

KAHOOT

Please take a few minutes to download **Kahoot** onto your smart device This is a FREE app and will allow you to interact with the presentation WIFI is.....

V Wall

<https://vwall.col8.info/join/system/>

30255497cc6

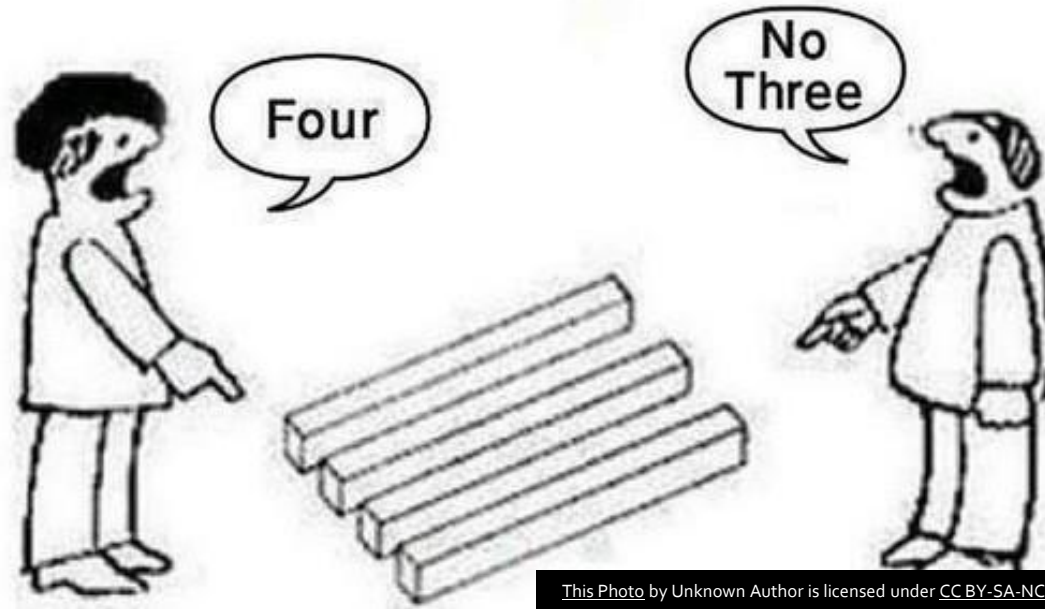
Welcome

Please review the person
profile that has been left
on your seat

**RISE UP
THE SYSTEM IS
DOWN
BROKEN!**

NOT BROKEN?

It is really confusing!!!



