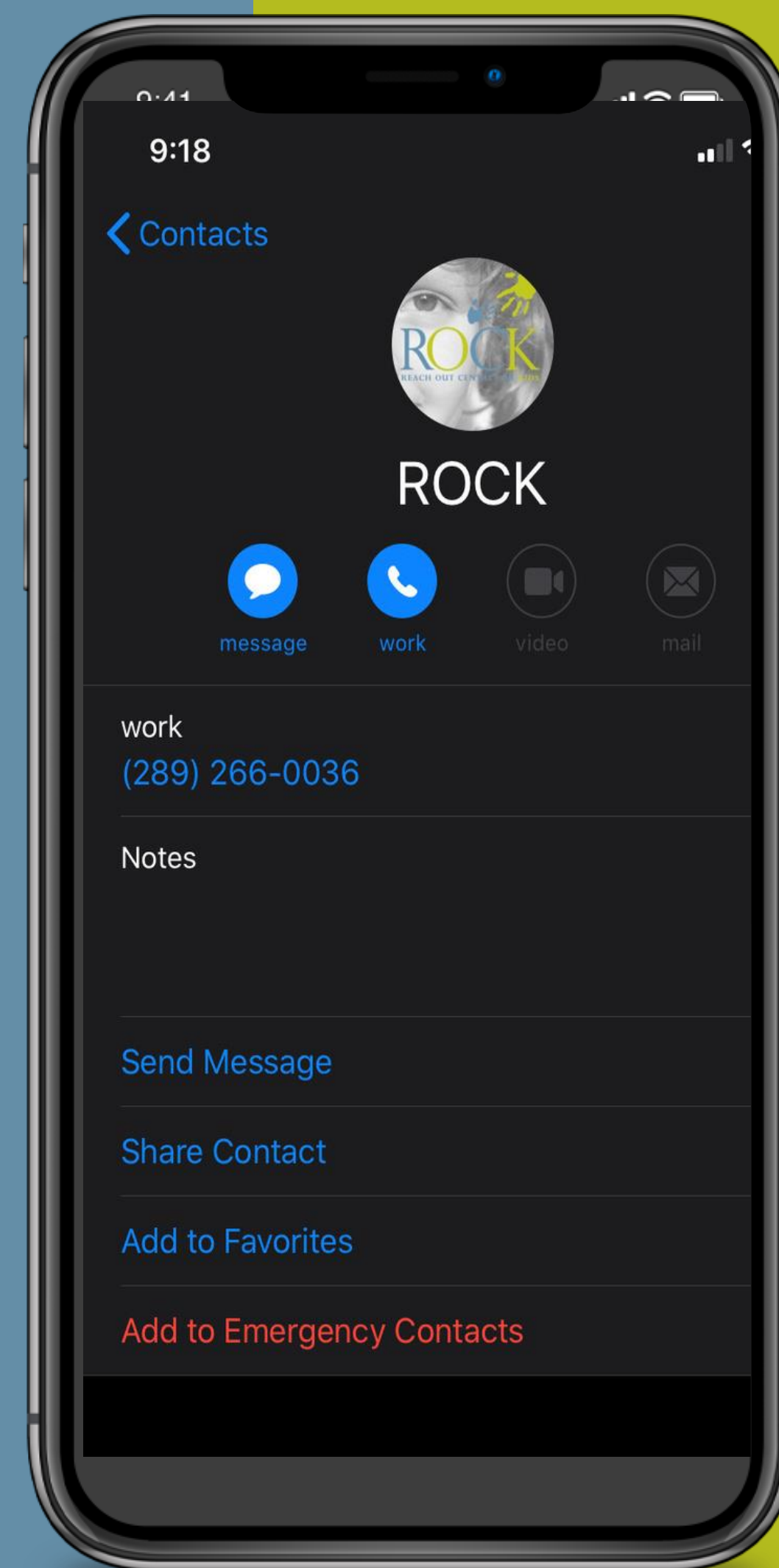


HOW TO ACCESS CYMH SERVICES IN HALTON

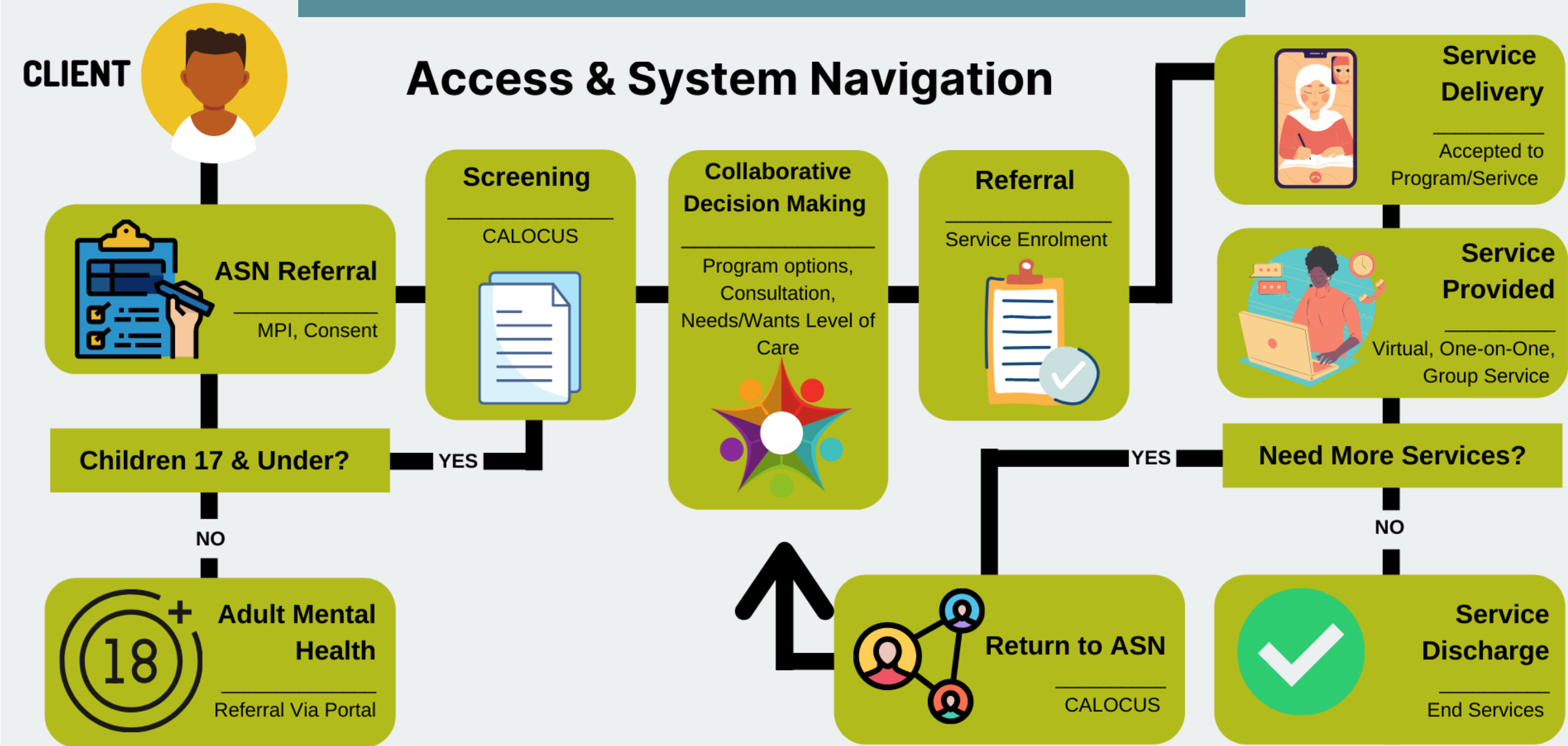
One Call, All Access for Child and
Youth Mental Health



ACCESS & SYSTEM NAVIGATION



One Call, All Access for Child & Youth Mental Health





Radius Child & Youth Services™
PREVENTION • INTERVENTION • RESEARCH



Child and youth
victims of interpersonal
violence (ages 3-17)



Children aged 3-12
engaging in
concerning sexual
behaviours



Youth who have
sexually harmed or
committed a criminal
offence in a dating
relationship



Intrafamilial
sexual abuse

CHILDREN | YOUTH | FAMILIES





..... Mental Health Programs in Halton

Day Treatment Programs



Early Identification, Early Intervention, Outreach (EIEIO)



Halton Intensive Program (HIP)



Linking Youth & Families



Woodview Halton Counselling & Outreach (WHCO)



Youth Overcoming Depression & Anxiety (YODA)





Nelson Youth Centres

Group Therapy: School Focused Treatment and Counselling is a group therapy program for clients/youth between Grade 1 and Grade 8 who are experiencing significant and pervasive emotional, social or behavioral needs that are impacting the school setting despite in-school supports.

Group Therapy: Treatment and Counselling provides group therapy to clients/youth in grades 1 to 8, experiencing social and emotional difficulties at home, school, and/or in the community.

Individual and Family Therapy is a community-based program that provides counselling for youth between the ages of 12-18 years struggling with social/emotional challenges

OFFERINGS FOR 0-18 CHILDREN & FAMILIES



Brief Services

- Walk-In Services
- Brief Therapy



Specialized Consultation & Assessment

- Psychology
- FASD
- Trauma



Counselling & Therapy Services

- Family Therapy
- Group Therapy



Crisis Support Services

- 24-hour Crisis Line Support
- Crisis Services



Family Capacity Building Support/Peer Support Offerings

- Halton Families for Families Workshops & Social Connection Events
- Caregiver Peer Support at Walk-In Clinic
- WRAP – Caregiver Wellness Groups
- Virtual Coffee and Chat Drop-Ins



Intensive Treatment Services

- Day Treatment Programming
- Intensive Counselling Services
- Coordinated Service Planning
- Live-in treatment

