

# **PROTOCOL/SERVICE AGREEMENT**

*between*

**NORTH EASTERN ONTARIO FAMILY AND  
CHILDREN'S SERVICES**

*and*

**Timmins and District Hospital**

*and*

**TIMMINS POLICE SERVICE**

*In relation to:*

**MOBILE CRISIS SERVICE INTERVENTION**

February, 2013



## **FOREWORD**

The Mobile Crisis Service aims to address the needs of children, youth and families of the Cochrane District who require an integrated and coordinated crisis management intervention.

For the purposes of this protocol, this initiative will target the high risk population sector in accordance with the definitions of a child or youth in crisis.

Mobile Crisis Services will build upon the existing children's services partnerships. A coordinated approach will add continuity and richness to the intervention services to children, youth and their families.

Members of Mobile Crisis Services Team shall include:

1. Intake Supervisor at North Eastern Ontario Family and Children's Services
2. Child and Family Intervention Supervisor and Mobile Crisis Team from North Eastern Ontario Family and Children's Services
3. F.W. Schumacher Residence Supervisor
4. Timmins and District Hospital Crisis Team (consisting of Crisis worker, Emergency Nurse, Emergency Doctor)
5. Timmins and District Hospital Child and Adolescent Mental Health Program (CAMHP) Team (Consisting of: Registered Nurse, Social Worker, Most Responsible Physician (MRP), NEOFACS Clinician (CFI) and NEOFACS Child and Youth Worker (CYW).
6. Timmins Police Service

## **GOALS AND OBJECTIVES**

1. To provide a coordinated crisis intervention service to children and youth who are experiencing acute suicidal ideation, severe homicidal ideation and violently aggressive behaviour.
2. To provide short-term acute care/crisis stabilization to children and youth.
3. To prevent and/or minimize suicidal risk with children and youth.
4. To minimize the risk to the community of children demonstrating homicidal ideation and/or aggressive behaviour.
5. To reduce avoidable hospital admissions of children and youth in crisis.

6. To ensure that children and youth receive care in the most appropriate and least restrictive setting, by facilitating the movement of children from acute care facilities to more appropriate community or tertiary care settings.
7. To develop a coordinated and accessible continuum of mental health care for children and youth by building on existing best practice models, service agreements and linkages within the community.
8. To support and empower families to be able to respond to and address their children's needs.
9. To avoid duplication of services from various community agencies.
10. To strengthen and enhance the capacity of the local service system to respond to existing acute mental health needs of children and youth.
11. To make efficient and effective use of existing services and programs.
12. To make every effort to place the child or youth within the community utilizing existing services and programs.

## **COMPLIANCE REQUIREMENTS**

The premises of services as outlined in this Protocol/Service Agreement will conform to the applicable requirements in:

1. The Child and Family Services Act (CFSA)
2. The Mental Health Act (MHA)
3. The Policies and Procedures of the North Eastern Ontario Family and Children's Services
4. The Policies and Procedures of the F.W. Schumacher Residence
5. The Policies and Procedures of the Timmins and District Hospital
6. The Policies and Procedures of the Timmins Police Services
7. The Personal Health Information Protection Act (PHIPA)

## **MOBILE CRISIS SERVICE PROTOCOL**

### **Description of Services**

The Mobile Crisis Service is a coordinated community-based response to children and youth, up to 18 years of age who reside in the District of South Cochrane. The service will respond to children, youth and their families who are in crisis and who meet the following criteria:

1. Acute suicidal ideation which is manifested by:
  - a. Threat to harm themselves
  - b. A concrete plan of action
  - c. An inability to contract for safety
  - d. Prior suicidal attempts
  - e. Past history of suicidal attempts by family members

**and/or**

2. Severe homicidal ideation which is manifested in a threat(s) or act(s) of bodily harm to others

**and/or**

3. Physical violence and/or aggression which affects the family, school and/or community. When such behaviour has been occurring for a period of not less than six months and three intrusive interventions (e.g. school suspension or hospital admission) have been unsuccessful.

The Mobile Crisis Services Protocol will be initiated when a referral is received and will be concluded within 72 hours when the crisis has stabilized and a service plan has been developed.