HISTORY

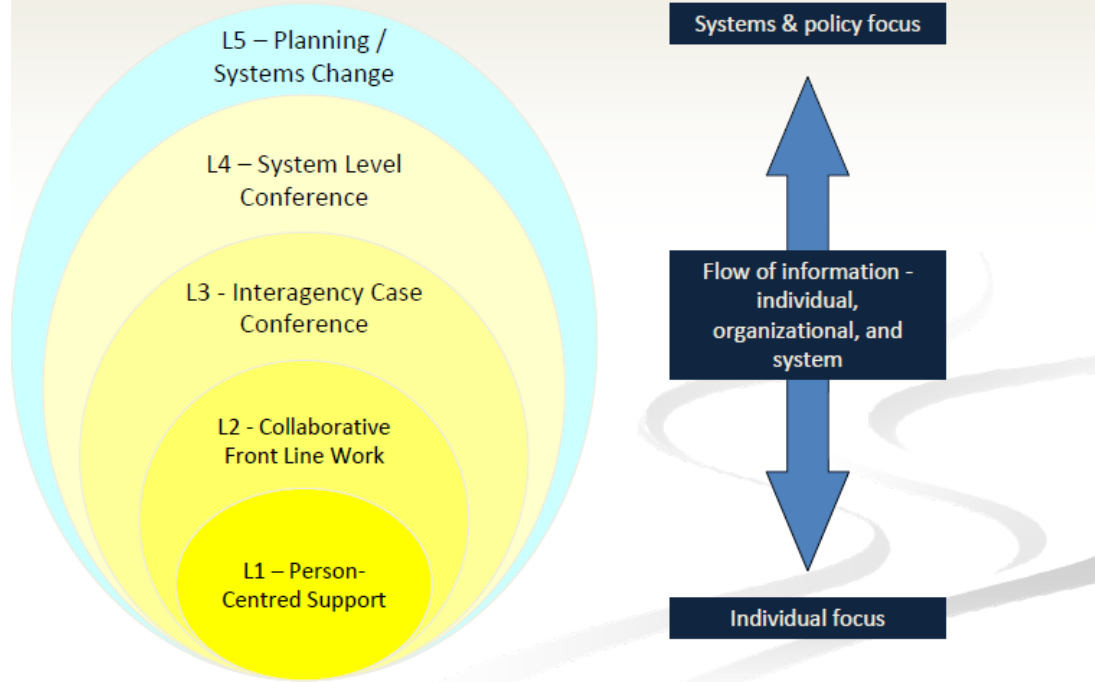


*WHAT DO
YOU SEE?*




WOW THAT'S FUN

Service Resolution Model



*WE ARE
THE
WORK*

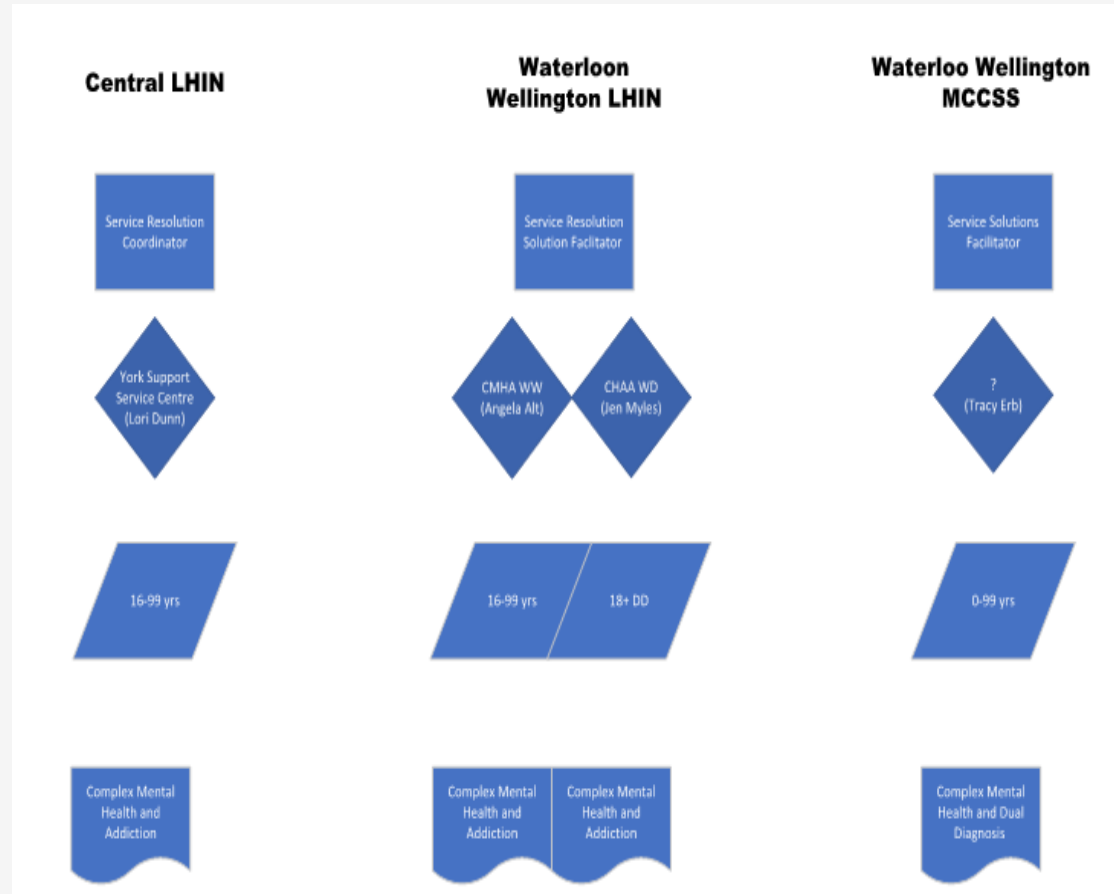
What is System Navigation / Service Resolution

- Promote and support service coordination among the service providers.
 - Provide a point of contact for individuals/families and service providers who are having difficulty accessing services due to the complexity or uniqueness of a person's needs.
 - Advocate for individuals at the system level when existing resources are not meeting their needs.
 - Resolve service barriers and assist with transition to the appropriate level of service.
 - Identify gaps in service and communicate this information to pertinent service system planning groups through program evaluation and quality monitoring.
- 


Who are these people...the System Navigators/ Service Resolution




More regions




Peel Stats...