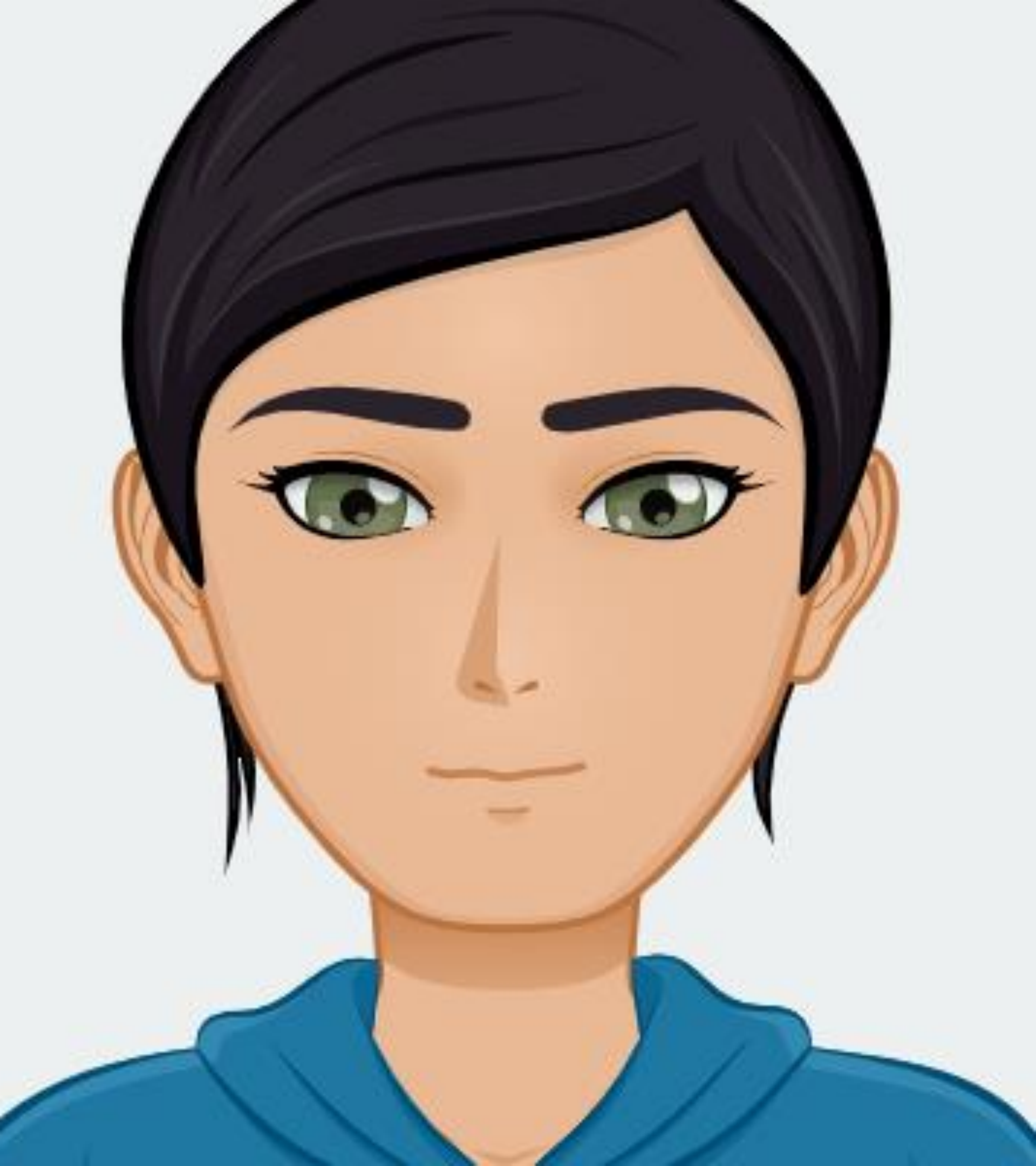


Partnership Connections

- Deaf/Hard of Hearing Supports
- Black & Caribbean Supports
- Child/Youth/Caregiver Supports
- Indigenous Supports

BENEFITS OF A REFERRAL INTO SYSTEM

For the Service Provider:	For the Client:
✓ Standardized referral form	✓ Not having to re-tell their story multiple times
✓ No need to know inclusion/exclusion criteria	✓ Demographic information is provided on the referral form
✓ One referral and multiple program/service options	✓ Clients don't have to navigate and research mental health supports
✓ No need to know referral windows or wait times	✓ Access to programs and supports they may not have been aware of
✓ Live answer access Monday-Friday, 9am-5pm Connect with the following: <ul data-bbox="616 1472 1316 1735" style="list-style-type: none">▪ Walk-in Clinic▪ Crisis Support▪ Access and System Navigation▪ Autism Programs▪ Information/resources/referral	