## **PROCEDURES FOR REFERRAL TO MOBILE CRISIS SERVICE**

Mobile Crisis Services for a child or youth may be accessed 24 hrs per day 7 days a week through one of the following three entry points:

- A. Timmins and District Hospital (TDH)
- B. North Eastern Ontario Family and Children's Services (NEOFACS)
- C. Timmins Police Services (TPS)

### **A. Timmins and District Hospital Referral (TDH)**

1. A child or youth, who presents in crisis at the Timmins and District Hospital without a mobile crisis worker from NEOFACS, will have an assessment completed by the TDH Crisis Team and/or the CAMPH RN. In the event a TDH crisis worker and/or the CAMPH RN is not available, an advance directive shall be implemented to have the emergency nurse call NEOFACS to initiate Mobile Crisis through the Intake team.
2. Following the assessment, should the child or youth meet the defined criteria within the protocol of a child or youth in crisis, the TDH Crisis Team or emergency nurse in charge will initiate Mobile Crisis Services by contacting NEOFACS. In the event of an afterhours/weekend referral, the afterhours worker of NEOFACS shall be contacted.

3. Should the child or youth present with a NEOFACS mobile crisis worker:
  - a) The NEOFACS mobile crisis worker shall identify themselves to the triage nurse.
  - b) The triage nurse shall contact the TDH crisis worker and/or the CAMHP RN and advise them that the NEOFACS mobile crisis worker is in attendance.
  - c) The TDH crisis worker and or the CAMHP RN shall inform the triage nurse, who, in turn, shall notify the NEOFACS mobile crisis worker of the estimated wait time.

When available the NEOFACS mobile crisis worker and child shall be promptly escorted into a private room in the emergency department.

4. The TDH crisis worker and or the CAMHP RN and the NEOFACS mobile crisis worker will complete a joint mobile crisis assessment and provide their recommendations to the ER physician.

## **B. North Eastern Ontario Family and Children's Services (NEOFACS) Referral**

1. A child or youth who presents directly to NEOFACS will see a mobile crisis worker and have an assessment completed. Should the child meet the criteria for a child in crisis under the Mobile Crisis Protocol, the child will be transported to TDH. The NEOFACS mobile crisis worker shall call ahead to:
  - i) inquire of estimated wait time and
  - ii) advise emergency department of impending arrival and
  - iii) verify availability of the TDH crisis and/or the CAMHP RN worker prior to attending.
2. If the child or youth's needs cannot be met at home with support and a period of crisis stabilization is required through respite care, the mobile crisis worker may recommend that the child or youth be placed in a crisis bed at F.W. Schumacher Residence.
3. Should the child or youth not meet the criteria for immediate risk, an appropriate plan will be put in place including other family members and community partners to ensure the child's safety.

## **C. Timmins Police Service (TPS)**

In the event that TPS is contacted for assistance with a child or youth in need of services, TPS will contact the NEOFACS to report the mobile crisis and determine if the child or youth should be transported to NEOFACS or TDH for a further assessment.

## **MOBILE CRISIS ASSESSMENT: DISPOSITIONS**

Following the Mobile Crisis assessment, the child/youth shall benefit from one of the following dispositions:

1. **Discharge Home or Community:** The child/youth is discharged home or in the community with or without supports.

### **2. Home/Foster Home Placement with Child and Youth Worker Support**

- a) If the child or youth's needs can be met in his/her home with the support of a CYW, the Mobile Crisis Team may recommend that a CYW, employed by NEOFACS be immediately secured within the home for no more than 24 hours duration to stabilize the crisis. The Mobile Crisis Team shall develop an Intervention Plan that incorporates the use of the CYW and the expected outcomes in regard to crisis stabilization.
- b) The mobile crisis worker from NEOFACS shall contact the CFI Supervisor or designate and obtain approval to secure the services of the CYW. The CFI Supervisor shall contact the F.W. Schumacher Supervisor or designate and secure the services of a CYW. The F.W. Schumacher Residence Supervisor shall ensure an adequate rotation of CYWs to cover the service within the 24 hours duration.
- c) In the event of an After Hours referral, the Mobile Crisis worker shall obtain approval from the On-Call Protection Supervisor to secure the services of a CYW. The On-Call Protection Supervisor shall contact F.W. Schumacher Residential On-Call Supervisor to secure a CYW.
- d) The CYW(s) shall meet with the Mobile Crisis Worker, child or youth and family to discuss the in-home support services.
- e) The Mobile Crisis Worker shall maintain contact with the CYW(s) and ensure that the Intervention Plan is implemented.

