

# **PRESCOTT AND RUSSELL MENTAL HEALTH CRISIS SERVICE**

## **PROTOCOL FOR MENTAL HEALTH CRISIS SITUATIONS**

**UNITED COUNTIES OF PRESCOTT AND RUSSELL**

December 2 , 2003

We the undersigned agree with the objective, the values and the fundamental principles of this protocol. As a member of the Standing Committee for the mental health crisis services in Prescott and Russell we will participate in the follow-up and assessment of the Prescott and Russell Mental Health Crisis Service.

*Addiction Services of Eastern Ontario*

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Art Voth, President

*Prescott-Russell Community Mental Health Centre*

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Bernard L'Abbé, Associate Director

*Canadian Mental Health Association  
S.D.&G./Prescott-Russell*

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Micheal Lloyd, Executive Director

*Prescott-Russell Emergency Medical Services*

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Louis Rathier, Service Manager  
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*Hawkesbury and District General Hospital*

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*Maison Interlude House*

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Kelly Raymond, Sector Representative  
Raymond Lemay, Executive Director

*Montfort Hospital, Emergency Department*

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Gérald Savoie, Chief Executive Director

*Royal Comtois Centre*

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Dr. Jean Ouellette, Clinical Director

*Ontario Provincial Police*

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Joffre Dupuis, Detachment Commander

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Yves Dupuis, Detachment Commander

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# **Protocol for Mental Health Crisis Situations in the United Counties of Prescott and Russell**

## **I. BACKGROUND**

This protocol was developed together with the key resources that will be called in to help people in an acute crisis situation related to their state of mental health. The following list are the signatories of the present agreement that will subsequently form the Standing Committee - Prescott and Russell Mental Health Crisis Service (Consult Appendix 1 for the Standing Committee's mandate). This partnership also links with the agreement between the Distress Centre of Ottawa and Montfort Hospital who has the responsibility of Level II in Prescott and Russell (Consult Appendix 2).

- Addiction Services of Eastern Ontario
- Canadian Mental Health Association, SDG/P-R
- Hawkesbury and District General Hospital
- Maison Interlude House
- Montfort Hospital, Emergency Department
- Ontario Provincial Police
- Prescott and Russell Crisis Service
- Prescott-Russell Children and Family Services
- Prescott-Russell Emergency Medical Services
- Prescott-Russell Mental Health Community Centre
- Royal-Comtois Centre

## **II. GOAL**

The goal of this protocol is to define the working relationships between the partners involved with people showing signs of acute distress.

## **III. VALUES**

1. That the provision of prompt assessment and treatment for individuals who are experiencing a psychiatric crisis in the community is essential to ensure a safe level of physical and psychological well-being for those individuals.
2. That prompt intervention promotes safety and support for both the individuals in crisis and others in the community.
3. That the crisis treatment begun in the community enhances the effectiveness of subsequent treatment and facilitates the individual's co-operation with the service provided and thus reduces the inappropriate use of institutional care.
4. That multidisciplinary and inter-agency co-operation in assessment and intervention is essential to provide a comprehensive, efficient and effective crisis resolution, as well as facilitating co-ordination in service delivery.
5. That people experiencing acute emotional distress in the community present unique challenges to all professional care providers and that special education and skills are necessary for this area of psychiatric service.
6. That acute emotional distress impacts the individual and his or her social system support.
7. That the individual's natural support network is a valuable resource and should be strengthened.
8. That the Prescott and Russell Mental Health Crisis Service will promote the efficient use of services to psychiatric patients in the area served by the team.
9. That on-going training about mental health issues is an integral part of the Prescott and Russell Mental Health Crisis Service.
10. That continuing programme evaluation is necessary.
11. Any data collected during the assessment for program planning will be used to improve the planning of mental health services in the counties of Prescott and Russell.

#### **IV. FUNDAMENTAL PRINCIPLES**

The signatories of this protocol acknowledge the following:

- Response to people in acute emotional distress should be provided by the least restrictive and least intrusive means possible and in a manner that ensures the safety of the person and others, and minimises interference with the person's privacy, dignity and self-respect.
- That agencies in Prescott and Russell providing mental health services will work together to provide the most appropriate intervention to individuals in acute emotional distress relative to their mental health status.
- The services will be provided in accordance to the principles of collaboration and coordination with the intent of sharing and easing the workload of each of the Protocol participants.
- The participants acknowledge the use of the Canadian Triage and Acuity Scale (CTAS) as the assessment instrument for determining the urgency of the situation.
- The evaluation of the quality of the Prescott And Russell Mental Health Crisis Service and client satisfaction are key to the accountability process and to improving services.