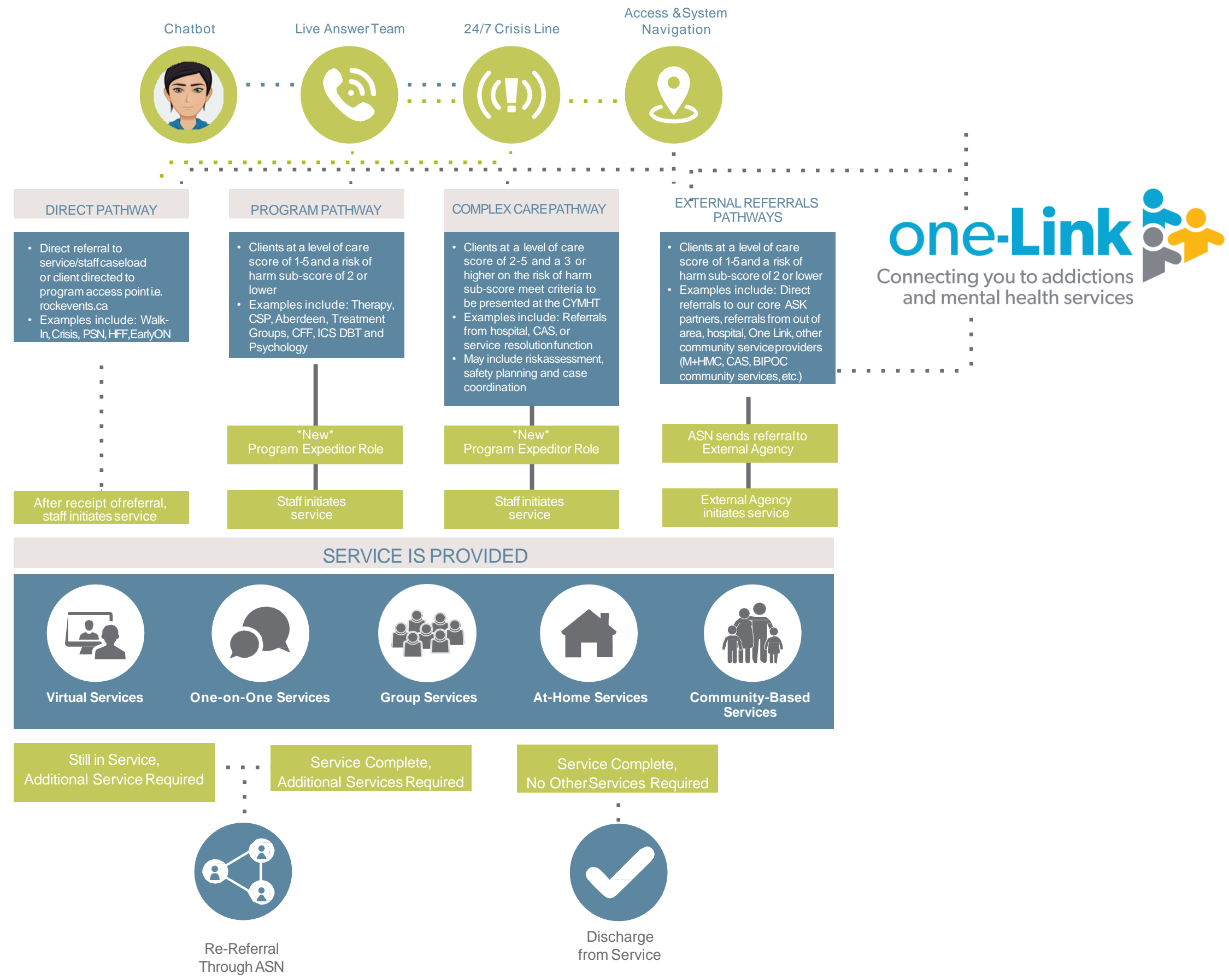


MEET QUINN

- Quinn is ROCK'S online chat service that gets you quick access to information, services.
- Quinn is operated by a live human team of knowledgeable ROCK staff that will be able to offer a quick pathway to support
- Available at www.rockonline.ca and is available to chat Monday-Friday 9am-5pm
- Quinn does not provide therapy or crisis intervention but can help get you connected to these services quickly

INTRODUCING ASN TO CLIENTS

- ✓ Inform client about ASN's role in the community
- ✓ Inform client about the ASN referral process and screening
- ✓ Prevention
 - provide ASN Live Answer phone number
- ✓ Collaborative
 - call ASN Live Answer in collaboration with client
- ✓ Intervention
 - ! obtain expressed consent
 - make a referral on behalf of client
 - determine whether client prefers completing screening independently



WHERE TO FIND ASN REFERRAL FORM

ASN REFERRAL FORM

PAGE 1

Client Information:

First Name: Last Name:

Date of Birth: Gender:

Address: City:

Postal Code: Home Phone Number:

Cell Phone: E-mail:

Preferred Communication Method: **Should be where we can leave a secure message.**

Preferred Language: Requires Interpreter:

Additional Service Considerations:

- D/deaf or Hard of Hearing
- Developmental Delays
- Sight Impairment
- Wheelchair Access Required
- Fetal Alcohol Spectrum Disorder - diagnosed or suspected

Family Physician Name: Contact:

School & Child Care Information:

School or Child Care Centre Name: Grade:

Name of primary staff contact (SERT, Principal, CYC, Resource Consultant): Contact Info:

Does your child attend a Before and After School Program? Yes No

Name of Before and After School Program:

- ✓ Demographic Information
- ✓ Contact Information
- ✓ Preferred Communication Method
- ✓ Family Physician
- ✓ School & Child Care Information

ASN REFERRAL FORM

PAGE 2

Parent/Caregiver Information:

Parent/Caregiver Name (1):	<input type="text"/>	Parent/Caregiver Name (2):	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address - same as above	<input type="checkbox"/>	Address - same as above	<input type="checkbox"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Postal Code:	<input type="text"/>
Home Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
E-mail	<input type="text"/>	E-mail	<input type="text"/>
Preferred Communication Method:	<input type="text"/>	Preferred Communication Method:	<input type="text"/>
Primary Contact/Substitute Decision Maker:	<input type="text"/>		

Referral Information:

Referral Source:

If Primary Care or Hospital, is the client being discharged from the Emergency Department or an Inpatient Unit.

Referral Agency Name:

Referral Contact Name: Referral Contact Number:

Referral Contact E-mail:

Reason for Referral:

- Assessment
- Treatment
- Groups/Camps
- Resources/Information

- ✓ Parent/Caregiver Information
- ✓ Primary Contact/Substitute Decision Maker
- ✓ Referral Information

Additional Referral
Details:

- The child/youth at immediate risk of harm.
- The child/youth or a parent/guardian in the home at immediate risk of harm by the other parent/guardian.
- The child/youth has been involved with the police.