### **3. F.W. SCHUMACHER 72 HOUR CRISIS BED PLACEMENT (FOR CHILDREN AND YOUTH AGES 12-15)**

- a) If the child or youth's needs cannot be met at home with support and a period of crisis stabilization is required through respite care, the Mobile Crisis Team may recommend that the child or youth be placed in a crisis bed at F.W. Schumacher Residence. A crisis bed may be utilized for no more than 72 hours and a Mobile Crisis Report, including a discharge plan, as developed by the Mobile Crisis Team must be presented to the F.W. Schumacher Residence Program Supervisor or designate at the time of the child/youth's admission to the F.W. Schumacher Residence.

- b) The mobile crisis worker shall contact the CFI Supervisor or designate and obtain approval to secure a crisis bed at F.W. Schumacher Residence. In the event of an afterhours situation, the Mobile Crisis Worker shall obtain approval from the On-Call Protection Supervisor.
- c) The CFI Supervisor or designate shall contact the F.W. Schumacher Residence Supervisor or designate and secure a crisis bed placement.
- d) The Mobile Crisis Worker shall arrange transportation for the child or youth to F.W. Schumacher Residence. The assistance of the TPS may be utilized as required.
- e) The Mobile Crisis Worker and the Parent or Legal Guardian shall accompany the child/youth to the F.W. Schumacher Residence and participate in the admission process.
- f) The assigned Primary Case Manager of the child/youth shall ensure that the treatment Plan which includes the Discharge Plan is implemented.
- g) Should a child/youth require reassessment at the TDH, the Mobile Crisis Worker shall provide the F.W. Schumacher Mobile Crisis Discharge Report to the TDH Crisis Worker and/or the CAMHP RN. The Mobile Crisis Worker will arrange transportation for the child or youth and participate in the reassessment at TDH.
- h) The TDH crisis worker and/or the CAMHP RN shall provide two copies of the crisis team follow-up report to the Mobile Crisis Worker.

## **TDH HOSPITAL ADMISSION**

The primary purpose of hospital admission is for short-term stabilization of acute mental health symptoms. Criteria for admission to children and youth 0-18 years of age requiring psychiatric care includes, but is not limited to:

- a) Acute/severe suicidal thoughts or behaviour
  - b) Impaired reality testing or psychosis
  - c) Non-responsive or severe side effects to medication
  - d) Severe mood or anxiety disturbances.
1. If the child or youth's safety needs cannot be addressed at home or in the community even with supports, the Mobile Crisis Response Team may recommend that the child or youth be admitted to the Child and Adolescent Mental Health Program on the Paediatric Unit (if the child/youth is under 16 years of age) or the Adult Mental Health Unit (if the youth is between 16 and 18 years of age).
  2. Children/youth admitted involuntarily to CAMHP must undergo a psychiatric assessment (telepsychiatry) within 72 hours of admission. Telepsychiatry services shall be arranged by NEOFACS and be facilitated at TDH.

3. While admitted to CAMHP on the paediatric unit, children/youth shall benefit from individual one to one observation and shall be assessed by the CAMHP Team including the attending nurse, social worker, physician from TDH and the CFI clinician and CYW from NEOFACS.
4. While children/youth are admitted to CAMHP at TDH appropriate nursing staffing shall be arranged by the Peds nurse in charge. Security is available as needed.
5. The Mobile Crisis worker will advise the CFI Supervisor that a CYW employed by NEOFACS be utilized to support the placement at TDH. The CFI Supervisor or designate shall contact the F.W. Schumacher Supervisor or designate to coordinate the service of a CYW. In the event of an after hour situation, the approval from the On-Call Protection Supervisor from NEOFACS shall be obtained. The plan as developed by the Mobile Crisis Response Team shall be communicated to the F.W. Schumacher Supervisor or designate at this time.
6. The CYW shall attend TDH and be provided with the Mobile Crisis Report as developed by the Mobile Crisis Response Team. Consents to Release Information shall be signed as required.
7. The CYW shall report all necessary information to the primary case Manager at NEOFACS.
8. An Intervention Plan shall be developed within 96 hours of admission which includes discharge planning. Discharge destinations may include: discharge home, discharge home with supports, discharge to the F.W. Schumacher Residence, or admission to tertiary care for longer term treatment.
9. Children/youth admitted to the CAMHP shall have access to the full complement of step-down and out-patient services provided by NEOFACS including individual and family therapy, psychological services, residential services, school consultation/support and child protection services.
10. Children residing outside of NEOFACS catchment will be referred to the respective Children's Mental Health agency in their home community.