#### **V. TARGET POPULATION**

People aged 16 years and more living in the counties of Prescott and Russell and dealing with an acute crisis situation related to their state of mental health.

## VI. INTERVENTION CATEGORIES

The *Canadian Triage and Acuity Scale* has established the following standards for responding to emergencies. The following intervention categories will be used to ensure that all agencies define mental health crisis situations in the same way.

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Immediate</p> <ul style="list-style-type: none"> <li>• Cardiac arrest</li> <li>• Major trauma</li> <li>• Shock state</li> <li>• Unconscious</li> <li>• Severe respiratory distress</li> <li>• Pregnancy</li> </ul>	<p>&lt; or = 15 minutes</p> <ul style="list-style-type: none"> <li>• Confusion</li> <li>• Overdose</li> <li>• Seizures</li> <li>• Acute psychosis</li> <li>• Agitation</li> <li>• Abuse/bruise/neglect</li> <li>• Withdrawal</li> </ul>	<p>&lt; or = 30 minutes</p> <ul style="list-style-type: none"> <li>• Acute psychosis</li> <li>• Suicidal</li> </ul>	<p>&lt; or = 1 hour</p> <ul style="list-style-type: none"> <li>• Suicidal thoughts with no agitation</li> <li>• Depression</li> </ul>	<p>&gt; 1 hour</p> <ul style="list-style-type: none"> <li>• Behavior disorders</li> <li>• Trouble coping</li> <li>• Self-mutilation</li> <li>• Aggression</li> </ul>

Source : *Canadian Triage and Acuity Scale*

## **VII. PRESCOTT AND RUSSELL MENTAL HEALTH CRISIS SERVICE**

### **Telephone Response**

1. Respond to all calls on the regional line for Ottawa region 722-6914 and for the Eastern Counties of Ontario 1-866-996-0991 when
  - a. The person is 16 years of age and over
  - b. The person is in a crisis situation:
    - i. Suicidal thoughts
    - ii. Behavioral problems
    - iii. Psychosis
    - iv. Experiencing a situational crisis (for example, loss)
  - c. The referral is urgent in nature (the situation cannot wait until tomorrow, or there is a concern that the situation can become urgent)
  - d. The person agrees to receive support and to provide his/her name and telephone number
  
2. Respond to confidential calls from partners on the line 1 (866) 520-8172 or 632-8454 to offer partner-to-partner consultation when:
  - a. The professionals need support to assess the severity of the crisis
  - b. The professionals need support to defuse the crisis
  
3. Calls to the Prescott and Russell Mental Health Crisis Service from partners must be placed according to the following criteria:
  - a. By a partner (not by the person in crisis)
  - b. The person is 16 years of age and over
  - c. The person is in a crisis situation:
    - i. Suicidal thoughts
    - ii. Behavioral problems
    - iii. Psychosis
    - iv. Experiencing a situational crisis (for example, mourning)
  - d. The referral is urgent in nature (the situation cannot wait until tomorrow, or there is a fear that the situation can become urgent)
  - e. The person has a visible mental health condition

## **Follow-up**

1. The Prescott and Russell Mental Health Crisis Service will offer clinical follow-up by telephone to any person who calls the crisis service. This follow-up includes the following services:
  - a. Three to four sessions over a maximum 6-week period
  - b. Symptom assessment
  - c. Problem resolution action plan
  - d. Mobilization of the individual's personal resources
  - e. Referrals to other community resources
  - f. Reinforcement of individual or family coping mechanisms
  - g. Psycho-medical follow-up

Consult Appendix 3 for the Prescott and Russell Mental Health Crisis Service Logic Model and Appendix 4 for the clients' critical path.

