

BRANT CASE RESOLUTION PROTOCOL

PURPOSE:

To ensure that children/youth with complex special needs that are considered at risk and requiring specialized supports 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 have been exhausted and they are not able to meet their support needs. To ensure that children and youth with a developmental disability who are age 16 – 18 and are prioritized as 'emergent' or 'at risk' have their Transition Plans reviewed to ensure integrated transition planning.

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.**

Through the collaborative process of working together, service providers are to support priority access to existing services for children/youth with complex special needs and when they are assessed as "most in need" to prevent health and safety risks from occurring and/or escalating; this community response is part of the on-going collaborative work of the community (refer to the *Community Service Collaboration Protocol*). As part of this collaborative approach, it is expected that as a child/youth is identified with complex needs and there are challenges in meeting the child's support needs, that there will be on-going case conferencing with stakeholders to assist with coordination and planning for the child/youth. These children must be identified to Contact Brant as "Emergent" or "At Risk"

Whenever there are challenges to meeting the support needs of these complex needs children, a community case conference should be held. **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.

Where the existing service system is not able to meet the complex support needs of the child/youth, and there is a clinical recommendation for a specialized service response, that child/youth will be referred to Case Resolution. Case Resolution will determine if the child/youth is at imminent risk of harm to self and/or others, needs 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. A recommendation to the Regional Office for approval of Complex Needs Funding may be considered by the Case Resolution Team. As the Ministry expects 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**, Case Resolution will ensure a plan is established and reviewed for a return to funded services.

In Brant, all youth with a developmental disability who are prioritized as ‘Emergent’ or ‘At Risk’ will have their Transition Plan reviewed at Case Resolution at age 16 and at age 17. This includes all crown wards who have a developmental disability. This review process will support the *Transition Planning Protocol and Procedures for Young People with Developmental Disabilities* to ensure integrated planning is in place for youth with complex needs.

The *MCYS Decision-Making Guidelines* (Appendix 1) and the *MCYS Memo re Children and Youth with Complex Special Needs Access Process* (Appendix 2), and *Memo from MCYS to Inform Planning for Children with Complex Special Needs* (Appendix 3), and *Case Resolution Key Messages* (Appendix 4) detail the Ministry expectations regarding meeting the needs of children/youth with complex needs. MCYS expects that children’s mental health and developmental service agencies are responsible for participation in the Case Resolution meetings. Case Resolution also engages other related sectors to assist with the planning for the specialized needs of children and youth.

GUIDING PRINCIPLES:

- ❑ Case Resolution is a community process that responds to children/youth with extraordinary service needs requiring supports to reduce imminent risk when community resources have been exhausted
- ❑ Case Resolution will ensure meaningful participation of children/youth and families; the process by service providers will support 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 by 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 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 must be developed by service providers prior to the urgent Case Resolution meeting.

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 Case Manager’s agency will:

- Ensure the child/youth has been through the Access process with Contact Brant
- Ensure the child/youth has been identified to Contact Brant as “Emergent” or “At Risk” (refer to the *Community Service Collaboration Protocol*)

- Have consulted with Contact Brant about referral to other services, and will have agreement from other involved service providers and Contact Brant that services and processes have been exhausted and that it is appropriate to consider Case Resolution. Prior to Case Resolution, on-going collaborative communication and coordination of services between stakeholders is expected. This should include community case conferencing involving senior staff of current and potential service providers who have decision-making authority on behalf of their organization:
 - To consider creative solutions within the funded system
 - To examine whether supports have been fully coordinated and maximized
 - To identify opportunities for collaboration to reduce risk
 - Contact Brant should be involved in these community meetings and will facilitate Case Resolution as appropriate.
- For Complex Special Needs funding requests, a recommendation from an MCYS-funded clinician must outline the specialized treatment supports required.

Coordinated case planning should continue for children/youth who have already been through Case Resolution to develop the plans to reduce the need for exceptional services and provide supports within the current funded system.

(Refer to further community documents: *Case Conference Information*; *Community Service Collaboration Protocol*; *Transition Planning Protocol and Procedures for Young People with Developmental Disabilities*; 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 and specialized intervention to reduce the imminent risk of harm to self or others, and where services have been exhausted due to complex health, multiple diagnoses, or critical mental health issues, and these support needs exceed the capacity of the service system; the provision of specialized service may include resource implications
- Review of support plans, progress, and outcomes for children and youth previously addressed by Case Resolution.
- Review of transition planning for youth who are aged 16 and 17 and have been identified as 'Emergent' or 'At Risk'.

