

London Service Collaborative Youth Transitions Protocol

MEMORANDUM OF AGREEMENT

- 1) Between London Health Sciences Centre Pediatric Emergency Department and Crisis Intake Team (Vanier Children's Services, Craigwood Youth Services and Western Area Youth Services)
- 2) Between Crisis Intake Team (Vanier Children's Services, Craigwood Youth Services and Western Area Youth Services) and Other Community Services;
- 3) Between Community Services

October 2014

Purpose¹:

This Memorandum of Agreement (MOA) will:

- Promote fair and timely access to community children's mental health and addictions services for children and youth (1) presenting at the London Health Sciences Centre (LHSC) Pediatric Emergency Department (PED) and (2) being referred from one community agency to another in the London/Middlesex region.
- Ensure one common MOA (1) between the LHSC PED and all community mental health agencies that service the LHSC PED, and (2) between community agencies in London/Middlesex.
- Prescribe the pathway of access and referral process on behalf of children and youth requesting or requiring community mental health and addictions services from entry to the LHSC PED to disposition of child and youth community mental health and addiction services and between community services.
- Establish clear guidelines for the nature and timeliness of community response to children and youth discharged from the LHSC PED, based on evaluation of risk and urgency.
- Establish processes to review the protocol regularly to determine whether it remains effective for youth/families and the partnering agencies involved, and to ensure protocol consistency and sustainability.

Governing Principles²:

Response to youth experiencing a mental illness, addiction concern, or acute emotional distress should be provided in the least restrictive and least intrusive means appropriate and in a manner that ensures the safety, privacy, dignity and self-respect of the youth, family and others.

Provision of prompt assessment and treatment for youth experiencing a mental health or addiction crisis is essential and timely follow-up may be required for many youth to ensure continued physical and psychological safety and well-being at home and in the community.

Inter-agency and cross-sectorial cooperation in assessment, intervention and coordination is key to providing a comprehensive, efficient, and effective crisis resolution, as well as facilitation of ongoing service delivery.

Continuity in the relationships between children/youth and their health care providers allows for the most comprehensive and informed treatment planning and crisis management for children, youth and their families. Where continuity in relationships is not possible, information-sharing and coordination of services is essential.

^{1,2} Adapted from *Emergency Department Clinical Pathways for Children & Youth with Mental Health Conditions/Addictions Project*. Provincial Council for Maternal and Child Health, 2012.

To be effective, coordinated child- and family-centred care is best provided by healthcare professionals who model compassionate care in their everyday work and who consider the unique needs of each child or youth, his/her family, and their community context.

Client Value Statement:

Adapted from **mindyourmind** and endorsed by the London Service Collaborative.

Youth and families will have hope. They will say:

- I feel understood;
- I define me;
- Someone listened;
- I found help;
- Believe in me.

Principles of the Partnership:

Appreciation of Diversity:

- The organizations appreciate the diversity of skills, perspectives, experience and knowledge brought to the partnership by the other(s). A partnership combines this diversity in a way that enables the partnership to think in new and better ways about how to service the community.

Valuing Relationship:

- Fundamental to the partnership success is the encouragement of relationships among leaders and staff from each organization, building on existing relationships and developing new networks.

Value Created:

- Partners will develop creative strategies for caring that can be shared with the wider community. This partnership will create value in that individuals will be served better across organizations/services.

Investment:

- Partnerships are relationships built over time and with shared experience. Partners show tangible signs of long-term and on-going commitment by devoting resources to the ongoing maintenance of the partnership.

Integrity:

- Partners behave towards each other in ways that justify and enhance mutual trust. Decisions will be made with the input of partners that will allow for compromise and consensus.

Excellence:

- Partners are strong in their commitment to this agreement and have something valuable to contribute. The motives for entering into this partnership are positive and of mutual benefit, and prioritize the needs of children, youth, and their families.

Continuity of Care:

- Partners are committed to providing a safety net during transitions between hospital and community and between community agencies. This assumes that referring and receiving staff connections with the client will likely overlap during transitions.

Parties to the Memorandum of Agreement:

The parties to this MOA are:

- LHSC PED
- Crisis Intake Team (CIT) (Vanier Children's Services, Craigwood Youth Services and Western Area Youth Services)
- Addiction Services of Thames Valley
- London Family Court Clinic
- London Service Collaborative agencies and other interested agencies (see list of agencies, Appendix A)

Procedure/Process for Transitions between the Pediatric Emergency Department (PED) and Crisis Intake Team (CIT) and Between Community Agencies:

(Please see accompanying protocol, Appendix B, for more detailed breakdown of Dispositions A and B.)

The LHSC PED will complete the designated *Mental Health and Addictions Referral for Children and Youth and Consent to Release Information* fax form (see Appendix C) for each youth with mental health and/or addiction problems who is being referred for community follow up. This form will be faxed to CIT. This form contains client demographic information and consent for release of referral information to CIT. LHSC PED should attach any additional client information/files that could assist CIT with client follow up.