## **VIII. SPECIFIC SERVICE AGREEMENTS:**

### **a. Canadian Mental Health Association, SDG/Prescott-Russell**

#### **Psychosocial Follow-up**

1. The Prescott And Russell Mental Health Crisis Service will refer all individuals requiring post-crisis psychosocial short-term support to the Canadian Mental Health Association.
  - 1.1. The client will be provided the Canadian Mental Health Association telephone number (+1) (613) 632-4924 and will be asked to use the voice mail (extension 400) to leave his/her name, telephone number, and the unique code identifier (001, 002, etc) to ensure a call back.
  - 1.2. The Prescott and Russell Mental Health Crisis Service will leave the unique code identifier for each referral on the Canadian Mental Health Association's voice mail (extension 400).
2. The Canadian Mental Health Association will only accept calls from individuals with the correct unique code identifier and will set up an appointment within two working days.
3. The Canadian Mental Health Association will provide, within the United Counties of Prescott-Russell, mobile outreach and assessment of individuals to determine whether they have a severe and/or persistent mental illness.
4. For those individuals who have not been assessed as having a severe and/or persistent mental illness, the Canadian Mental Health Association will inform them and refer them to the appropriate community resources to meet their needs.
5. For those individuals living with a severe and/or persistent mental illness, the Canadian Mental Health Association will:
  - 5.1. Refer them to the appropriate mental health service.
  - 5.2. Refer them to the appropriate community resources.
  - 5.3. Provide up to 30 days of short-term support services.
  - 5.4. Refer them to the regular Canadian Mental Health Association programs (e.g., peer support, case management).
  - 5.5. Refer them back to the crisis line if still in acute crisis.
6. Short-term support services may include:
  - 6.1. One-to-one support/counseling.
  - 6.2. Life skills development, including budgeting, cooking, cleaning, personal hygiene, grocery shopping, interpersonal relationships, stress management, problem solving, and crisis management.
  - 6.3. Support to access the Ontario Disability Support Program or Ontario Works.

- 6.4. Client advocacy to ensure the participant's rights are protected and to facilitate rehabilitation.
- 6.5. Social/recreational integration.
- 6.6. Community involvement.
7. The Canadian Mental Health Association will reserve the right to refuse to meet with any individual who the worker believes is under the influence of alcohol or illegal drugs.
8. The Canadian Mental Health Association will reserve the right to terminate service to any individual who displays aggressive behavior (including threats and verbal abuse) or harassment towards Branch Staff.
9. The Canadian Mental Health Association will monitor and assess short-term support services to ensure the appropriateness and effectiveness of the service.

### **Information**

10. The Canadian Mental Health Association will create and maintain, in a secure place, case notes in the official language of the individual's choice.
11. During the Canadian Mental Health Association's intake assessment, the individual will be asked to sign a consent form so that clinical information can be obtained from the Prescott and Russell Mental Health Crisis Service.
12. The Prescott and Russell Mental Health Crisis Service will inform individuals that the Canadian Mental Health Association will request consent so that information can be transferred quickly between the two agencies.
13. The Prescott and Russell Mental Health Crisis Service will transfer all clinical information to the Canadian Mental Health Association as quickly as possible, after it receives the consent form, but never more than one working day after the request.
14. The Canadian Mental Health Association will provide ministry-approved statistical data to the Prescott and Russell Mental Health Crisis Service on a quarterly basis, and as requested.
15. The Canadian Mental Health Association and the Prescott and Russell Mental Health Crisis Service are committed to meeting together to discuss their mutual clients, according to the needs of these individuals.

**b. Prescott-Russell Community Mental Health Centre**

**Therapeutic Follow-up**

1. The Prescott and Russell Mental Health Crisis Service performs the first intervention, which includes stabilization and a post-crisis follow-up on the emotional state of the person using the service.
2. In the case of a referral from the Prescott-Russell Community Mental Health Centre, the person must go through an intake assessment once he/she has been stabilized. This intake assessment is done relatively quickly after the referral. The assessment helps determine whether or not the case referred by the Prescott and Russell Mental Health Crisis Service meets the Prescott-Russell Community Mental Health Centre's admission criteria. If it is decided that the Prescott-Russell Community Mental Health Centre cannot meet the needs of the person referred by the Prescott and Russell Mental Health Crisis Service, this person will be re-directed to another service.
3. The intake assessment helps determine the urgency of the person's request. If the person requesting the consultation can benefit from a quick intervention, and if the Prescott-Russell Community Mental Health Centre has the expertise to meet that person's needs, then the person is seen quickly. If the intervention does not need to occur immediately, the person is placed on the waiting list.

**Information**

4. During the intake assessment, the individual will be asked to sign a disclosure form so that his/her clinical information can be obtained from the Prescott and Russell Mental Health Crisis Service.
5. The Prescott and Russell Mental Health Crisis Service will inform individuals that the agency to which he/she is being referred will request consent so that the information can be transferred quickly between the two agencies.
6. Once it receives the consent form, the Prescott and Russell Mental Health Crisis Service will transfer the clinical records, as quickly as possible, and within 24 hours of the request being made.