Referrals are made to Halton's Child and Youth Mental Health community based system and ASN will support the navigation to the full list of service offerings with providers and clients.

The following programs listed below are direct referral programs for specific organizations. Please only select if you are referring specifically to one of these programs and are an approved referral source for the program as outlined below.

- Direct Referral Programs:
- Caroline Families First (Physician Referrals Only)
 - ROCK - ICS with Adult MH (CAS Referrals Only)
 - Woodview - Linking Youth and Families (CAS Referrals Only)
 - Woodview - SBST (School Board Referrals Only)

All referrals include a screening process to ensure that clients are connected to the most appropriate program or service based on an assessment of level of need and other inclusion and exclusion criteria. This screening should be done with the referring service provider(s), but can be completed by the caregiver or youth directly. If you have a strong understanding of the family/child/youth that you are referring, it is strongly suggested that you complete the screen with our ASN team. If you do not feel that you have enough information about the family/child/youth, then please indicate that you would like the ASN team to connect directly with the family:

- Please contact me (service provider) directly to conduct the screen.
- Please contact the caregiver(primary) to conduct the screen (you must notify the family that ASN will be calling)
- Please contact the youth to conduct the screen (you must notify the youth that ASN will be calling)

ASN REFERRAL FORM

PAGE 3

✓ Additional Referral Details

✓ Risk (if applicable)

✓ Direct Referral Programs (if applicable)

✓ Identify who will complete the screener

Consent to Obtain, Share and Disclose Information

Please ensure that you review and obtain consent from your client to the following:

- your information provided to support this referral will be placed in a shared database maintained by ROCK;
- the ROCK database is used by and between select youth mental health organizations for the purposes of making referrals and collaborating on care in a timely and secure manner. The participating organizations include Radius Child and Youth Services, Bob Rumball Centre of Excellence for the Deaf – PAH! Program, Woodview Mental Health and Autism Services, Community Youth Programs, Nelson Youth Centres and ROCK;
- the information to be held in the database may include the following: client information (name, date of birth, address and contact information) and information about the programs and service provider name, appointment history, case notes and other documentation;
- the most up to date information about the ROCK database can be found on ROCK's web site at rockonline.ca; clients can connect directly with ROCK's privacy officer at privacy@rockonline.ca.

I have reviewed the information above with my client and have obtained their verbal consent to obtain, share and disclose this information with ROCK.

Consent Obtained From:

Consent Obtained By:

Agency/Organization:

Date:

Authorized Communication Contacts

At the request and authorization of the client, ROCK can use e-mail and text messaging, in addition to the phone, for communication to support the services the client may receive. The risks, limitations and conditions of use are available for clients to review in the Client Information Package on rockonline.ca. Clients should be aware that e-mail and text messages are monitored within business hours and that we will respond in an as timely manner as possible. Please confirm with your client their authorized communication contacts:

Phone:

E-mail:

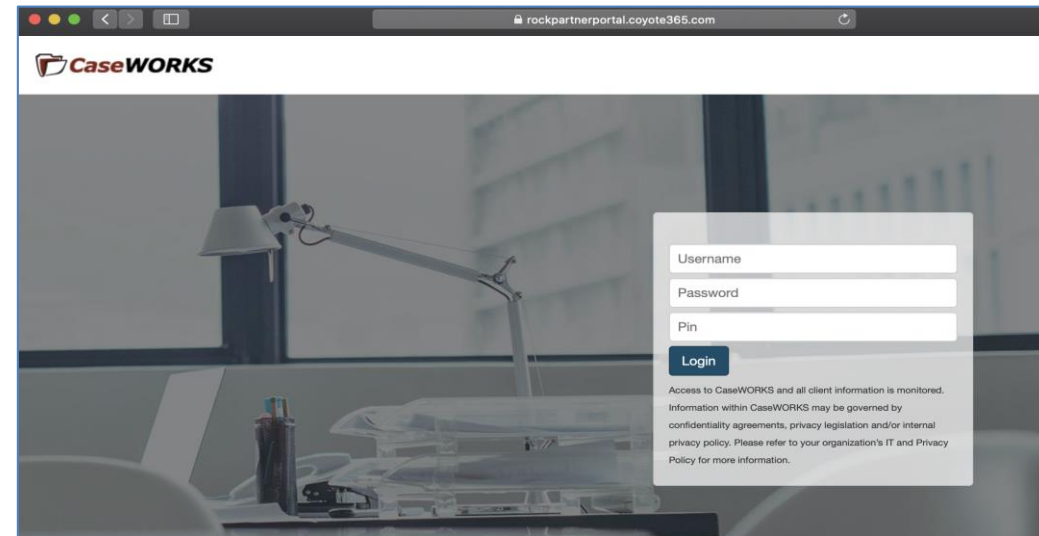
Text:

Please submit the completed form to the Access and System Navigation team through the Partner Portal, credentials required, or fax to: 905-681-7477

ASN REFERRAL FORM PAGE 4

- ✓ Consent to Obtain, Share and Disclose Information
- ✓ Authorized Communication Contacts

SECURE REFERRAL – ROCK PROVIDER PORTAL



New Secure Message [Close]

Name: [first] [middle] [last]

Birth Date: [MMM D, YYYY] [Age unknown] Age is Approximate

Gender: [Select a value]

Details: [Text Area]

[Choose Document...] No file selected.