Disposition A: Discharge from PED to CIT:

- It is recommended that CIT will follow up with referred youth the next business day following receipt of the *Mental Health and Addictions Referral for Children and Youth and Consent to Release Information* fax form from the PED.

After consultation with the youth and/or family, the following options are available:

- It is recommended that CIT will follow up with the client's existing care provider(s) the next business day following receipt of the *Mental Health and Addictions Referral for Children and Youth and Consent to Release Information* fax form from the PED, when an agency name is provided.
- For clients who presently do not have a provider, it is recommended that CIT will contact an appropriate service provider following consultation with the youth and/or family.

- Referral can be deferred by the youth/family for various reasons (e.g., waiting for Quick Response Clinic appointment), in which case CIT will follow their agency protocol for future contact, as appropriate.
- Referral refused by family/youth.

CIT will not close a case until one of the above options has been satisfied. For clients who are referred to an agency, the loop is closed when the referring agency has confirmed that the referral has been received from CIT and that they accept responsibility for the client moving forward.

Disposition B: Community agency referral to another community agency:

- It is recommended that when one community agency refers a youth to another community agency, the referring agency keeps in contact with the youth until a successful transition is made.
- This type of transition between community agencies will adhere to the Governing Principles and the Principles of the Partnership outlined in the current MOA.

Communication Protocol:

Communication between the LHSC PED and CIT is of paramount importance in this pathway. This communication includes information on the *Mental Health and Addictions Referral for Children and Youth and Consent to Release Information* fax form that will allow CIT to contact the youth and other agencies with which the youth is involved. Information sharing in community to community referrals will follow the respective agencies' protocols.

Information Sharing and Privacy:

The parties of the MOA agree to comply with all relevant privacy-related legislation.

Where there is disclosure of personal information to a party of the MOA, they will ensure that:

- Informed consent to share personal information is obtained from the child/youth and/or his/her guardian where applicable;
- Personal information is disclosed in accordance with all applicable legislation pertaining to the personal information in question.

Where there is receipt of personal information to a party of the MOA and with respect to such personal information, they will ensure that:

- All personal information received is used only in the manner and for the purposes for which the youth/guardian has consented;
- Appropriate security measures are in place to protect the delivery and storage of all personal information provided;
- They comply with any reasonable recommendations made by governmental privacy authorities with respect to the protection of personal information provided.

Leadership:

Representatives from all organizations will meet on a regular basis, at a frequency determined by the parties involved, to reaffirm the commitment to this MOA and provide future direction as well as discuss other related issues as they arise.

If trends emerge showing difficulty in responding to the needs of youth presenting to the LHSC PED, the partners will develop strategies and/or recommendations to address such trends.

Operational Lead:

Each partner will identify an operational lead who will be the primary contact for their organization/service for the purpose of this MOA and who will have the authority to act on behalf of his/her organization. In the case that staff turnover results in the vacancy of the operational lead position, a new lead will be named to assume responsibility as the primary contact with respect to the protocol covered in this MOA.

Appendices

- A. List of agencies/organizations represented on the London Service Collaborative
- B. London Service Collaborative Youth Transitions Protocol (dispositions for LHSC PED, CIT, and Community Agency transitions)
- C. *Mental Health and Addictions Referral for Children and Youth and Consent to Release Information Fax Form*
- D. London Service Collaborative Youth Transitions Pathways

Appendix A

List of agencies/organizations represented on the London Service Collaborative

Merrymount Family Support and Crisis Centre
Western University
Western Area Youth Services
London Health Sciences Centre
South West Community Care Access Centre
Canadian Mental Health Association – Middlesex
Community Services Coordination Network
mindyourmind
Addiction Services of Thames Valley
London Police Service
City of London
Entité, Érié St-Clair/Sud-Ouest
Ministry of Education
St. Joseph's Health Care
Vanier Children's Services
Anago
St. Leonard's Community Services – London and Region
London Family Court Clinic
Chippewas of the Thames First Nation
Thames Valley District School Board
London District Catholic School Board
South West Local Health Integration Network
Southwest Ontario Aboriginal Health Access Centre
Craigwood Youth Services
Regional Mental Health Care – London
Child and Parent Resource Institute
FEMAP (First Episode Mood and Anxiety Program)
Contractuelle en éducation, Initiative de leadership en matière de soutien aux élèves (ILSÉ)
London InterCommunity Health Centre
Centre for Addiction and Mental Health

Appendix B

London Service Collaborative Youth Transitions Protocol: Transitions from the London Health Sciences Centre Pediatric Emergency Department to Community Agencies and Between Community Agencies in London/Middlesex

The aim of this protocol is to improve experiences and outcomes for youth (ages 0 – 17) with mental health and/or addiction needs and their families by ensuring consistent and successful transitions between services, namely, from the London Health Sciences Centre Pediatric Emergency Department to community services as well as between community agencies in London/Middlesex. Improved transitions will enhance continuity of care and result in improved experiences and outcomes for youth and families.