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
- ❑ Prior to the meeting, ensure the appropriate staff working with the child/youth being reviewed provides a written Case Resolution Case Manager's Summary for Complex Needs reviews, or the written integrated Transition Plan for transitional aged youth reviews. The case manager also needs to attend the Case Resolution meeting
- ❑ Response to the Case Resolution Team's recommendations and approved plan of action within the identified time frames when it involves the service provider

- ❑ Maintenance of confidentiality
- ❑ Commitment to service collaboration. This includes coordination of services and the development of service plans with community stakeholders prior to the review by Case Resolution
- ❑ Consistent and timely communication to individuals and families about Case Resolution including: 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 (Refer to *Case Resolution Key Messages*, Appendix 4)
- ❑ Consistency with the access and community processes.

3. RESPONSIBILITIES OF CONTACT BRANT

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 notify Team members of the date and time of meetings, provide the Case Manager's Case Resolution Summary Report electronically to Team members 2 days prior to the meeting (as supplied by the case manager), Chair the Case Resolution meeting, and submit a Case Resolution Report to the Regional Office for all Complex Needs Funding
- ❑ Contact Brant will provide the Case Resolution Team with the status of the 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 St. Leonard's Integrated Crisis Services as well as emergency services (e.g. 911, Police, BCHS 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 consideration for approval of the interim plan by the Regional Office.
- ❑ Provide the Regional Office with a Case Resolution Report that includes the Case Resolution Team's recommendations.

4. RESPONSIBILITIES OF THE CASE RESOLUTION TEAM

- ❑ Ensure children/youth with urgent and multiple complex needs are reviewed, 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
- ❑ Preparation by the Case Resolution representative in advance of the meeting to consider potential agency supports and collaborative opportunities to respond to the child/youth being reviewed
- ❑ Ensure the support plan is based on the clinical recommendation for 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

- ❑ Work collaboratively as a part of the service system to support effective service coordination, planning and community responsibility in addressing children/youth considered complex and most in need (Refer to the *Community Service Collaboration Protocol, Transition Planning Protocol and Procedures for Young People with Developmental Disabilities, and the Community Safety Plan Protocol*)
- ❑ Review the individual Case Resolution information package(s) which should be received electronically at least 2 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.
- ❑ Consider the total fiscal pressures these cases represent, and make recommendations to service providers regarding supports, as well as to the Children and Youth Services Committee regarding systems issues, gaps, barriers and resource commitments required.
- ❑ Review 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
- ❑ 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.
- ❑ Maintenance of confidentiality.

5. RESPONSIBILITIES OF FAMILY

MCYS expects that all children and youth supported with Complex Needs funding will remain the legal responsibility of their parents; ongoing parental involvement provides stability and consistency for the child/youth, and supports 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.

6. THE CASE RESOLUTION MEETING ATTENDEES

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)
- Individuals who would improve the problem solving capacity of the Team, including other involved or potential service providers (optional)

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

- Family members
- Advocates or support people identified by the individual or family.

7. THE CASE RESOLUTION PROCESS

a. Identifying and Preparing for Case Resolution

- Service coordination, including case conferences and community case conferencing meetings, will already have considered that community resources have been exhausted prior to a referral to Case Resolution.
- The need for a Case Resolution meeting will be identified by communication between Contact Brant, the Case Manager's agency, and other involved service providers; a clear goal/plan for the Case Resolution has been developed.
- Contact Brant and the Case Manager will ensure the family/youth consents to Case Resolution
- 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 additional 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 will support the Case Manager to develop the Case Resolution Package to be reviewed by the Case Resolution Team. Contact Brant will ensure relevant information is included.
- The Case Manager should refer to Contact Brant for the Case Resolution forms:
 - Consent for Case Resolution meeting
 - For Complex Needs reviews: the Case Manager's Summary 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
- For Transitional Aged Youth reviews, the written integrated Transition Plan is to be provided
- 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 the encrypted package of

information to Case Resolution Team members 2 days prior to the meeting date to review and prepare for the meeting.

- The Case Manager should review the information in the package with the family/youth prior to the meeting.

b. Case Information Review Information

The Case Resolution Team is responsible to review the 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 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 have 3 distinct parts:

- Part 1 - Preparation:

The Case Manager will meet with the child/family to review the process. 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 child/youth's plan that need 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 child's behaviour, emotional and health needs identified
 - Are clinical treatment recommendations clear regarding the plan being considered
 - 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 specialized support 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, regarding the specialized 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.