## **STEP DOWN SERVICES**

### **A. F.W. SCHUMACHER RESIDENCE MENTAL HEALTH BEDS (FOR CHILDREN 12 AND UNDER)**

1. Following an inpatient admission to TDH, if the child's needs cannot be met at home with support and a period of stabilization and further clinical services are required through respite care, the CAMHP Team may recommend that the child be placed at F.W. Schumacher Residence for no more than 7 days. An Intervention Plan, including a discharge plan, as



developed by the CAMHP Team must be presented to the F.W. Schumacher Residence Supervisor or designate at the time of the child's admission to the F.W. Schumacher Residence.

2. The CFI clinician shall contact the CFI Supervisor 24 hours prior to the placement and obtain approval to secure a bed at the F.W. Schumacher Residence.
3. The CFI Supervisor or designate shall contact the F.W. Schumacher Residence Supervisor or designate and secure a placement.
4. The CFI clinician shall arrange transportation for the child to F.W. Schumacher Residence. The assistance of TPS may be requested as required.
5. The CFI clinician, the parent or legal guardian shall accompany the child to the F.W. Schumacher Residence and participate in the admission process.
6. The assigned Primary Case Manager shall ensure that the Intervention Plan which includes the Discharge Plan is implemented.

**B. F.W. SCHUMACHER RESIDENCE CRISIS BED PLACEMENT FOLLOWING TDH CAMHP ADMISSION (FOR CHILDREN AND YOUTH AGES 12-15)**

1. If the child or youth's needs cannot be met at home with support and a period of crisis stabilization is required through respite care, following admission to TDH/CAMHP, the CAMHP Team may recommend that the child or youth be placed in a crisis bed at F.W. Schumacher Residence. A crisis bed may be utilized for no more than 72 hours and an Intervention Plan including a discharge plan, as developed by the CAMHP Team must be presented to the F.W. Schumacher Residence Program Supervisor or designate at the time of the child/youth's admission to the F.W. Schumacher Residence.
2. The CFI Clinician shall contact the CFI Supervisor, or designate 24 hours prior to placement and obtain approval to secure a crisis bed at F.W. Schumacher Residence.
3. The CFI Clinician shall arrange transportation for the child or youth to F.W. Schumacher Residence. The assistance of the TPS may be utilized as required.
4. The CFI Clinician, parent or legal guardian shall accompany the child or youth to the F.W. Schumacher Residence and participate in the admission process.
5. The assigned Primary Case Manager of the child/youth shall ensure that the Intervention Plan which includes the Discharge Plan is implemented.
6. Should a child/youth require reassessment at TDH, the Mobile Crisis Worker shall provide the Intervention Plan to the TDH Crisis Worker and or CAMHP RN. The Mobile Crisis Worker will transport the child or youth to TDH for reassessment.

## **DISPUTE RESOLUTION**

If differences exist pertaining to case planning and service provision, the designated staff of each organization will work to achieve consensus in order to resolve the issues. If a resolution cannot be reached, the staff will consult with their respective manager/supervisor who will then jointly problem solve the situation.

## **RENEWAL**

The protocol will be reviewed jointly on an annual basis.

## **SIGNATURES**

**Signed this day \_\_\_\_\_ of the month of \_\_\_\_\_, 2013.**

*On behalf of:*

North Eastern Ontario Family  
and Children's Services

Timmins District Hospital

Timmins Police Services

\_\_\_\_\_  
Richard Lambert-Bélanger  
Executive Director

\_\_\_\_\_  
Roger Walker  
Chief Executive Officer

\_\_\_\_\_  
John Gauthier  
Chief of Police