**c. Royal Comtois Centre**

1. The Prescott and Russell Mental Health Crisis Service will refer to the Royal Comtois Centre any person residing in the counties of Prescott and Russell who requires therapeutic follow-up once he/she has been stabilized.
2. The Royal Comtois Centre will conduct an intake and assess the person.
3. If required, during the intake assessment, the person will be asked to sign a form consenting to information disclosure so that his/her clinical information can be obtained from the Prescott and Russell Mental Health Crisis Service..
4. The Prescott and Russell Mental Health Crisis Service will inform individuals that the agency to which he/she is being referred could request consent for information disclosure so that the information can be shared.
5. Once it receives the consent form, the Prescott and Russell Mental Health Crisis Service will transfer the clinical records, as quickly as possible, and within 24 hours of the request being made

**d. Hawkesbury and District General Hospital**

1. The emergency room doctor will assess the patient and decide which of the following actions are required:
  - 1.1. Keep the patient under observation in the emergency room
  - 1.2. Keep the patient under observation with a psychiatric consultation to be done from Monday through Friday.
  - 1.3. Admit the patient for hospitalization
  - 1.4. Transfer the patient to a Schedule 1 institution when he/she is aggressive, agitated, volatile, or a danger to himself/herself or to others
  - 1.5. Refer the patient to the appropriate community resources
  - 1.6. Present and promote the regional crisis line
  - 1.7. Release the patient
2. When the triage nurse receives information by telephone from the Ontario Provincial Police, he/she will inform the emergency room doctor about the state of the patient who is en route to Hawkesbury and District General Hospital.
3. When the patient is accompanied by a police officer, the triage nurse will communicate with the emergency room doctor in order to obtain an assessment and proceed with the transfer of responsibility.
4. Patients who must be admitted into a Schedule 1 institution will be brought in by police officers; however, if the person has been given a sedative, he/she will be brought in by ambulance.
5. When a patient must be transferred from Hawkesbury and District General Hospital to Montfort Hospital, the protocol in Appendix 5 will be followed.

**e. Montfort Hospital, Emergency Department**

1. The emergency department doctor will consider a reference from the Prescott and Russell Mental Health Crisis Service to be a potential medical emergency. According to the *Canadian Triage and Acuity Scale*, the doctor should treat such a patient within one hour after his/her arrival. All parties acknowledge that the order of priorities will be established according to the *Canadian Triage and Acuity Scale*.
2. Staff from the emergency department will ensure the security of people who are admitted, but who cannot be transferred immediately to the care unit, with the help of hospital resources.
3. Montfort Hospital will accept direct transfers of people from all regions of Prescott and Russell who have been assessed in their community, whose state of health is considered stable, and who need to be admitted for psychiatric reasons. These admissions will ensure the continuity of care and will reduce the duplication of resources and the overlapping of assessments.
4. When a person is transported by the Ontario Provincial Police, the transfer of responsibility will occur as follows:
  - 4.1 From the police officers to the Montfort Hospital security service if the person is non violent. (Consult Appendix 6 for the security officer job description)
  - 4.2 From the police officers to the emergency doctor when the person is violent.
  - 4.3 The police officers will remain in the emergency room if they are explicitly asked to help control a person who is agitated, aggressive, or volatile
5. Individuals who present themselves at the Montfort Hospital emergency department outside the Prescott and Russell Mental Health Crisis Service's regular office hours (from 23:00 to 11:00.), and who do not need to be admitted, can sign a form consenting to information disclosure necessary for a referral to the Prescott and Russell Mental Health Crisis Service for a clinical follow-up.

**f. Maison Interlude House**

1. Maison Interlude House will request a consultation from the Prescott and Russell Mental Health Crisis Service based on the following criteria:
  - 1.1. The person is 16 years of age and over
  - 1.2. The person is in a crisis situation:
    - 1.2.1. Suicidal thoughts
    - 1.2.2. Behavioural problems
    - 1.2.3. Psychosis
    - 1.2.4. Experiencing a situational crisis (ex. mourning)
  - 1.3. The referral is urgent in nature (the situation cannot wait until tomorrow, or there is a fear that the situation can become urgent)
  - 1.4. The person has a visible mental health condition
2. When a person in a crisis situation presents herself at the Maison Interlude House, and if at admission the crisis is beyond the capacity of the worker, she may call the Prescott and Russell Mental Health Crisis Service and establish contact between the person in crisis and workers from the Prescott and Russell Mental Health Crisis Service, if the conditions in paragraph 1 are respected.
3. Maison Interlude House will promote the regional mental health crisis line to anyone using its residential service or Outreach service.

