



POLICY AND PROCEDURE MANUAL

Section: Access Coordination

Policy: AC O1

Revised: June 2025

November 2024; August 2022; November 2019;
November 2018; May 2018; July 2017; June 2016;
February 2016; September 2015

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INTAKE POLICY

PREAMBLE

Intake involves gathering information, completing assessments, and triaging to appropriate services. The intake process helps ensure that the right individual receives the right services at the right time. It also supports the client not having to repeat their personal story to other service providers.

Starting with intake, Contact Brant provides on-going service coordination, which helps ensure that services are working together creating a coordinated service plan that works towards meeting the individual and family goals in a manner that is consistent with their values and preferences (refer to Service Coordination Policy, AC-04).

The Child, Youth and Family Services Act outlines service providers' roles in respecting diversity and inclusion, as well as privacy and consent.

The four Contact agencies coordinate together to implement access services as consistently as possible across the Hamilton-Niagara Region. Intake Standards have been established based on these regional discussions.

POLICY

Contact Brant employees will utilize family-centered, evidence-based practices related to provision of information, intake and referral, as well as service coordination.

Contact Brant employees will complete the intake process in a respectful manner, considering privacy and confidentiality, diversity, customer service, as well as safety.

Contact Brant's Intake Standards

- Immediate Resource Coordinator/Service Coordinator/Urgent Response Coordinator contact 90% of the time.
- Phone calls will be returned within one business day.
- Intake meetings will be scheduled within one week (5 business days) of the call requesting services, wherever possible.
- Intake meetings will primarily be offered by phone or at the office so that direct input into the database (EMHware) can occur.
- Intake meetings and service coordination meetings will be scheduled at the convenience (time and place) of the client.
- All information will be documented in EMHware.
- Access:
 - A Resource Coordinator receives all new Access calls and consultations, provides information and deems if an intake is required. If an intake is

required, an intake meeting is scheduled as soon as possible at the convenience of the family.

- A Resource Coordinator can complete approximately 30 intakes per month, which allows sufficient time for ongoing service coordination and intake follow-up (e.g., consultations, gathering appropriate assessments, prioritization), as well as participation in appropriate community events, in-services, and committees.
- Each intake should average approximately 1 hour for a standardized tool and the Intake Report, gathering Consent, providing service/resource options; another one to two hours is the average for finalizing the referral in EMHware.
- A Quality Satisfaction Survey will be offered after each Access intake

➤ Urgent Response Service

- A URS Coordinator or Front Door Coordinator will receive URS calls and consultations; they will complete Screen 1 with either the family or the referring professional and ensure contact with the family within two business days of the referral.
- If Screen 2 is not completed at the initial call, an Intake is scheduled to complete Screen 2 (CANS) and the Intake Report, gather Consent, and discuss service/resource options.

PROCEDURES

Receiving Calls:

1. The Community Navigator or alternate will answer all phone calls and determine the nature of the enquiry:
 - For general inquiries, provide general information about the subject of the enquiry or advise the person where they can obtain more detailed information including websites and phone numbers or
 - For callers seeking services, forward appropriately to the Resource Coordinator, the client's assigned Resource/Service Coordinator, or the URS/Front Door Coordinator.
 - If the caller presents as urgent, ensure the caller is put through immediately to a Resource/Service/URS Coordinator, or transfer the call to community crisis services.
 - If a specific Resource/Service/URS Coordinator is unavailable, callers will be asked if they want to leave a voice mail message or speak with another Coordinator.
2. A Resource Coordinator will be assigned responsibility for receiving telephone and drop-in inquiries/consultations; a URS Front Door Coordinator will be assigned responsibility for receiving inquiries/consultations for the Urgent Response Service. RCs and the URS Front Door Coordinators should be available to receive inquiries immediately, wherever possible. All inquiries must be responded to as soon as possible, at the most by the next business day.

2.1. In cases where the caller has left a message, every attempt to return the call within one business day will be made. If there is no answering machine to leave a message, staff must call again at a different time of the day. If no contact is made, staff should connect by email if the client record has that information.

