

Brant Community Service Collaboration Protocol

1.0 Purpose of Community Service Collaboration:

Individuals and families should receive coordinated support when they receive multiple agency services that ensure service providers are working together in a collaborative manner to meet their needs. Evidence suggests that coordination is central to the effective delivery of integrated services and helps overcome the challenges of numerous lengthy meetings, conflicting and confusing advice, not knowing who needs to talk to whom, and not being able to identify the right supports. Individual agencies will continue to provide their mandated services that may include case management/service coordination within their own agencies, and will ensure collaboration with other involved services.

Community Collaboration will ensure that services for individuals/families are:

- coordinated and complementary
- avoid duplication and contradiction
- consistently working towards meeting the individual and family goals in a manner that is consistent with their values and preferences.

Each staff involved in provision of services takes a role in establishing links among service providers and informal supports, across all sectors, and ensures coordination of the overall implementation of the individual's single plan of care.

Agencies will provide person-centered/ family-centered support. *King, Rosenbaum, & King, Interpersonal aspects of care-giving and client outcomes, Ambulatory Child Health 2, p.151-160, 1996*) describes this support as involving the following types of service provider behaviours:

- “respectful and supportive care
- coordinated and comprehensive care
- enabling and partnership
- providing general information, and
- providing specific information about the child”

Inter-agency communication will be initiated by community staff when an individual/family is identified as having involvement with two or more agencies in the children's services or adult developmental services sectors. Interagency communication and coordination will be on-going, and will be coordinated with other sectors involved with the individual/family.

2.0 Guiding Principles:

This Protocol is based on the following Guiding Principles:

- 2.1 Agencies working with an individual/family will provide person/family-centered, strength-based service delivery and planning which enables individuals/families to achieve and maintain a quality of life consistent with their values, priorities, strengths and preferences.
- 2.2 Staff providing service to an individual/family will implement, deliver and coordinate services within their own agency's mandate, as well as regularly communicate with other agencies involved with the individual/family, ensuring

confidentiality with information sharing is based on consent and the principle of 'need to know'.

- 2.3 Service Collaboration offers a range of options from informal to formal – the continuum would be based on the individual/family's choice and needs.
- 2.4 Supports should focus on existing community-based services, recognizing best practices.
- 2.5 Staff involved in provision of services should be aware of and honour the existing community referral procedures, processes (e.g., case conferencing/case planning meetings, Case Resolution, RPAC, etc.), Protocols and service agreements.
- 2.6 Individuals and families will be fully involved in the development of their coordinated single plan of care which should facilitate the achievement and maintenance of a quality of life consistent with their values, priorities, strengths and preferences.

3.0 Initiating Collaboration:

- 3.1 As part of the Intake and Referral process, Contact Brant will inform individuals/families accessing more than one service about Service Collaboration and will ensure Consent is provided to allow agencies to communicate.
- 3.2 Any service provider that becomes aware that there is more than one agency involved in providing services to an individual/ family will ensure Consent is signed, or notify Contact Brant to connect with the individual/ family to ensure that Consent is signed, to allow agencies to communicate.
- 3.3 Contact Brant or the agency acquiring Consent will ensure current service providers are informed and are copied with the Consent.
- 3.4 When Consent is received, each staff involved is responsible to initiate communication within 2 weeks with other staff involved to:
 - identify their role, including goals, and
 - develop a plan for on-going communication and collaboration.

4.0 Outcome of Collaboration:

The outcome of the communication initiated for Service Collaboration will be an informal or formal documented action plan to ensure complementary service provision which will avoid duplication and contradiction. The action plan should be documented as per agency practice. This could also include a brief report developed by one of the service providers, or minutes from a case meeting. Documentation should include:

- who is involved, including who will be responsible for on-going communication
- goals from each service provider
- service plan from each service provider
- timeframe.