**g. Ontario Provincial Police**

**Mobile Intervention**

1. The police officers will advise the appropriate hospital as soon as possible when they have a person in their care that requires an assessment under the *Mental Health Act* and provide the hospital with information and prepare it for the patient's arrival.
2. People who are considered to be in a stable condition will be taken directly to the Montfort Hospital emergency room, under the following conditions: the person is admitted by virtue of Form 1 (*Mental Health Act*), or the Level I and Level II crisis services have determined that the person must be admitted for psychiatric problems.
3. The OPP acknowledges the limited evening ambulance resources and, as a result, will take people to the a Schedule 1 institution, if the circumstances allow. It is appropriate to proceed in this way when the police officers have responded to a call (*Mental Health Act*) involving a person in stable condition and they have brought that person to the hospital.
4. Under no circumstances should police officers transport a person who has been medicated. In this case, they will request ambulance services to transport the person to the nearest emergency room. When the police officers do not know if the person is in stable condition, they can request the reinforcement of ambulance services or accompany the person to the nearest emergency room.

**Intervention in the Emergency Room**

5. The police officers will remain with the person brought to the emergency room for an assessment under the *Mental Health Act* for a one-hour period, unless other medical emergencies in the emergency room make this timeframe unrealistic.
6. The transfer of responsibilities to the hospital will occur as follows:
  - 6.1. From the police officers to the Montfort Hospital security service when the person is non violent. (Consult Appendix 6 for the security officer job description)
  - 6.2. From the police officers to the emergency room doctor when the person is admitted
7. The police officers will remain in the emergency room if they are explicitly asked to help control a person who is agitated, aggressive, or volatile.

## **Information**

8. The police officers will provide the appropriate information to the Prescott and Russell Mental Health Crisis Service between 11:00 to 23:00, and to Montfort Hospital between 11:00 to 23:00 (Consult Appendix 7 for the information form).
9. Level I and Level II crisis services will provide information to the OPP when a mobile intervention is required. The information will be transmitted by fax, telephone or e-mail to the appropriate Ontario Provincial Police detachment in Prescott and Russell (Consult Appendix 7 for the information form).

**h. Prescott-Russell Children and Family Services**

1. In the case of an intervention at home, the Prescott-Russell Children and Family Services will complete the first assessment and refer the parent in acute distress to the Prescott and Russell Mental Health Crisis Service for crisis resolution and post crisis follow-up.
2. When the risk level is established at medium or low during a home evaluation, the PRCFS will contact the Prescott-Russell Children and Family Services for crisis resolution, according to the following steps:
  - 2.1. The Prescott-Russell Children and Family Services will communicate directly with the Prescott and Russell Mental Health Crisis Service
  - 2.2. The Prescott and Russell Mental Health Crisis Service will establish a deadline to take charge of the patient in order to resolve the crisis
  - 2.3. A consent form will be signed on site between the Prescott-Russell Children and Family Services and the client
3. The Prescott and Russell Mental Health Crisis Service will make an immediate referral for any child who is identified according to the criteria in Appendix 8.
4. The Prescott and Russell Mental Health Crisis Service will refer to the Prescott-Russell Children and Family Services any adolescent who requests help from the crisis service for adults.
5. The Prescott-Russell Children and Family Services will offer training sessions to the members of the Prescott and Russell Mental Health Crisis Service to familiarize them with the “need to report” (Consult Appendix 8).

**i.     Addiction Services of Eastern Ontario**

**Therapeutic Follow-up**

1.   Once stabilized with regards to their mental health, people with addiction problems will be referred to the Addiction Services of Eastern Ontario for a substance abuse assessment.
2.   During the intake assessment, the individual will be asked to sign a consent form so that clinical information can be obtained from the Prescott and Russell Mental Health Crisis Service.
3.   The Addiction Services of Eastern Ontario will make an appointment as soon as possible according to the results of the intake assessment and the organization's internal policies.
4.   The Addiction Services of Eastern Ontario will support the Prescott and Russell Mental Health Crisis Service in developing tools for the screening assessment related to substance consumption.

**Information**

5.   While respecting confidentiality, the Addiction Services of Eastern Ontario will share statistical data and any other useful information for the Prescott and Russell Mental Health Crisis Service's assessment.
6.   The Prescott and Russell Mental Health Crisis Service will inform individuals that the Addiction Services of Eastern Ontario will request consent for information disclosure so that the information can be transferred quickly between the two agencies.
7.   The Prescott and Russell Mental Health Crisis Service will transfer the clinical records, once it receives the consent form, as quickly as possible, and never more than 24 hours after the request is made.
8.   Depending on the resources available, the Addiction Services of Eastern Ontario will offer training sessions, in the form of consultations, based on the needs identified by the Prescott and Russell Mental Health Crisis Service.