[Send] [Close]

Secure Messages [Close] [Refresh List] 9 records found, 0 records listed. [New Message]

Client Name	Sent Date/Time
Test Test	Mar 28, 2020 12:10 PM
Test Test	Mar 28, 2020 12:07 PM
Brad Pitt	Mar 27, 2020 9:10 AM
Polly Ester	Mar 27, 2020 9:10 AM
Weldon Steak	Mar 26, 2020 9:25 AM

- The portal allows for providers to send referral documents to ASN without requiring a fax machine
- The portal is available through a web browser and uses a login name, password and site wide PIN to access
- Referrals are sent using a secure message function and require the user to provide the name, date of birth and gender of the client and to attach the completed referral form
- User Accounts on the portal maintain a list of all of the client names and sent date/times for the referrals
- Agencies/organizations must be setup as users on the ROCK Portal
- ROCK provides individual credentials for each user
- Questions regarding accessing the portal can be submitted to CISSupport@rockonline.ca

MAKING A REFERRAL: WHAT TO EXPECT

✓ Confirmation that your referral was received

✓ Follow up contact:

- update regarding services offered
- clarification of information

✓ Single point of contact for client updates

- wait time and/or service updates
- service provider can also contact ASN to provide updates

Drop-In Programs

Walk-In Clinic Supports

- 0-6 Focus
- Caregiver Peer Support
- Autism Consultation

Crisis Support

905-878-9785

Workshops for Caregivers

EarlyON Programming

Family and Caregiver Social Events and Programming

ROCK Hub Programs

FASD Supports



While your Clients are Waiting



Accessible directly for families to connect themselves

Accessible through Access and System Navigation



Therapy Services

Caregiver and Children's Groups

Specialized Supports

- Psychology
- Trauma
- Intensive services

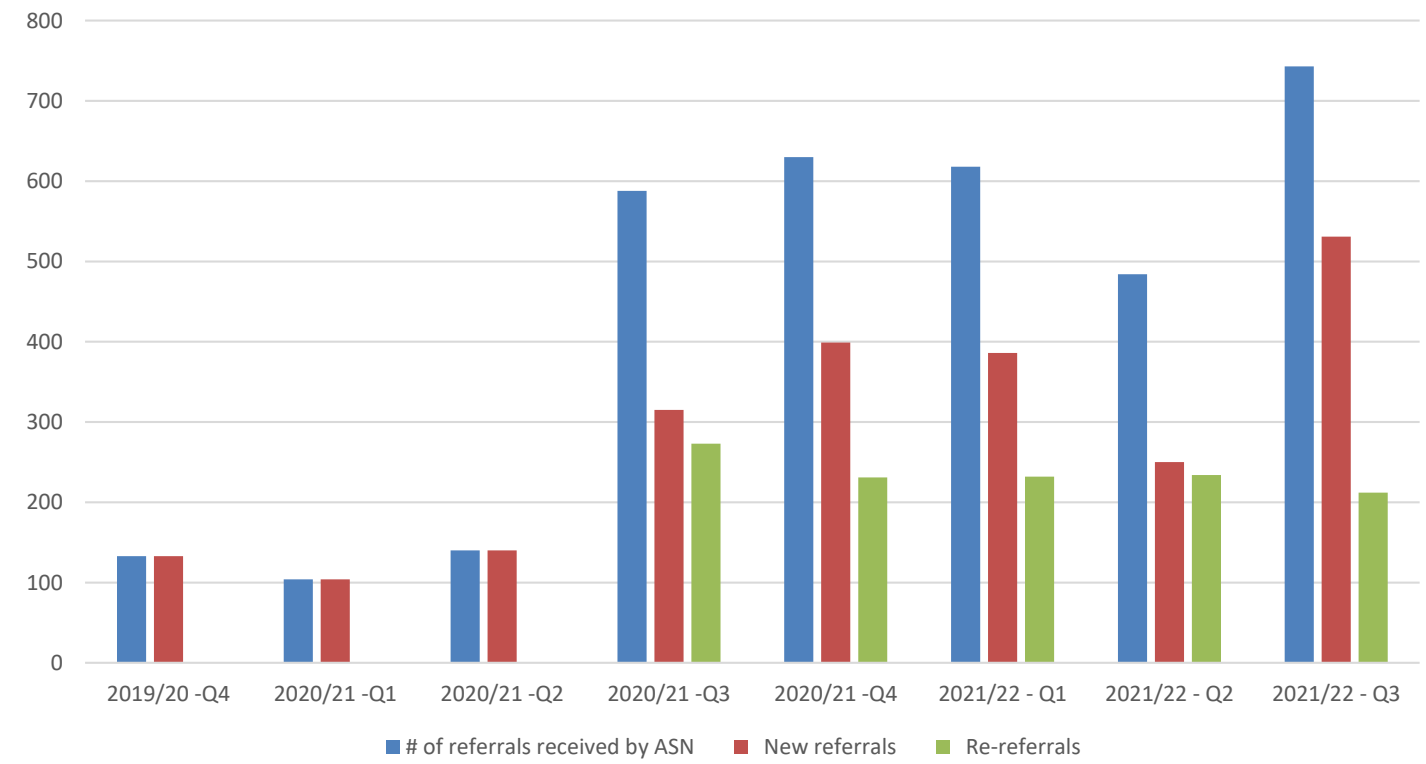
Coordination of Services

Day Treatment Programs

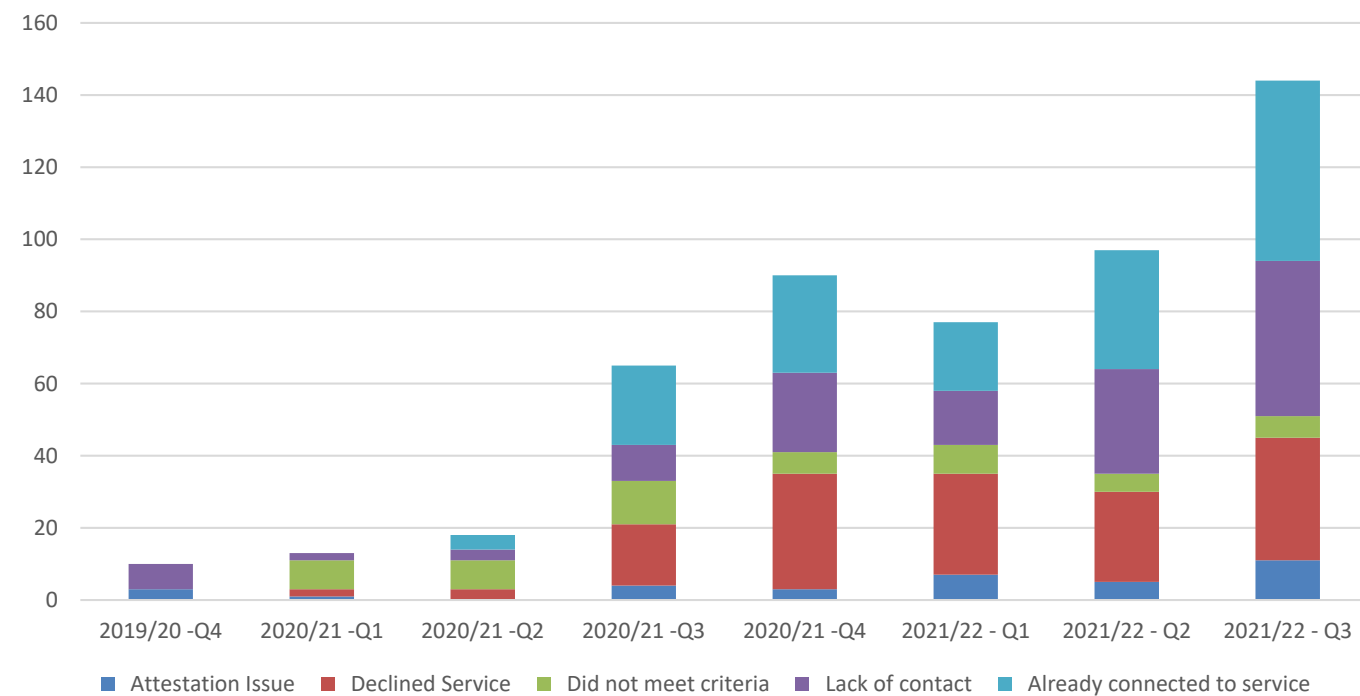
KEY PERFORMANCE INDICATORS

Indicator	2021/22-Q3
# of referrals received by ASN	743
New referrals	531
Re-referrals	212
# of referrals to program/service	613
# of clients exiting without referral	144
Attestation Issue	11
Declined Service	34
Did not meet criteria	6
Lack of contact	43
Already connected to service	50
Average days in queue	13.7

