SECTION: Access Coordination

POLICY: AC 10

DATE: November 2024
August 2022; November 2021; July 2017, February 2016, November 2014

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PRIORITIZATION

PREAMBLE

Contact Brant is mandated to identify those children and youth that are "most in need" as part of our intake, referral and service coordination processes. When Contact Brant was created in 2000, the agency worked with the Brant community to develop a Most In Need Summary Tool to facilitate the identification of each child's priority. Prioritization is identified at the time of intake, as well as at any point in time following this, if the child's situation changes.

Contact Brant also prioritizes those intakes that require immediate referral due to risk of harm to self or others, rather than being placed on a waiting list. Prioritization for immediate service is decided based on the service provider's definition of what profile of presenting issues would deem a child/youth to be admitted to services immediately.

POLICY

The priority of each child/youth will be identified for immediacy of referral, as well as for level of risk through completion of the Most in Need Tool as part of the intake, referral and service coordination processes.

PROCEDURE

1.0 **Timing of Referral**: For all referrals, Resource/Service Planning Coordinators will ensure the immediacy of the referral is identified in the Intake Report in EMHware by noting the urgency in the Considerations text box and requesting consideration for the service provider to admit the client immediately.

a. For mental health services.

- Prioritization Meetings are held regularly with Woodview, SOAR, and Contact Brant to review children/youth presenting at Crisis, in-service, or at intake to ensure no child is missed as requiring immediate admission to service.
- Contact Brant staff should identify the following to the Prioritization Committee: suicidal ideation/plan, debilitating depression or anxiety, serious threat of harm to others, or severe recent trauma or bereavement with great impact to daily functioning. This is done through the Lead RC or adding the client's name to the Prioritization Review List in Q-drive.

b. For developmental behavioural services to Willowbridge, immediate referral to service, or priority referrals, are defined as those children and youth presenting with severe aggression or self-injurious behaviours.

2.0 **Most in Need**: As part of the intake, Resource/Service Coordinators will complete the *Most in Need Summary Tool* in the Case Data tab. The Most in Need Tool must be saved into Attachments. This is updated as appropriate.

a. **Priority** identifies the child's situation for planning and service coordination. The following must also be recorded in EMHware – Program History in the Intake record:

i. Maintaining/Planning: The services provided seem to meet the needs of the child/youth and family, or waiting for services is manageable.

- Resource/Service Coordinators will support and promote coordination and integration of service delivery and/or support the child/family while waiting for services through the provision of information or reprioritizing if the situation changes.

ii. Percolating: The child has multiple support needs and is on the radar for more services.

- Resource/Service Coordinators will support and promote coordination and integration of service delivery and ensure appropriate referral(s) to new services.

iii. Emergent: The child/youth has multiple and complex support needs. The amount or type of support required is stressing the service system; more support/more intensive support is required. Often, the supervision needs are not easily met. The family is also stressed by the amount of support required for the child, and school placement may be in jeopardy.

Resource/Service Coordinators will:

- ensure coordination and integration of service delivery with stakeholders, including case conferencing.
- support appropriate referral(s) to new services.
- request senior community stakeholders at case planning to address creative solutions to service provision, stabilize, and avoid crisis situations.

Note: Children and youth eligible for Coordinated Service Planning should be noted as Emergent to reflect the complexity of their needs.

iv. At Risk: This is used for all children and youth who receive Complex Special Needs funding as specialized supports are required to stabilize the situation. The child/youth has multiple support needs and is at high risk of harm to self or others; the most intensive services have usually been involved and/or the system services have been exhausted and a specialized support is clinically recommended. Usually the supervision needs are not easily met,

the family is also exhausted by the amount of supports required for the child, and school placement may be in jeopardy.
Resource/Service Coordinators will:

- ensure coordination and integration of service delivery with stakeholders.
- support appropriate referral(s) to new services, including CSCN if Complex Needs funding is being considered.
- request senior community stakeholders at case planning to address creative solutions to service provision to address the support needs and avoid crisis situations, and/or Case Resolution - ensure community focus on stabilizing the situation while planning for Case Resolution and potentially Complex Needs Funding to address the specialized support plan.
- ensure EMHware documentation regarding prioritization in Program History – First Contact section

Note: Identify all children referred to Case Resolution who have received Complex Needs funding through Case Resolution in a fiscal year as At Risk.

b. **Situation** provides a summary of the presenting situation/profile.
Note: Data is gathered from this section of the Case Data form, so it is very important to keep this up to date.

3.0 At any point following the intake, as part of the service coordination process, Resource/Service Coordinators will create a new, revised Most in Need Summary Tool as Priorities or Situations change.

4.0 Transitional-aged youth with a developmental disability prioritized at the Emergent or At Risk level must be reviewed at Case Resolution at ages 16 and 17 to ensure a well-developed transition plan.