-to-day activities, on a long-term, continuous and/or intermittent basis;
- With a minimum of two different special needs, receiving service from different sectors (e.g. developmental services, mental health) and in need of an integrated service approach; and
- With needs associated with a variety of conditions, which may include physical, intellectual, emotional and developmental disabilities, and chronic, severe and/or terminal illness.

All children/youth that fit the criteria within the complex special needs guidelines must access services through the appropriate CONTACT organization. All referral sources, whether it be families, case managing agencies or other external sources seeking specialized supports, must contact the appropriate CONTACT agency for assessment, prioritization, referral, intake and service planning.

Case Resolution Process for Children with Complex Special Needs

When it is determined that existing services are not able to meet the child’s/youth’s needs, CONTACT agencies will facilitate a case resolution meeting. Children’s mental health and developmental service agencies are responsible for regular attendance and participation in the case resolution meetings, and to actively support the planning process. Other service sectors such as education, health, adult developmental services and culturally specific groups, such as First Nations and francophone providers, may also attend case resolution meetings as required.

The local CONTACT case resolution mechanisms in each community will review each case received to determine if the child/youth and his/her family is “most in need” and will recommend service options to address the needs of those children/youth assessed to be experiencing significant or severe mental health problems/illnesses that significantly impair their functioning at home, school and the community, where the criteria in the Guidelines have been met. The case resolution mechanism will ensure that the recommended services can be provided within the finite allotment to provide specialized supports to reduce the immediate risk to the health and safety of each child/youth and their family.

Case resolution for complex special needs children/youth in each community will include the following processes:

- If a child/youth is assessed by the case resolution mechanism to be “most in need”, the recommendation to provide support services through specialized support funding will be based on the criteria and decision-making factors in the Guidelines. Specialized support services will be determined and provided based on the availability of resources.

- Service provider agencies work with the case resolution mechanism to ensure priority access to existing services for children/youth with complex special needs and their families assessed as “most in need”, to prevent health and safety risks from occurring and/or escalating. Service providers are encouraged to be flexible within their mandates and work creatively within available resources to meet the needs of children/youth with complex special needs.
- Case resolution mechanisms and transfer payment agencies work with the child/youth and their family to transition the person to appropriate longer-term supports within the existing service system once immediate health and safety risks have been reduced. In some instances, where significant risks have been addressed, a child/youth may be placed on a waitlist for appropriate treatment and/or longer-term supports.
- All children/youth supported with complex special needs funding will remain the legal responsibility of their parents. This includes making decisions about care, working with providers and access and case resolution mechanisms to support the child/youth, and financial support, where possible, for the child/youth’s personal care needs. Ongoing parental involvement provides stability and consistency for the child/youth, and reinforces parental guardianship responsibilities. Wherever possible, service will be provided in the family home.
- The case resolution mechanism engages other related sectors to plan for the specialized needs of the child/youth. The support plan will include the clinical assessment of the child/youth’s needs, how the immediate risk will be reduced, the timeframe for transitioning the child/youth to existing base-funded services where possible, the service goals to be achieved and the cost of providing specialized supports. The case resolution mechanism submits the plans to the Regional Office for review prior to commencement of providing support services.
- Specialized support services can be approved, as per the Guidelines, for up to a maximum of 12 months.
- Case resolution mechanisms communicate to children/youth and their families that the specialized supports to be provided are interim, time-limited and outcome based. It should be emphasized that the level of services are not fixed, and will be re-examined in subsequent case reviews. In addition, the youth and parent(s) should be advised that case resolution mechanisms will work towards a transfer to funded services where possible.
- Case resolution mechanisms have review processes and procedures, consistent with the support plan, for regular review of funding, urgency of need, and level of supports provided. The timeframe for case reviews will be based on the circumstances of each case and will be reflected in the child’s/youth’s support plan.

Funding for complex special needs services is managed by the Regional Office. All recommendations made at the case resolution mechanisms must be forwarded to the Regional Office for review. Where possible, ***the Regional Office will be alerted prior to the case resolution meeting where additional funding is anticipated.*** CONTACT agencies and/or Special Needs Services at McMaster Children’s Hospital are responsible to report any changes in funding to existing complex needs children/youth to the Regional Office on a monthly basis.

Child Protection

It is the ministry's position that it is not appropriate to use a children's aid society (CAS) to secure access to services for children and youth with special needs where no child protection concerns exist.

In 2005, the ministry re-issued the 2001 directive to children's aid societies to clarify that:

- it is not appropriate to use child protection resources to provide services to children and youth with special needs where no child protection concerns exist; and
- families with special needs children and youth must be referred to other non-protection agencies that have the mandate, the resources and the expertise to provide needed services to meet the child's/youth's special needs where no protection concerns exist.

CASE CONFERENCE INFORMATION

Case conferencing is a community process that ensures coordination, collaboration and planning amongst services providers with the individual/family. This summary is intended as a tool to assist with case conferencing. The purpose of calling a case conference is varied and **any staff involved should call a Case Conference to ensure community collaboration when:**

- community agencies supporting an individual/family need to communicate and coordinate services to maximize supports and identify opportunities for collaboration
- the individual/family's needs have changed - further coordination/supports are needed
- changes/transitions are anticipated and sound advance planning is required
- the individual is at the 'emergent' or 'urgent' priority level – plan to reduce risk
- Case Resolution is considered, a Pre-Resolution Case Conference is required to reduce risk and ensure services and processes have been exhausted
- the individual's outcomes of previously established support plans need to be reviewed

Preparation for a Case Conference – plan ahead!