- 4.1 Service providers should ensure on-going communication regarding significant changes including:
- goals
 - service plan
 - new services
 - discharge plan
 - change in staff
 - crisis plan, if needed (Note: refer to the Brant Community Crisis Protocol).
- 4.2 There should be a continuum of collaboration:
- 4.2.1 All staff involved are responsible to facilitate on-going communication through emails/phone calls/meetings (case conferences, case planning) to ensure coordination with other service providers
- 4.2.2 All staff involved are responsible to ensure minutes from meetings are distributed to all services involved and the individual/family.
- 4.2.3 All staff involved are responsible to encourage collaboration among individual/family and service providers.
- 4.2.4 All staff involved are responsible to call a case planning meeting to address coordination if the situation of the individual is such that they are identified as “Urgent/At Risk” or “Emergent” according to the Most in Need Summary tools (See Appendix A - Community Prioritization Process and the Most in Need Summary Tools – Children’s Services and Developmental Services). Additionally, staff are to inform Contact Brant so that this information can be taken to the Brant community planning tables.
- 4.2.5 At the case planning meeting for Urgent/ Emergent situations, a Lead staff must be identified. Agencies will consider the following when discussing who will be the Lead:
- may be based on which agency can take on the role at the time
 - may be the first service involved with the individual/family
 - may be based on the predominant needs of the individual/family and who has the most appropriate service/skills
 - may be the choice of the individual/family
 - the Lead may change based on the individual/family and service needs
 - the Lead will be Brant CAS when there is mandatory responsibility in the situation.
- 4.2.6 Identification of a Lead does not preclude other agencies from continuing their responsibilities for on-going collaboration in their role of service provision.
- 4.2.7 Contact Brant will assist the Lead, when requested, in any coordination of services, meetings or other community processes, as well as consultation regarding service options.

5.0 Community Collaboration and Complex Needs:

5.1 Responsibilities of the Lead:

According to the MCYS document, *“A Shared Responsibility, Ontario’s Policy Framework for Child and Youth Mental Health”* (page 25), the service coordination role “may involve the following tasks:

- Engaging the professional expertise of various service system partners in a collaborative and integrated approach to service planning and delivery
- Leading problem-solving discussions with local service providers regarding access to services, and the delivery of services and supports
- Identifying additional services and supports that may be helpful
- Seeking specialized assessments or services as warranted
- Assisting in the development and implementation of a discharge and/or transitional support plan
- Helping to ensure service continuity and preventing duplication (e.g., ensuring information is shared amongst service providers as much as possible within privacy constraints).”

5.2 Assistance for the Lead:

Contact Brant is the single point of access for children’s mental health services and for developmental services for children and adults. Contact Brant will assist individuals/families, as well as service providers, by providing information as well as with accessing services through Intake and Referral. In this role, Contact Brant provides service coordination support to individuals/ families prior to the initiation of services. Once an individual is connected to service, Contact Brant can continue to assist service providers with community collaboration roles, including any additional referrals.

Community Prioritization Process

(Based on the Brant Most in Need Tools)

If an individual is identified, by any service provider, as Urgent or Emergent, the staff should call a case planning meeting to coordinate planning. In these cases, it is recommended that the meetings should involve current service providers and their managers who have decision making authority, as well as other service providers who may be able to offer supports. The staff should also ensure that Contact Brant is aware of the situation so that this information can be taken to the Brant community planning tables.

Following are the 4 levels of prioritization and appropriate action, as identified by the Brant community.

- a. **Maintaining/Planning** – services provided seem to meet needs of individual and family, or waiting for services is manageable.
Action: Response should be to continue provision of service and communicating/collaborating with other services involved, or waiting for service

- b. **Percolating** – multiple needs indicate that more services may be needed.
Action: Response should be continued provision of service and planning for additional services, communicating/collaborating with other services involved, and calling a case planning meeting.

- c. **Emergent** – supports available in community are not sufficient to meet needs/stressing service system/need more services; stressing family system; living placement may be in jeopardy; supervision needs not easily met; school placement/day program may be in jeopardy.
Action: Response should be continued provision of service and planning for additional services, and calling a case planning meeting that should involve management (for planning of resources), as well as services/sectors not currently involved that potentially could provide supports. Response should ensure there is a Lead community staff identified. Response should ensure on-going communication/collaboration with other services involved. Response should include identification to Contact Brant for systems planning purposes and any assistance with coordination of the complex case.

- d. **Urgent/At Risk** – individual is in crisis or impending crisis; service system and family supports have been exhausted; system cannot meet all needs; risk of homelessness; risk of losing school placement/day program.
Action: Response should be continued provision of service and planning for additional services. Response should include immediately calling a community case planning meeting that should involve management (for planning of resources), and services/sectors not currently involved that potentially could provide supports. Response should ensure on-going communication/collaboration with other services involved. Response should ensure there is a Lead community staff identified. Response may consider request for Case Resolution. Response should include identification to Contact Brant for systems planning purposes and any assistance with coordination of the complex case.