The Chair will summarize the recommended clinical plan based on the discussions and ask the child/family if they agree with this.
 - 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 to wait for services to become available

- The Team will make a statement regarding risk (identify specific areas of imminent risk)
- 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.
- 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 the maximum funding as well as any cost recovery.
- Any recommendation for funding will be based on the estimated cost of service prepared by the Case Manager and Contact Brant; the Case Resolution Team 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, and act as case manager.
- The Team will make recommendations:
 - to service providers to reduce the costs of supports and risks, and move to supports within the funded system
 - and will identify any findings regarding systems issues, gaps and barriers to the Children and Youth Services Committee as well as 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 development of recommendations regarding the action plan and 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 for the immediate health and safety of the child/youth
- The support needs for the child/youth with complex needs
- The availability of Ministry-funded supports in the community
- The availability of other formal and informal supports to the child/youth and their family
- The availability of funds.

e. Approval of Funding

It is expected that **creative solutions** will be developed for specialized 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 Complex Special Needs funding; funds would be

anticipated for a short term and expensed within the fiscal year. The MCYS Complex Special Needs funding can only be considered for youth under age 18 where protection concerns do not exist; the primary focus of the funds are to maintain the child/youth in their family home.

- The Case Resolution Team, through Contact Brant, will make a recommendation to access the Complex Special Needs funding 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 and Corporate make the final approval of any resource allocations, and will notify Contact Brant of the decision.

f. Follow-up

- Contact Brant will ensure the child/family and Case Manager are informed of the recommendations following the meeting.
- Team members whose agencies are identified to implement the plan will follow-up within their organization on the action items in the plan.
- The Case Manager will support the child/family and schedule follow up meetings/Case Conferences to implement, coordinate and monitor progress of the plan; the Case Manager will report back on the progress of the plan to Contact Brant for follow-up to the Case Resolution Team.
- Reviews of Case Resolution plans need to occur at least annually at Case Resolution to assess the progress of the child's plan, their current level of need and the impact of supports being provided, as well as the plan for return to base-funded services.
- 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.
- Contact Brant will at least annually provide a report of Case Resolution system recommendations and findings on gaps, trends and pressures to the Children and Youth Services Committee for the purposes of system planning, as well as the Brant utilization of the Complex Special Needs Funding.

g. Documentation

Contact Brant will document the Case Resolution plan in the Case Resolution Report for each child/youth reviewed at Case Resolution and distribute to the family, Case Manager, the Case Resolution 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

8. DISPUTE RESOLUTION

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

9. EVALUATION FRAMEWORK

The Children and Youth Services Committee will review the Case Resolution Protocol annually, including feedback from the Case Resolution Team. Contact Brant will meet with the Case Resolution Team to address any revisions to the Case Resolution Protocol when requested at any time by CYS.

Contact Brant will develop an annual Case Resolution Report for the Children and Youth Services Committee to include:

- volume of meetings differentiating complex needs/at risk and transitional aged youth
- 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

Case Resolution Team Membership

The Case Resolution Team in Brant has broad stakeholder representation and is responsible to follow the Case Resolution Protocol.

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 organizations requested to participate on the Case Resolution Team:

Brantwood Centre
Brant Community Healthcare System
Brant Family and Children's Services
Brant Haldimand Norfolk Catholic District School Board
Community Living Brant
Contact Brant for Children's & Developmental Services (Chair)
Family Counselling Centre of Brant
Ganohkwasra
Grand Erie District School Board
HNHB Local Health Integration Network
Lansdowne Children's Centre
Probation Services, Brant
Six Nations Child and Family Services
St. Leonard's Community Service
Woodview Mental Health and Autism Services

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

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

- Result in decisions that are consistent, objective and sensitive to individuals, families, language and culture.

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:

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

- 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 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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sociaux et communautaires**

Ministère des Services à l'enfance
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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.

Memo from MCYS Regional Office May 2012 to Inform Planning for Children
with Complex Special Needs

Principles of Complex Needs Funding

- The needs of the child must be beyond that of the current funded system
- Complex needs funding is to address/reduce immediate risk only
- Parents remain the guardian and are responsible for their children
- All children are transferred to funded services or home
- Complex needs funded services must align with MCSS adult funded services

Processes that Naturally Develop Out of the Principles

The needs of the child must be beyond that of the current funded system

- The service system must demonstrate that all less intrusive measures have been attempted first
- The service system must have engaged in proactive planning and consultation with other providers to ensure coordination and consolidation of existing and potential new supports
- Service providers need to be flexible in their mandate
- The Regional Office funds mental health services, so only children with dual diagnosis are eligible for funding