**j. Prescott-Russell Emergency Medical Services**

1. When Emergency Medical Services receive a call, they will categorize the request according to the criteria for ambulance dispatch (CTAS).
2. The following conditions will determine the terms and responsibilities related to transporting a patient:
  - 2.1. When the patient is violent and non-medicated, the Ontario Provincial Police will be responsible for the move
  - 2.2. When the patient is violent and medicated, the move will be made in accordance with the following three conditions:
    - 2.2.1. By ambulance if the security of the paramedics is not in question
    - 2.2.2. By ambulance followed by the Ontario Provincial Police
    - 2.2.3. By ambulance with the Ontario Provincial Police present in the ambulance to ensure the security of the patient and the paramedics
  - 2.3. When the patient is violent and there is a medical emergency (for example, attempted suicide), the move will be made by ambulance
  - 2.4. When a non-violent patient, categorized as Level 5 according to the criteria for ambulance dispatch, refuses ambulance transport, the Ontario Provincial Police will be required to ensure the patient's transport
3. If paramedics responding to a call determine, upon their arrival, that the patient does not need to be taken to the hospital for a psychiatric assessment or admission, they will refer the patient to the Prescott and Russell Mental Health Crisis Service for post-crisis follow-up.
4. Any assessments made by Level I and Level II will be made according to the criteria for ambulance dispatch (CTAS).
5. The Emergency Medical Services will ensure application of the *Mental Health Act* for any clause not included in the agreement.
6. Information exchange (to be determined)

5. The Prescott and Russell Mental Health Crisis Service will refer to the Royal Comtois Centre any person residing in the counties of Prescott and Russell who requires therapeutic follow-up once he/she has been stabilized.
6. The Royal Comtois Centre will conduct an intake and assess the person.
7. If required, during the intake assessment, the person will be asked to sign a form consenting to information disclosure so that his/her clinical information can be obtained from the Prescott and Russell Mental Health Crisis Service.
8. The Prescott and Russell Mental Health Crisis Service will inform individuals that the agency to which he/she is being referred could request consent for information disclosure so that the information can be shared.
9. Once it receives the consent form, the Prescott and Russell Mental Health Crisis Service will transfer the clinical records, as quickly as possible, and within 24 hours of the request being made.

## **IX. CONFIDENTIALITY**

Any information provided will be considered confidential and will not be disclosed without the person's consent, whenever possible. Confidentiality is a right of the person and not of the agency. As a result, the promise and commitment made to people is that any confidential communication, unless the agency has an obligation under the law, requires consent from the owner of that information.

## **X. PROTOCOL FOLLOW-UP AND EVALUATION**

This protocol will be evaluated annually. Signatory agencies will be responsible for evaluating the protocol. Protocol signatories are obliged, by their board of directors when one exists, to uphold the protocol.

## **XI. CONFLICT RESOLUTION**

Signatories that disagree over the protocol or its application will first try to resolve the conflict internally. If the problem cannot be resolved, the signatories will bring their problem to their supervisor, so that he/she can review the issue and attempt to resolve the situation. In the event that the dispute cannot be resolved, the partners will submit the problem to the Standing Committee for resolution.

## **XII. DURATION OF PROTOCOL**

The protocol comes into force on November 30, 2003. All changes will be made during the regular reviews mentioned previously. This protocol will remain in effect until December 1<sup>st</sup>, 2005. An official review will be completed between January 1, 2005 and November 30, 2005.

## **XII. TERMINATION**

Notwithstanding any clause in this protocol, the parties can, at any time, in a written notice and within ninety days (90), terminate the specific service agreement in whole or in part.

## **XIII. RESEARCH**

The Prescott and Russell Mental Health Crisis Service will participate in research studies and work in collaboration with the research team. Depending on the mandate and parameters of the research, the protocol signatories may be invited to participate.

## **Appendix 1**

### **Mandate of the Standing Committee - Prescott and Russell Mental Health Crisis Service**

#### **1. MANDATE**

The mandate of the Standing Committee is to actively participate in the planning and evaluation of the Mental Health Crisis Service in the counties of Prescott and Russell.