- Plan ahead and create an **agenda**; have a **clear purpose** for the meeting
- **Set** a date, time and location; identify who will **Chair** and who will take **Minutes**
- **Invite** individual/family, community service providers involved with the individual, potential new service providers, other players as appropriate (e.g., managers when a case is emergent/urgent and there is a potential of requiring Case Resolution)
- Have the **family** articulate what they identify as being needed and be prepared to speak to this, or have the family speak to it, at the meeting
- Ensure a **Consent** Form has been signed by the individual/family for information sharing with all agencies invited to attend the Case Conference
- **Prepare** a one page summary to assist you with a concise discussion of what is needed and the present issues (consider distributing at the meeting):
 - Strengths and challenges; any immediate health and safety risks
 - Current situation: family, academic/vocational, living
 - Services involved and goals of support/treatment
 - What support/services have been successful/unsuccessful
 - What other options need to be considered

Case Conference Meeting (plan for 1 – 1 ½ hours for a case conference – no longer!)

- 15 minutes prior to the meeting, **meet with the individual/family** to put them at ease; ask again if they would feel comfortable to talk about their situation
- **Present briefly** the purpose of the meeting and the summary of information you have prepared: begin with the strengths of the individual/family to focus on what can be built upon and make the individual/ family more comfortable
- **Support** the individual/family throughout; encourage them to speak if they wish
- Discuss **how to improve service coordination**, additional supports needed, what plans need to be developed; **problem solve creative solutions**
- Identify an **action plan** – who is going to do what, timelines
- Set **another Case Conference date** before adjourning, if appropriate

Case Conference Follow-up:

- **Follow-up** on any actions
- **Continue to coordinate** with service providers and individual/family
- **Distribute minutes** of the case conference within 1 week of meeting

CASE CONFERENCE CHECKLIST TOOL

PREPARATION AND TASKS

(Based on the Brant County Health Unit's tool)

Inform family of purpose and function of meeting	<ul style="list-style-type: none"> <input type="checkbox"/> review with family their needs, goals, strengths, and resources as per assessment <input type="checkbox"/> identify with the family who and what would be most useful in assisting them with attaining their goals <input type="checkbox"/> introduce case conference/service coordination meeting process as an opportunity to bring together the resources that would be most useful at this time, in order to coordinate how each will be involved <input type="checkbox"/> provide family with information re the goal of meeting is coordination of services <input type="checkbox"/> discuss meeting process: strengths and resources of the family, families' goals, the services role in supporting and working with the family (when, where, who), how the resources will work together, communication process <input type="checkbox"/> identify strengths and goals that family would like discussed at meeting <input type="checkbox"/> identify with family who they want to attend the meeting (formal/informal supports) <input type="checkbox"/> discuss and complete Consent for release and sharing of information <input type="checkbox"/> identify time and place re: hosting meeting
Inviting service participants	<ul style="list-style-type: none"> <input type="checkbox"/> inform of purpose and function of meeting, which is family focused and strength-based service planning <input type="checkbox"/> identify goals that participant may currently be working on with family <input type="checkbox"/> describe participant's role at meeting <input type="checkbox"/> documentation re: releases of information and service coordination plan <input type="checkbox"/> confirm time, place, and their attendance
Meeting preparation	<ul style="list-style-type: none"> <input type="checkbox"/> confirm time and place with participants <input type="checkbox"/> email/mail out agenda for meeting <input type="checkbox"/> prepare materials: summary of what you will present; will you want markers, flip chart, business cards? <input type="checkbox"/> identify who will Chair and take Minutes
Meeting	<ul style="list-style-type: none"> <input type="checkbox"/> facilitate/chair meeting <input type="checkbox"/> introductions and purpose <input type="checkbox"/> set ground rules: family-focused, strength-based, problem-solving, brainstorming, coordinating, planning, confidentiality <input type="checkbox"/> confirm the recorder for minutes; inform that copies will be provided with consent <input type="checkbox"/> start with goals identified, identify family strengths and resources, brainstorm re: additional resources to assist with goal attainment, who, what, when, where, and how long <input type="checkbox"/> involve family: enlist their input (advocate) <input type="checkbox"/> reach consensus <input type="checkbox"/> identify any new goals for discussion <input type="checkbox"/> clarify on-going communication process <input type="checkbox"/> identify a safety/crisis plan, if appropriate <input type="checkbox"/> identify ongoing "lead" case manager/coordinator (if transfer, identify who, when, how, confirm family agreement) <input type="checkbox"/> set next meeting time and place

Follow-up	<ul style="list-style-type: none"> <input type="checkbox"/> visit family, phone contact <input type="checkbox"/> assess strategies, problem-solve alternatives, look at options, validate and acknowledge growth and differences <input type="checkbox"/> redirect family to speak with service providers re: issues, concerns, changes <input type="checkbox"/> ongoing communication with service providers to focus, redirect, evaluate progress <input type="checkbox"/> identify ongoing needs <input type="checkbox"/> identify any changes in staff, family contact information in a timely manner to other service providers
Discharge	<ul style="list-style-type: none"> <input type="checkbox"/> plan for discharge with family and other service providers <input type="checkbox"/> review with family, identify supports available currently or in future, how to recognize when to call in future, follow-up letters to family and service providers <input type="checkbox"/> When Service Provider's role is complete: service providers and family are in agreement, discussed and planned at a service coordination meeting