

# CASE CONFERENCE PROTOCOL

This community protocol is an agreed upon case conference process that ensures coordination, collaboration and planning amongst service providers with the individual/family.

This summary is intended as a tool to assist with case conferencing.

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Please note this Protocol was developed and maintained by PCYPG -Peel Child and Youth Planning Group – This group is currently in review Oct 2019 Amended for Provincial HS&JCC Conference 2019 – Kim Paumier

## CASE CONFERENCE PROTOCOL

This community protocol is an agreed upon case conferencing process that ensures coordination, collaboration and planning amongst service providers with the individual/family. This summary is intended as a tool to assist with case conferencing.

The purpose of calling a case conference is varied and **any staff involved should call a Case Conference to ensure community collaboration when:**

- Community agencies supporting an individual/family need to communicate and coordinate services to maximize supports and identify opportunities for collaboration
- The individual/family's needs have changed and further coordination/supports are needed
- Changes/transitions are anticipated and sound advanced planning is required
- The individual is at emergent or urgent priority and planning is needed to reduce risk
- The individuals outcomes of previously established support plans need to be reviewed
- The need for cross sector consultation/collaboration to assist in supporting and planning for person with Multiple complexities e.g. Mental Health, ASD, Justice, housing, family, etc.
- The service providers associated with this protocol and their contact information are listed in Appendix A.

### PURPOSE OF PROTOCOL

The purpose of the protocol is to ensure that there is a consistent and coordinated service response to children and youth. It is understood that the following best practises are inherent in this protocol:

Maximizing the efficiency within the process requires:

#### Efficiency

- awareness of each stakeholder's priorities
- concentrating on issues involving the majority of the group
- well planned and goal focused meetings
- identification of conferencing team members in advance
- matching treatment goals to team members

#### Shared goals

Clearly defined, shared treatment goals are critical for success and allow the maintenance of flexibility in treatment approaches.

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## **Flexibility**

Strict and inflexible procedural models rarely lead to success. One model cannot be prescribed that will work in all circumstances. Service providers must be prepared to examine and offer their services in a flexible manner. This may require delivery of services beyond or different from the current practice.

## **Holistic view of the family/children/youth**

By adopting a holistic view of the family situation, service providers can better understand the interconnectedness, interdependency and impact of all interventions on the person/family's well being.

## **Communication**

Open and easy communication is essential. It is important that effective communication not only occurs within the formal context of meetings but also continues to occur in an informal manner outside these meetings.

The availability of the members of the group to share information and to support each other's endeavours increases the commitment to common goals. A respectful process ensuring that all participants are heard and their input valued will result in better outcomes.

An effective mode of operation is often based on group decisions rather than any individual taking charge of the situation and no profession or individual takes precedent except in their area of expertise. Flexibility is required from all members of the group. One should always ensure the family's wishes are understood and respected.

## **Parallel approaches**

The multidisciplinary research supports that there is a distinct benefit in professionals working in parallel - that is, working on the different aspects of a problem from different perspectives at the same time. This:

- speeds up the response
- leads to greater sharing of information and
- helps to form a holistic approach to the problem.

## **PROCESS IN PLANNING A CASE CONFERENCE**

- The service provider will review the person/family situation to determine and ensure:
  - that all internal resources are being made available to the person/family,
  - that the situation has been appropriately prioritized within their own organization,
  - that all information regarding the person/family is current including a current inventory of services and providers,
  - that referrals for required services have been made to the appropriate service providers,
  - that there is a confirmed need to proceed with a formal conference.

- Where a service provider has completed an internal review process and confirms the need to proceed with a conference, the service provider will organize a formal conference within two weeks of completing their internal review. The conference shall include current service providers as well as potential future service providers. The “Invitation Script” will be utilized to send out notice regarding the case conference (Appendix F )
- The organizing service provider will ensure that appropriate releases for information sharing (consents) are in place prior to the conference. ( Appendix B )
- The present service provider will evaluate the information prepared and identify the appropriate case conference to be organized.

The various types of case conferences are:

1. Case Conference internal to an organization
2. Community Case Conference with set external partners invited to attend.
3. Community team members that are supporting the person currently

## **Role of the Participants for a Case Conference**

- To assist in coordinating case conferences, each agency has identified one staff to be the contact point to ensure there is agency representation at conferences as requested.
- See Appendix A for a list of the participating agency contacts..
- Protocol contacts will make every effort to attend the conferences when asked to participate.
- If the contact person is unable to attend, they will arrange for the attendance of an alternate person from their organization.
- If no person from the organization plans to attend, the contact person will inform the organizing service provider an explanation for their non-participation
- The participant will review their organization’s family file records to determine if their organization has any current or previous involvement with the child/family/person.
- The participant needs to be prepared to speak to their organization’s capacity to provide service i.e. appropriate intervention, waiting periods etc.