#### **2. GOALS**

The goals of the Standing Committee are as follows:

- Identify the needs of people dealing with mental health problems in regards to crisis situations
- Plan crisis services based on the three levels of intervention: 1) Regional crisis telephone line; 2) Mobile team; 3) Follow-up team
- Participate in the development of the Prescott and Russell Mental Health Crisis Service annual operating plan
- Participate in the annual evaluation of the service
- Encourage the development of memorandums of understanding

#### **3. MEMBERSHIP**

- One (1) representative from Montfort Hospital (Emergency Services)
- One (1) representative from Hawkesbury and District General Hospital (Emergency Services)
- The associate director of community services at Montfort Hospital
- The Prescott and Russell Mental Health Coordinator
- One (1) representative from the staff of the Prescott and Russell Mental Health Crisis Service
- One (1) representative from the Canadian Mental Health Association
- One (1) representative from Prescott-Russell Children and Family Services
- One (1) representative from the Ontario Provincial Police (county of Prescott)
- One (1) representative from the Ontario Provincial Police (county of Russell)
- One (1) representative from the crisis team (MIC) at the Royal Comtois Centre
- One (1) representative from Prescott and Russell Emergency Medical Services
- One (1) representative from Addiction Services of Eastern Ontario
- One (1) representative from Maison Interlude House
- One (1) representative of users from Prescott
- One (1) representative of users from Russell
- One (1) municipal counselor from the county of Prescott
- One (1) municipal counselor from the county of Russell

#### **4. FREQUENCY OF MEETINGS**

Meetings are held four (4) times each year or at the request of the chair.

#### **5. PRESIDENCY**

The chair and co-chair are elected for a two-year period. The responsibilities will alternate between the chair and co-chair in order to ensure continuity.

#### **6. DURATION**

The mandate lasts for two years, with the option to extend for one extra year.

#### **7. QUORUM**

The members who participate in meetings ensure quorum.

#### **8. MEETING PLACE**

Committee meetings will alternate between Hawkesbury and Rockland.

#### **9. MINUTES**

The administrative secretary from the Prescott and Russell Mental Health Crisis Service will produce meeting minutes.

September 10, 2002

## Appendix 2

### Agreement between the Distress Centre of Ottawa and Montfort Hospital

#### SERVICE AGREEMENT

This Agreement made in duplicate as of the 1<sup>st</sup> day of April, 2003.

BETWEEN:

● **Hôpital Montfort**

(hereinafter, the “Hospital”)

- and -

**DISTRESS CENTRE OF OTTAWA AND REGION**

(hereinafter, the “Distress Centre”)

**AS** the Hospital is a health care provider to the Area;

**AND AS** the Distress Centre has agreed to provide services described in the attached Service Description Schedule A;

**THEREFORE THE PARTIES** agree as follows:

#### **2. Definitions**

Whenever used in this Agreement, the following words and terms have the meanings set out below:

- 2.1. “Agreement” means this agreement, including all schedules, and all amendments or restatements as permitted, and references to “Article” or “Section” mean the specified Article or Section of this Agreement.
- 2.2. “Area” means ● . **[Note to Draft: Appropriate area of the individual Hospital.]**
- 2.3. “Budget” means the entire Service Budget in Schedule B and the budget for each succeeding year when approved by both Parties.
- 2.4. “Business Day” means any day, other than a Saturday or Sunday, on which a branch of The Bank of Nova Scotia is open for commercial banking business during normal banking hours in Cornwall, in Hawkesbury, in Ottawa and in Pembroke.
- 2.5. “Claims” includes any claim, demand, action, suit, cause of action, assessment or reassessment, charge, judgment, debt, liability, expense, cost, damage, or loss,

contingent or otherwise, including reasonable professional fees, including fees of legal counsel on a solicitor and his or her own client basis, and all costs incurred in investigating or pursuing any of the foregoing or any proceeding relating to any of the foregoing.

- 2.6. “Governmental Authority” means any government, regulatory authority, governmental department, agency, commission, bureau, official, minister, Crown corporation, court, board, tribunal, dispute settlement panel or body or other law, rule or regulation-making entity:
  - 2.6.6. having or purporting to have jurisdiction on behalf of any nation, province, state or other geographic or political subdivision thereof; or
  - 2.6.7. exercising, or entitled or purporting to exercise any administrative, executive, judicial, legislative, policy, regulatory or taxing authority or power.
- 2.7. “Laws” means applicable laws (including common law), statutes, by-laws, rules, regulations, orders, ordinances, protocols, codes, guidelines, treaties, policies, notices, directions, decrees, judgments, awards or requirements, in each case of any Governmental Authority.
- 2.8. “Ministry” means the Ministry of Health and Long-Term Care (Ontario).
- 2.9. “Parties” means the Distress Centre and the Hospital and “Party” refers to any one of them;
- 2.10. “Project” means the development and implementation of a district-wide, bilingual mental health crisis line for the Hospital in the Area.
- 2.11. “Services” means those services specified in Schedule A.
- 2.12. “Staff” means the staff of the Hospital authorized to exercise the rights of Hospital under this Agreement, unless otherwise specified.
- 2.13. “Term” means the period of time described in clause 8.
- 2.14. “Territory Agreements” means the agreements described in Section 9.