- 1 in 5 youth age 16-24 in Peel experience mental health
 - The TAY population in Peel is 187,040
 - 12.6% of Peel population live in low income
 - 50.5% of Peel residents are immigrants
 - 56.8% are a visible minority
 - 2017/19 - 60 case conferences (1107ppl)
 - 2018/19 - 65 case conferences (817ppl)
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Why a case conference?

- Having 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.
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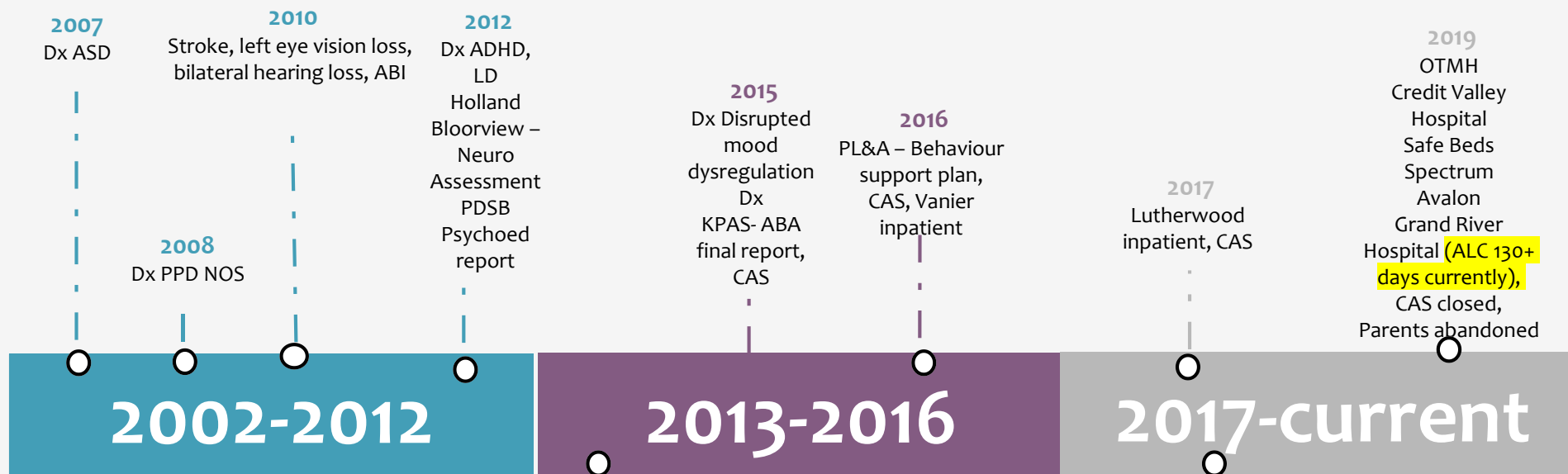
What is the goal?

- **Efficiency**
 - **Shared goals**
 - **Flexibility**
 - **Holistic view of the family/children/youth/person**
 - **Communication**
 - **Parallel approaches**
-
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Profile of a complex youth

- Review Complex Youth Profile
-
- 

17.10yrs



Possible
PL&A within their residence
PL&A within private residence
ABI services after

18

Alternative Hospital Setting
OTMH- Oakville
Brampton Civic Hospital

Explored Not Eligible

Sylapps
Lutherwood
CAS
Vanier
CPRI
Family Options
Mind Forward
Traverse
(see attached spread sheet)

2018
Expanding horizons residence, PCCN (family crisis plan),
New Dx GAD
Monarch House
Environmental assessment, CAS

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
ErnoakKids	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



Case Conference Checklist Tool

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



APPENDIX F

As the organizer of the case conference, please copy the body of the following message and complete the details as needed. This will provide consistent 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.

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

*It takes a
village.....*

- <https://www.youtube.com/watch?v=UrvaSqN76h4>
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