**The following information which outlines the planning steps for a Case Conference can be found in a condensed checklist format in Appendix E for ease of use.**

## **Preparing for the Case Conference**

- Plan ahead and create an agenda; have a clear purpose for the meeting
  - Set a date, time and location; identify who will Chair and who will take minutes
-

- Invite individual/family, community service providers involved with the individual, potential new services providers, other players as appropriate
- To increase the effectiveness of case conferences it is important to ensure all relevant services are present. It is acknowledged that relevant services, who have not participated in the development of this protocol, exist within the community. It is the responsibility of the case conference organizer to identify additional services that may be helpful and invite them to the meeting.
- Have the family/person articulate what they identify as being needed and be prepared to speak to this, or have the family/person speak to it at the meeting
- Ensure a Consent form has been signed by the individual/family for information sharing purposes with all the agencies invited to attend the case conference. (see Appendix B – add the name of any additional organization expected to be present)
- Consider programs and or organizations to be invited to the case conference
- Ensure that your supervisor/manager is informed that a case conference has been called.
- Prepare and complete the appropriate one page summary to assist you with concise discussion of what is needed and present issues (must be sent out prior to the meeting). It is important to note that the documentation prepared is dependent on the type of case conference called. The summary should identify the following:
  - strengths and challenges, any immediate safety concerns
  - current situation, family, home, school, justice
  - risk factors to be considered
  - symptom severity

The individual's name should not be used in full when preparing the documents to be sent out to those participating in the meeting. An 'alias' is to be used to identify the person.

### **Case Conference Meeting**

- Plan for one to one and a half hours for a case conference – no longer
  - Fifteen minutes prior to the meeting, meet with the individual/family to put them at ease; ask again If they would feel comfortable to talk about their situation
  - Utilize the Attendance Record for tracking participants (see Appendix C)
  - Present briefly the purpose of the meeting and the summary of information you have prepared; begin with the strengths of the individual/family to focus on what can be built upon and make the individual/family more comfortable
  - Avoid using acronyms during the case conference and in the meeting minutes
  - Support the individual/family throughout; encourage them to speak if they wish
  - Discuss how to improve service coordination, additional supports needed, what actions need to be developed; problem solve creative solutions
-

- Identify an action plan – who is going to do what, timeline
  - Set another case conference date before adjourning, if appropriate
  - The organizing service provider will chair the conference.
  - The conference should focus on the reduction of the severe risk factors as identified and at a minimum:
    - confirm that all available appropriate services/resources (formal and informal) are in place,
    - where a resource would reduce risk but is not accessible due to a waiting list, determine if this situation should be re-prioritized,
    - where re-prioritizing is not an option, determine what interim interventions would reduce risk,
    - ensure services are being appropriately coordinated. A separate consent will need to be signed to allow ongoing communication amongst service providers
  - The conference should include as part of the coordination function an agreed upon communication strategy that addresses the person/family's progress and the identification and communication of significant family, child/person or system factors impacting the service actions agreed upon.
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## Case Conference Follow-up

- Follow-up on any actions
- Continue to coordinate with service providers and individual/family
- Distribute minutes (see Appendix D ) of the case conference within one week of meeting to all participants, including the family
- As a result of the conference, minutes will be prepared which will form an action plan ( see Appendix D ) which will identify :
  - The specific interventions/services to be provided,
  - Expected outcomes,
  - Who will deliver the service/intervention,
  - When those services will be provided,
  - How the plan will be monitored,
  - Who will assume the ongoing service coordination role.
  - Any referrals to be made as a result of the conference are the responsibility of the case conference organizer.

**Additional Responsibilities:** In addition to recording the minutes, the members of the conference shall ensure that significant systems issues impacting on the family/person situation are recorded and forwarded to the Service Resolution Coordinator.

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**APPENDIX A**

**Complex Needs Case Conference Protocol  
Contact Persons**

Agency	Contact	Contact Info	Method of Receiving Info

Updated:



**APPENDIX B**

**Case Conference Protocol**

**PLEASE CHECK ONE:**     **INTER-AGENCY CONFERENCE**     **COMPLEX NEEDS CASE CONFERENCE**  
 **SUNBURST CASE CONFERENCE (PARTICIPATING CORE AGENCIES ONLY)**

**Consent to Obtain and/or Release Information**

I/We \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Give permission to release information in respect of (name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Day/Month/Year)

For the purposes of consultation/ planning: \_\_\_\_\_

**The participants of the meeting may include representatives from the following agencies:**

- |  |  |
|--|--|
| Associated Youth Services of Peel                | Kinark Child and Family Services                   |
| Brampton Caledon Community Living                | William Osler Health System                        |
| Central West Specialized Developmental Services  | Ministry of Children,Community and Social Services |
| Child Development Resource Connection Peel       | Peel Behavioural Services                          |
| Christian Horizons                               | Peel Children’s Aid Society *                      |
| Local Health Integration Network                 | Peel Children’s Centre                             |
| Canadian Mental Health Association Peel Dufferin | Peel Crisis Capacity Network                       |
| Family Services of Peel                          | Peel District School Board                         |
| Community Living Mississauga                     | Rapport Youth & Family Services                    |
| Skylark  | Service Resolution Peel                            |
| Dufferin/Peel Catholic District School Board     | Surrey Place                                       |
| ErinoakKids                                      | Trillium Health Centre                             |
| Griffin Centre                                   | William Osler Health System                        |
| Kerry’s Place Autism Services                    | Peel Region Police                                 |