MOST IN NEED SUMMARY TOOL
Children's Services

Name: _____ DOB: _____

PRIORITY:

- Maintaining/Planning** – services provided seem to meet needs of individual and family, or waiting for services is manageable; *response should be continued planning.*
- Percolating** – multiple needs, on the radar that more services may be needed; *response should include identifying a case manager and planning between services.*
- Emergent** – stressing system, need more services; *response should include broad community case planning, identification to Contact Brant and CMHC.*
 - Stressing service system
 - Stressing family system
 - Living placement in jeopardy
 - Supervision needs not easily met
 - School placement in jeopardy
- At Risk** – crisis, system services and family supports exhausted; *response should include immediate community case planning and possibly Case Resolution.*
 - Partial or no school placement
 - System can not meet needs
 - Risk of homelessness
 - Family can not meet needs

SITUATION:

- Attention, impulsivity
- Cooperativeness
- Conduct
- Separation from Parents
- Managing Anxiety
- Managing Mood
- Global Functioning
- Family Functioning
- Other Issues _____
- Complex/Multiple Needs
- CAS involvement
- Developmental disability/dual diagnosis
- First Nations
- Fiscal Case Resolution
- Justice involvement
- School Placement issues
- Sexual behaviours
- Autism Spectrum Disorder
- Witness to violence
- Abuse

TIMING REQUEST FOR SERVICE:

Note for **CMH Urgent** = high risk; service needed immediately; referral to priority services:
 Imminent risk of harm: to self to others

PROGRAM	CMH Urgent	CMH Referral

Person Completing: _____ **Date:** _____



**MOST IN NEED SUMMARY TOOL
(Adult) Developmental Services**

Name: _____ **DOB:** _____

PRIORITY:

- Maintaining/Planning** – services provided seem to meet needs of individual and family or waiting for services is manageable.
- Percolating** – multiple needs/on the radar that more services may be needed; need an identified case manager and planning between services.
- Emergent** – stressing system, need more services, and need community case planning - should be identified to Contact Brant.
 - Stressing service system
 - Stressing family system
 - Living placement in jeopardy
 - Supervision needs not easily met
 - School placement in jeopardy
- Urgent/At Risk** – crisis, service action needed immediately; need community case planning and possibly Case Resolution.
 - Imminent risk of harm to self
 - Imminent risk of harm to others
 - Imminent risk of homelessness
 - System can not meet needs
 - Family can not meet needs
 - Partial or no school placement

SITUATION:

- Aggressive behaviours
- Aging Parent
- Autism Spectrum Disorder
- Barrier Free
- Behaviours
- CAS involvement
- CAS Transitional Crown Ward (14 – 18)
- Communication difficulties
- First Nations
- Fiscal Case Resolution
- Justice involvement
- Medical/health issues
- Mental Health issues/dual diagnosis
- Personal Support
- School Placement issues
- Self-Abusive Behaviours
- Sexual behaviours
- Transitional Aged Youth (14 – 18)
- Visual or hearing impairments
- Complex/Multiple Needs

TIMING REQUEST FOR SERVICE:

PROGRAM	IMMEDIATE	SHORT TERM: <1 YEAR	FUTURE KNOWN (DATE)	FUTURE PLANNING

Person Completing: _____ **Date:** _____

This Protocol was approved by the Children's Services Committee and the Developmental Services Committee. Following is the list of member agencies.

Children's Services Committee

- Brant County Health Unit
- Brant County Healthcare System
- Brant Haldimand Norfolk Catholic District School Board
- Canadian Mental Health Association
- Child and Parent Resource Institute
- Children's Aid Society of Brant
- Contact Brant for Children's and Developmental Services
- Early Years Centre of Brant
- Family Counselling Centre of Brant
- Grand Erie District School Board
- HNHB Community Care Access Centre
- Lansdowne Children's Centre
- Nova Vita
- St. Leonard's Community Services
- Six Nations Child and Family Services
- Woodview Children's Centre

Developmental Services Committee

- Bethesda Services
- Brant Haldimand Norfolk Catholic District School Board
- Brantwood Centre
- Children's Aid Society of Brant
- Community Living Brant
- Community Living Six Nations Ronatahskats
- Contact Brant for Children's and Developmental Services
- Family Counselling Centre of Brant
- Lansdowne Children's Centre
- Lions McInnes House
- Participation House Brantford
- Southern Network of Specialized Care
- Twin Lakes Clinical Services

Note: The Ministry of Community and Social Services/Ministry of Children and Youth Services are non-voting members of these committees.