As part of this protocol, the following steps will be taken by the respective agencies/organizations:

Part I - London Health Sciences Centre (LHSC) Pediatric Emergency Department (PED)

For London/Middlesex youth with mental health and/or addiction problems being referred from the LHSC PED to community treatment through Crisis Intake Team (CIT).

- (1) The *Mental Health and Addictions Referral and Consent to Release Information* fax form is completed by youth/family and attending PED physician.
- (2) If youth/family decline the referral, the *Mental Health and Addictions Referral and Consent to Release Information* form is to be kept in a designated file in the PED. Youth/family are given the yellow CIT contact information card in case they wish to follow up with CIT on their own accord.
- (3) If the referral is accepted by youth/family, the *Mental Health and Addictions Referral and Consent to Release Information* form is completed and faxed (along with any appropriate accompanying documents, e.g., assessments) to CIT.
- (4) If the referral is accepted by youth/family, they are given the orange *LHSC Pediatric Emergency Department Referral and Supported Transition to Community Services* card and told that CIT will try to contact them within one business day. They are also encouraged to contact CIT if they do not get a call or feel they need support sooner.

Part II - Crisis Intake Team (CIT)

For London/Middlesex youth with mental health and/or addiction problems who were seen at the LHSC PED and are being referred to CIT for intake to children's mental health agencies in London/Middlesex or for referral to other community agencies.

- (1) Upon receiving the *Mental Health and Addictions Referral and Consent to Release Information* fax form from the LHSC PED, CIT contacts youth/family within one business day to discuss the youth/family's needs.

- (2) If youth is presently involved with another agency, as indicated on the fax form or determined from the initial conversation with youth/family, CIT will obtain verbal consent from the youth/family to inform that agency that their client was seen in the PED.
- (3) The youth/family and CIT will determine if the youth will be seen at CIT, will return to a former agency, be referred to another community agency in London/Middlesex, or will not receive services (i.e., services declined by youth/family):
 - a. If youth/family are interested in obtaining services, the youth will complete intake at CIT and be referred to Vanier, Craigwood, WAYS, or will be referred to other community agencies for intake, as appropriate.
 - b. If youth/family are not interested in pursuing further services, their CIT file is closed. No further follow-up by CIT is required.
 - c. If youth/family defer pursuing services at this time due to current circumstances (e.g., already on a waitlist), CIT may follow-up with families to provide support or connect them with services in the future.
 - d. CIT will make a number of attempts, per their agency protocol, to contact the youth/family. If contact is not established, the CIT file is closed. No further follow-up by CIT is required.
- (4) CIT maintains contact with the agency receiving the referral until a successful transition is made or the youth/family chooses not to attend treatment. A successful transition means that the referring agency has accepted the referral and takes future responsibility for the client. Upon confirmation of the accepted referral by the receiving agency, CIT closes their file.

Part III - Referrals between Community Agencies

London/Middlesex youth with mental health and/or addiction problems being seen at one community agency and need/want to be referred to another community agency, the transition between community agencies will adhere to the Governing Principles and the Principles of the Partnership outlined in the London Service Collaborative Youth Transitions Protocol MOA.

- After receiving verbal consent from the youth/family, the present agency contacts the new agency to make the referral and obtains the name of a contact person with whom the referrer can stay in touch until the successful transition is made.
- A successful transition is when (1) the youth is seen at the new agency or placed on a waitlist for service at the new agency, (2) the youth/family declines the referral, or (3) the youth is a “no-show” at the new agency after attempts by the new agency to contact the youth according to the agency’s protocol.

Appendix C - Mental Health and Addictions Referral and Consent to Release Information Fax Form

FAX

From: London Health Sciences Centre
To: CRISIS INTAKE TEAM (CIT)
(Craigwood / Vanier / Western Area Youth Services)
Fax: 519-433-1302 Attention: John MacKay CIT #: _____

**Do Not Stamp
Addressograph**

Mental Health and Addictions Referral for Children and Youth and Consent to Release Information (for London-Middlesex Only)

(Please print all entries.)

LHSC Person Referring: _____

Patient Name: _____ Date of Birth: _____ Gender: M / F / Other

Parent/Guardian: _____ Primary Care Dr.: _____

Patient phone contact: Preferred: _____ Can we leave a message? Yes No
Other: _____ Can we leave a message? Yes No

Parent/Guardian phone contact: Preferred: _____ Can we leave a message? Yes No
Other: _____ Can we leave a message? Yes No

Current agencies involved: CPRI ADSTV Vanier/Craigwood/WAYS Justice services
 LHSC _____ OECYC Other _____ None

Preferred Language: English French Other _____

Consent by patient, parent or guardian to make the referral and release the information:

- Yes I agree to have the below referral information released to the Crisis Intake Team
 No Referral declined by patient/parent/guardian

Patient/Guardian Signature: _____ Date: _____

Clinician Signature: _____ Date: _____

Reason for Referral:

**(Please fax additional assessment or recommendation documents if available)

18 Feb 2014

Appendix D

London Service Collaborative Youth Transitions Pathways