3. Coordinators receiving calls will:

- Gather initial information, including name, address, phone, presenting issues/concerns and identification of any priorities/safety concerns.
- Briefly explain the role that Contact Brant plays in assisting them to access appropriate services.
- Provide information about services or consultation to the caller about their individual situation, including information about Ministry-funded services, considering eligibility, as well as options in the community including other community services, EAP, medical benefits coverage, recreation, etc., that may be helpful to them. Callers should be informed about waiting lists, and options while waiting.
- Assess the priority of the situation focusing on how quickly a response and referral is needed.
- Book an intake appointment, when appropriate, at the convenience and location preferred by the client with the appropriate Coordinator.

4.0 If a client presents with suicidal ideations/gestures/acts, or serious threats of harm to self or others at any time:

- Employees should follow the steps outlined in the SafeTALK training made available to employees, including identifying if there is a current suicide plan, any prior suicidal behaviour, and any current resources/supports in place.
- The individual/family should be given the Crisis Response phone number to call when feeling stressed or concerned about a family member.
- The individual should be encouraged to go directly to the hospital or request police involvement if medical or behavioural intervention is required.

5.0 At any point in the intake process, employees must assess if the child or youth is at risk of harm; if there is concern, immediate reporting to the appropriate child protection service must be done according to legislation.

6.0 For the purposes of data reporting, an Access intake is recorded in Program History when:

- The Common Tool for Intake is completed/updated
- An intake referral is received from an outside source

Note – See specific procedures for the Urgent Response Service related to recording in EMHware.

7.0 All requests for information, consultations, intakes, service coordination and Urgent Response Service must be appropriately documented in EMHware.

Scheduling the Intake:

- 8.0 An intake meeting should be scheduled as soon as possible following the initial call. The date and time should be set according to the family's preference, preferably at the Contact Brant office, by phone or videoconference, and could be provided in the family's home or elsewhere in the community when necessary.

Intake Interview:

- 9.0 The intake interview may include the child/youth, parents/caregiver and/or other relevant participants invited by the youth/ family who may be able to provide information and/or support. The Coordinator will:
- 9.1 Complete the Common Tool for Intake electronically wherever possible, as well as other required tools or screeners required for specific programs (e.g., URS Screen 1 and the CANS/Screen 2, etc.).
 - 9.2 Demonstrate respect and empathy while gathering information, using the intake tools as a guide. Employees will follow the Privacy and Confidentiality Policy (HR – 03).
 - 9.3 Follow the Contact Brant Staff Safety Policy and Procedures.
 - 9.4 Provide information about Ministry-funded services and eligibility. Families will be informed about waiting lists and other options while waiting.
 - 9.5 Provide information about options in the community including other community services, EAP, private insurance, recreation, etc. All these will be recorded in EMHware in the *Intake Report – Redirect* pick list, as well as indicating other resources discussed that are not in the pick list options in the *Intake Report – Other Information* text box.
 - 9.6 Determine with the family the next steps to be taken in referring to the appropriate programs and seeking out additional resources. Families should be encouraged to state their preference for eligible services to understand their commitment to accepting services.
 - 9.7 Ensure the family is aware of emergency services that can be used in a crisis.
 - 9.8 Ensure the family is aware to call Contact Brant if their situation changes, or for further information or requests.
 - 9.9 Obtain informed consent to share information with identified service providers according to the Consent for the Release of Information Policy. Consent is documented in EMHware – Case Data Consent form.
 - 9.10 Provide the individual with a written summary of the intake meeting discussions in a subsequent letter or email, as appropriate.
 - 9.11 Request that the family provide feedback on the Contact Brant Access service by completing a Quality Satisfaction Survey.

Intake Follow up and Documentation:

- 10.0 The Coordinator will complete the intake process as expediently as possible, within one week of the intake.
- 10.1 Consult with service providers as needed in developing the referral to services.
- 10.2 **Prioritization:** For Access services, complete the EMHware Case Data - *Most In Need Summary Tool* as well as the EMHware pick lists in the Program History tab – sections: *Priority Rating/Level of Support*. (Refer to EMHware Procedures)
- 10.3 For Access cases where there is risk of harm to self or others, complete an EMHware Case Data - *Risk Alert* in EMHware and notify the Lead Resource Coordinator through email for review, and to inform for the next Prioritization Committee agenda.
- 10.4 Ensure appropriate documentation of the intake interview in the EMHware database according to the Recording Standards Policy (HR-21) and the EMHware Procedures.
- 10.5 Ensure appropriate documentation of Consent in EMHware by completing the Consent form in Case Data. Wherever possible, consent from a capable child/youth will be secured; for youth age 16 and older, the youth must provide consent.
- 10.6 Ensure the Intake Report and the EMHware record is reviewed and edited prior to submitting the Case Data – *Service Referral Form* to the staff assigned responsibilities for referrals.
All documents to be sent with the referral must be uploaded in the EMHware Attachments tab, such as:
 - Common Tool for Intake (EMHware – Case Data *Intake Report*)
 - Most in Need Tool
 - Consent
 - Confirmation of Diagnosis, if appropriate
 - Urgent Response Service Plan
 - Other appropriate documentation (i.e., assessments, Addendums)
- 10.7 Forward the EMHware Case Data – *Service Referral Form* to the appropriate staff by email to send the referral package. A hard copy file is usually not created as everything is electronically documented in the EMHware record. A hard copy file should be created for such documents as signed consent, legal documents.
- 10.8 The staff assigned to send the referral will notify the Coordinator if the record is not complete or fully edited and the file will be returned to complete.
- 10.9 As appropriate, send a letter or email confirming referral to services or wait listing, and inviting the family to call Contact Brant if they require further information, services, or to update any family changes.

- 10.10 In cases where the client was not available for the scheduled intake, service staff will make at least two calls to the client over a 2-week period at different times of the day. If no contact is made, connect by email or by mail if the client record has provided that information.

Managing Referrals:

- 11.0 **Referrals:** The employee assigned responsibility to send referrals will ensure the intake package is sent to the service provider(s) in a timely manner, prioritizing urgent referrals. Most referrals are sent through EMHware unless otherwise specified by an agency.
- 12.0 **Developmental Services Ontario (DSO) Referrals:** Referrals are sent to the DSO at age 16 or older
- When the DSO confirms eligibility, the Coordinator will note in the EMHware—Contacts that eligibility has been confirmed and add the Receiving Services Date as well as the Discharge Date, noting Exit Disposition as “Completed.”
 - If the client is deemed ‘not eligible’, the Receiving Services Date and Discharge Date will be completed with the Exit Disposition: ‘Other’ selected; the case note in Contacts will note ‘deemed not eligible’.
- 13.0 **Internal Referrals:** An agency may identify that a client requires service from another program within their agency; internal referrals received will be forwarded to the appropriate Resource/Service Coordinator for the client who will ensure consent and appropriate documentation is completed in EMHware showing a referral to the new service.
- 14.0 The Coordinator will document all changes or new information received into EMHware. Program History – Access service changes should include updating the *Priority Rating/Level of Support* (At Risk, Emergent, Percolating, Maintaining).
- 15.0 The Administrative Assistant will send bi-monthly wait list and in-service list reports to service providers.
- 16.0 The Administrative Assistant will ensure updates in the EMHware database within one week of receiving admission, discharge or waitlist changes from agencies. Other staff may be asked to assist with these updates as needed.
- 17.0 Resource/Service/URS Coordinators will actively engage in service planning and coordination with families and involved services and sectors, including case conferences, transition planning, RPAC, and Case Resolution. Refer to Service Coordination Policy, AC-04.
- 18.0 Employees will document all ongoing contact regarding a client in EMHware - Contacts. All meeting dates will be recorded and minutes/reports attached wherever possible. All Coordinated Service Plans and Urgent Response Service Plans will be attached in EMHware.

Respecting Diversity and Inclusion

- 20.0 Contact Brant employees will consider and respect a child's identity characteristics, including a child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, and gender expression.
- 21.0 When providing service to First Nations, Inuit or Métis children and their families, service providers must take into account and respect:
- A child's cultures, heritages, traditions, connection to their community; and
 - The concept of the extended family.
- 22.0 A child/youth and their parents can name a person(s) to assist Contact Brant in taking into account the child's identity.
- 23.0 Resource/Service/URS Coordinators must determine the availability of complementary programs, activities or services related to the child's unique identity and facilitate linkages with these programs, activities or services if the child agrees.