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date (Day/Month/Year)

In the case of a minor, authorization must be signed by the parent or legal guardian  
**This consent can be rescinded in writing at anytime**

**APPENDIX C**

**Attendance Record**

**DATE:** \_\_\_\_\_

**ATTENDEES:**

Name	Agency	Email	Phone



**APPENDIX E**

**Case Conference Checklist Tool**

<p><b>Inform family of purpose and function of meeting</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review with the family/person their needs, goals, strengths, and resources</li> <li><input type="checkbox"/> Identify with the family/person who and what would be most useful in assisting them with attaining their goals</li> <li><input type="checkbox"/> Introduce case conference/service coordination meeting process with the goal of the coordination of services</li> <li><input type="checkbox"/> Discuss meeting process; strengths and resources of the person/family, families' goals, the services role in supporting and working with the family/person (when, where, who), how the resources work together, communication process</li> <li><input type="checkbox"/> Identify strengths and goals that the family/person would liked discussed</li> <li><input type="checkbox"/> Identify with the family/person who they want to attend the meeting (formal/informal supports)</li> <li><input type="checkbox"/> Discuss and complete the consent for release of information</li> <li><input type="checkbox"/> Identify time and place re: hosting meeting (using script from Appendix F )</li> <li><input type="checkbox"/> Notify Supervisor for the need to hold a case conference</li> </ul>
<p><b>Inviting Service Participants</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inform of purpose and function of meeting, which is family/person focused and strength based service planning</li> <li><input type="checkbox"/> Identify goals that participant may currently be working on with the family/person</li> <li><input type="checkbox"/> Describe participants role at meeting</li> <li><input type="checkbox"/> Documentation re: signed consent and service coordination plan</li> <li><input type="checkbox"/> Confirm time, place, and their attendance</li> </ul>
<p><b>Meeting Preparation</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm time and place with participants</li> <li><input type="checkbox"/> Email/mail out agenda for meeting</li> <li><input type="checkbox"/> Prepare summary of what you will present; materials needed</li> <li><input type="checkbox"/> Identify who will Chair and take minutes</li> </ul>
<p><b>Meeting</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facilitate/chair meeting</li> <li><input type="checkbox"/> Introductions and purpose</li> <li><input type="checkbox"/> Set ground rules, family/person focused, strength based, problem solving, brainstorming, coordinating, planning, confidentiality</li> <li><input type="checkbox"/> Confirm recorder for minutes, inform that copies will be provided with consent</li> <li><input type="checkbox"/> Start with goals identified, identify family/person strengths and resources, brainstorm re: additional resources to assist with goal attainment, who, what, when, where and how long</li> <li><input type="checkbox"/> Involved person/family, enlist their input (Advocate)</li> <li><input type="checkbox"/> Reach consensus</li> <li><input type="checkbox"/> Identify any new goals for discussion</li> <li><input type="checkbox"/> Clarify ongoing communication process</li> <li><input type="checkbox"/> Identify a safety/crisis plan, if appropriate</li> <li><input type="checkbox"/> Identify ongoing "lead" Service Coordinator (if transfer, identify who, when, how, confirm family agreement)</li> <li><input type="checkbox"/> Ensure all action items have noted who is responsible for follow up.</li> <li><input type="checkbox"/> Set next meeting time and place</li> <li><input type="checkbox"/> Have family sign a consent to allow ongoing communication amongst service providers</li> </ul>
<p><b>Follow-up</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure all meeting participants receive the minutes, including the family</li> <li><input type="checkbox"/> Visit person/family, phone contact</li> <li><input type="checkbox"/> Access strategies, problem-solve alternatives, look at options, validate and acknowledge growth and differences</li> <li><input type="checkbox"/> Redirect person/family to speak with services providers re: concerns, changes</li> <li><input type="checkbox"/> Ongoing communication with service providers to focus, redirect and evaluate progress</li> <li><input type="checkbox"/> Identify ongoing needs</li> <li><input type="checkbox"/> Identify any changes in staff, family contact information in a timely manner to other service providers</li> <li><input type="checkbox"/> Any referrals to be made as a result of the conference are the responsibility of the case conference organizer.</li> <li><input type="checkbox"/> Identify gaps in service delivery to Supervisor in writing.</li> </ul>



## APPENDIX F

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As the organizer of the case conference, please copy the body of the following message and complete the details as needed. This will provide consist messaging to the agencies that are part of the Case Conference Protocol.

### Invitation Script for Case Conference

**You are requested to attend the following type of case conference:**

- Internal to agency
- External to agency

**Date and Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Please find attached the following documents for review:

- One page summary

This case conference is in regards to \_\_\_\_\_. (Give a brief description of the individual for whom the conference is being held e.g. alias, age, diagnosis, city of residence, individual's school board and school).

Please respond by \_\_\_\_\_ (date) indicating your attendance or the attendance of another representative from your organization.

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If your organization will not be represented at this case conference, please provide an explanation.

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