Complex needs funding is to address/reduce immediate risk only

- The funded system must remain involved as complex needs only funds services to address immediate risk and for services not available in the community
- The funded services therefore must continue to provide all of the other services and remain involved with the child and family
- The funded system is responsible for managing / making recommendations to the regional office on funding (and are accountable for those recommendations)
- Any funding for out of home placement in an OPR requires performance/outcome management of that contract as they are responsible back to the service system for expenditures

Parents remain the guardian and are responsible for their children

- Parents must participate in the care of their children
- Parents contribute to the care of their children
- Parents must engage in all levels of the process to be eligible for funding

All children are transferred to funded services or home

- A plan to transfer to funded services or home must be part of the plan/recommendations submitted to the Regional Office prior to approval of complex needs funding
- The service system must remain involved from the start and be a part of that plan
- Parents have to be part of and sign the plan (which outlines their responsibility)
- All plans are time limited and subject to regular review (if the child has not been transferred, why? = accountability)

Complex needs funded services must align with MCSS adult funded services

- All complex needs funded children must be assessed by the DSO at age 16 to determine eligibility for adult services
- Children's services must begin to align with the level of supports the child is eligible for at age 16

Case Resolution Key Messages

MCYS expects:

- Where children/youth and their families have on-going, long term, multiple needs, the local community service **system will work collaboratively to address these needs within the existing funded services**. Waiting for services that are needed does not mean that services have been exhausted.
 - When services are able to currently meet a child/youth's needs, even when the child's needs are complex, the child/youth would be prioritized as (i) Maintaining/Planning or (ii) Percolating, according to the Most in Need tool.
 - When a child/youth is requiring multiple coordinated services and there is a concern services may not be enough and family are nearing exhaustion, the child/youth would be prioritized as Emergent according to the Most in Need tool. Community staff should connect with Contact Brant to discuss if a child/youth is at the Emergent prioritization level; case conferencing, to **ensure coordinated services and to address needs within the funded system**, needs to be occurring.
- Where the needs of the child/youth have been **agreed by community partners to be beyond the current capacity** of the service system and **specialized supports** are required and there is **need for urgent measures to decrease the risk and stabilize the situation** for the immediate health and safety of the child, the child will be referred to Case Resolution.
 - **Coordinated planning and service provision must continue to address the immediate needs** of the child/youth; approval for any Case Resolution recommendations by the Regional Office and Corporate will take one month and there will be no back-dating of funding prior to their approval.
 - A child/youth would be identified as Urgent according to the Most in Need tool. Community staff should discuss the possibility of Case Resolution, and potential resources, with Contact Brant and community partners before discussing with the family.
 - If an urgent response is required, Contact Brant will contact the Regional Office for consideration and approval when the case meets all criteria.
 - A **clinical plan** to stabilize the situation must be identified and brought to Case Resolution to consider for recommendation to corporate for approval of funding. The clinical plan should be time-limited and include detailed historical information of services that worked and did not work, as well as why resources are exhausted and how the plan will stabilize the situation so that the child/youth can be supported by funded services. The community case manager will need to develop a detailed Case Resolution Summary that will present a **clear business case** for funding – Contact Brant staff will assist the case manager in developing this. A detailed budget must be a part of this business plan.

Case Resolution also reviews **transitional aged youth** who are identified as Emergent:

- Youth who are Crown Wards and have a developmental disability. Reviews are held at age 16 and age 17 to address the written Transition Plan to ensure the youth's plan is developed according to the provincially-directed *Transition Planning Protocol and Procedures for Young People with Developmental Disabilities*. This process also flags the youth to adult services for future planning.
- Youth with a developmental disability who are prioritized as Emergent. Reviews are held at age 16 and age 17 to address the written Transition Plan to ensure the youth's plan is developed according to the provincially-directed *Transition Planning Protocol and Procedures for Young People with Developmental Disabilities*. This process also flags the youth to adult services for future planning.
- Youth with complex/chronic mental health needs who are currently supported by a children's mental health service and require coordinated planning with the adult mental health and addictions sector, according to the *Transitioning Youth from Children's Mental Health to Adult Mental Health and Addictions Services Protocol*. Reviews can be held after age 16 and up to age 18.

Refer to:

- *MCYS Specialized Support for Children/Youth with Complex/ Multiple Needs Decision Making Guidelines*
- *MCYS Children and Youth with Complex Special Needs Access Process Memo*
- *Case Resolution Protocol*
- *Transition Planning Protocol and Procedures for Young People with Developmental Disabilities*, and the local *Addendum*
- *Transitioning Youth from Children's Mental Health to Adult Mental Health and Addictions Services Protocol*