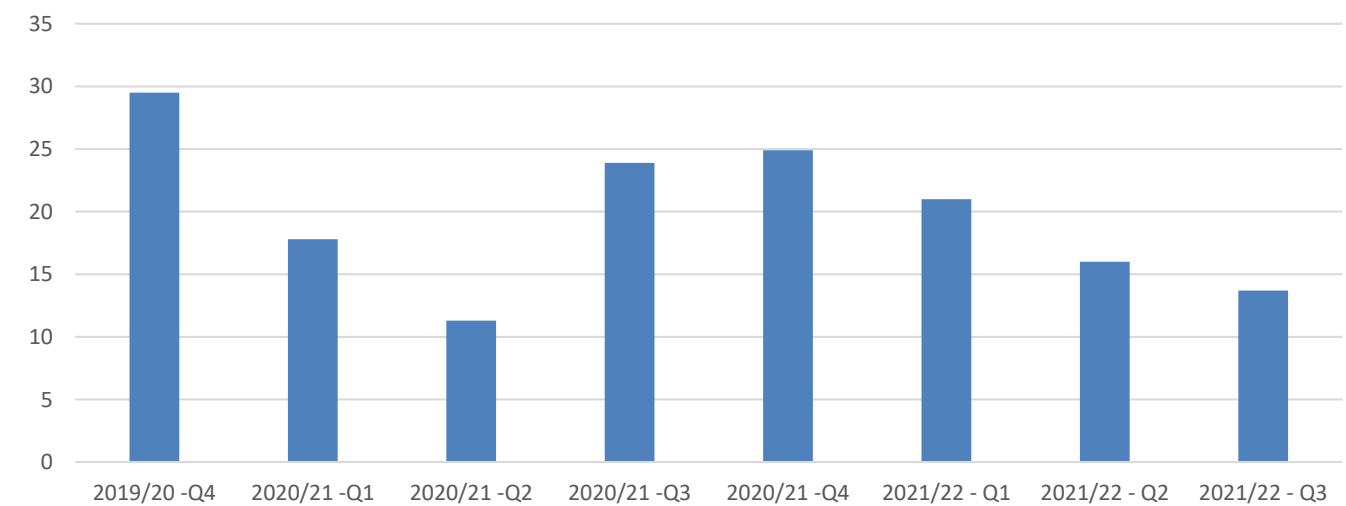
Referral Trends



Clients Exiting without Referral



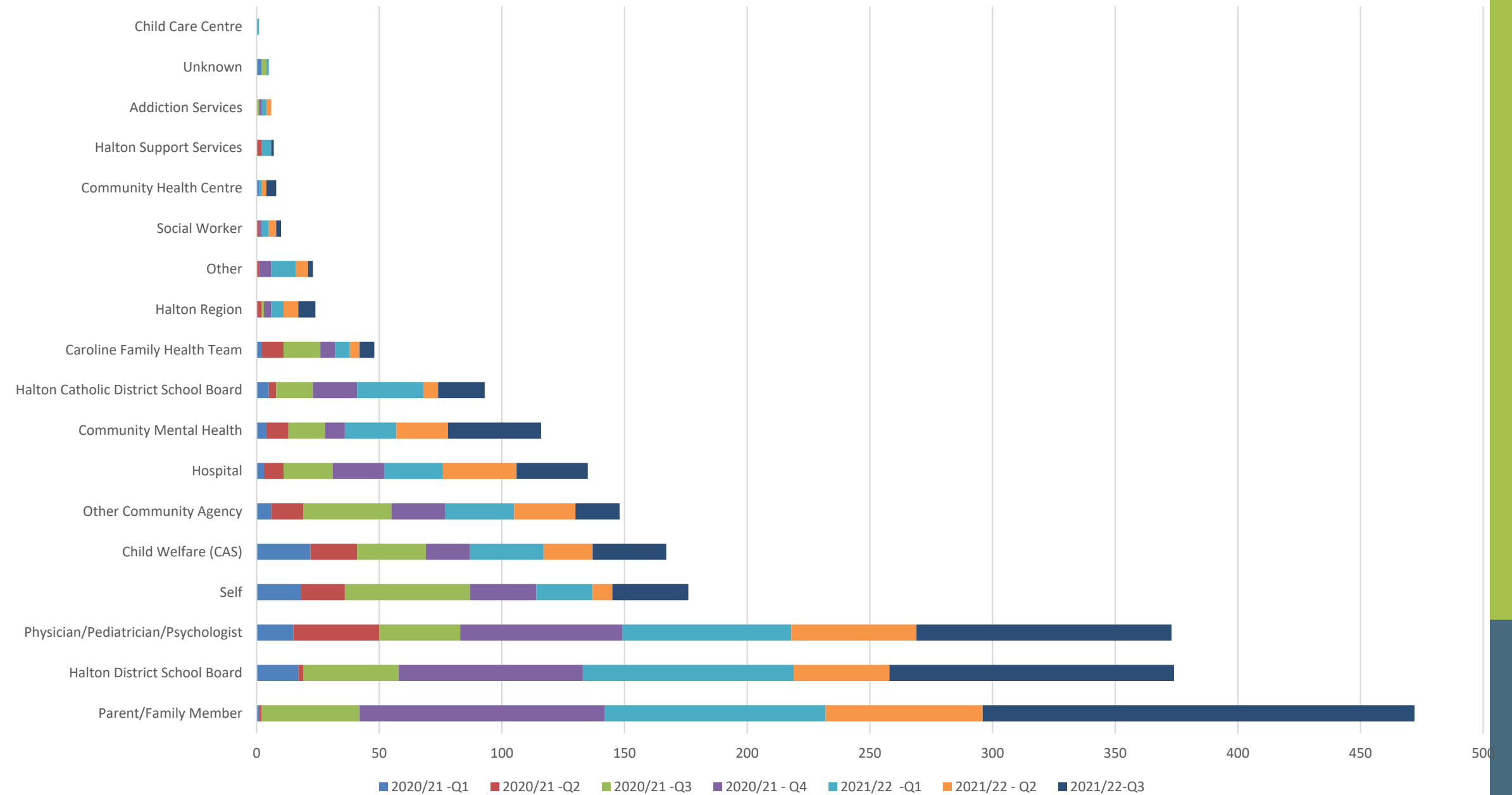
Average Days in Queue



KEY PERFORMANCE INDICATORS

Referral Source	2021/22-Q3
Parent/Family Member	176
Halton District School Board	116
Physician/Pediatrician/Psychologist	104
Self	31
Child Welfare (CAS)	30
Other Community Agency	18
Hospital	29
Community Mental Health	38
Halton Catholic District School Board	19
Caroline Family Health Team	6
Halton Region	7
Other	2
Social Worker	2
Community Health Centre	4
Halton Support Services	1
Addiction Services	
Unknown	
Child Care Centre	

Referral Sources Trends



Access & System Navigation



One Call, All Access for Child & Youth Mental Health

289-266-0036