### **3. Certain Rules of Interpretation**

In this Agreement:

- 3.1. Consent - Whenever a provision of this Agreement requires an approval or consent and such approval or consent is not delivered within the applicable time limit, then, unless otherwise specified, the Party whose consent or approval is required shall be conclusively deemed to have withheld its approval or consent.
- 3.2. Currency - Unless otherwise specified, all references to money amounts are to the lawful currency of Canada.

- 3.3. Governing Law - This Agreement shall be governed by and construed in accordance with the law of the Province of Ontario and the federal laws of Canada applicable therein.
- 3.4. Headings - Headings of Articles and Sections are inserted for convenience of reference only and shall not affect the construction or interpretation of this Agreement.
- 3.5. Including - Where the word “including” or “includes” is used in this Agreement, it means “including (or includes) without limitation”.
- 3.6. No Strict Construction– The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any Party.
- 3.7. Number and Gender – Unless the context otherwise requires, words importing the singular include the plural and vice versa and words importing gender include all genders.
- 3.8. Severability – If, in any jurisdiction, any provision of this Agreement or its application to any Party or circumstance is restricted, prohibited or unenforceable, such provision shall, as to such jurisdiction, be ineffective only to the extent of such restriction, prohibition or unenforceability without invalidating the remaining provisions of this Agreement and without affecting the validity or enforceability of such provision in any other jurisdiction or without affecting its application to other Parties or circumstances.
- 3.9. Statutory references – A reference to a statute includes all regulations made pursuant to such statute and, unless otherwise specified, the provisions of any statute or regulation which amends, supplements or supersedes any such statute or any such regulation.
- 3.10. Time – Time is of the essence in the performance of the Parties’ respective obligations.
- 3.11. Time Periods - Unless otherwise specified, time periods within or following which any payment is to be made or act is to be done shall be calculated by excluding the day on which the period commences and including the day on which the period ends and by extending the period to the next Business Day following if the last day of the period is not a Business Day.

#### **4. Entire Agreement**

This Agreement and the agreements and other documents required to be delivered pursuant to this Agreement, constitute the entire agreement between the Parties and set out all the covenants, promises, warranties, representations, conditions, understandings and agreements between the Parties pertaining to the subject matter of this Agreement and supersede all prior agreements, understandings, negotiations and discussions, whether oral or written. There are no covenants,

promises, warranties, representations, conditions, understandings or other agreements, oral or written, express, implied or collateral between the Parties in connection with the subject matter of this Agreement except as specifically set forth in this Agreement and any document required to be delivered pursuant to this Agreement.

## 5. Schedules

The schedules to this Agreement, as listed below, are an integral part of this Agreement:

<u>Schedule</u>	<u>Description</u>
A	Service Description
B	Service Budget
C	Volunteer – Training
D	Referral Protocols

## 6. Consideration

- 6.1. The Hospital agrees to pay to the Distress Centre for the Services \$50,000 being its share of the Budget. The Hospital will annually pay to the Distress Centre the share of the Hospital of that year's approved Budget. Prior to March 31<sup>st</sup>, in each year during the Agreement, the Hospital will advise the Distress Centre as to the percentage share for the forthcoming year of the Hospital.
- 6.2. The payments referred to in section 5 a) will be made on a quarterly basis in four equal payments as follows: April 15, July 15, October 15 and January 15 in each year in accordance with the Budget. A new Schedule with an annual budget for the fiscal year April 1<sup>st</sup> to March 31<sup>st</sup> shall be prepared in advance of each fiscal year and approved by the Parties.
- 6.3. It is agreed and understood that the Hospital may withhold payments if the Distress Centre is in material breach of its obligations under this Agreement. The Hospital shall provide written notice to the Distress Centre of its intention to withhold payments in accordance with this provision within 5 Business Days, or such longer time as may be reasonable in the circumstances, of discovering the material breach. This notice shall include a description of the material breach giving rise to the exercise of this right, and provide 15 days to the Distress Centre to correct any such breach. If the Distress Centre fails to correct any such breach within the said 15 day period, the Hospital shall advise the Distress Centre and may proceed to withhold payments.

## **7. Representations, Warranties and Covenants**

The Distress Centre represents, warrants and covenants the following:

- a) it has and will maintain accreditation with Distress Centres Ontario or any successor organization;
- b) it will secure an independent language assessment service satisfactory to the Hospital for testing potential volunteers for French language capability in accordance with Schedule A;
- c) it has and will maintain a satisfactory system for training and supervising its volunteers in accordance with Schedule C;
- d) there will be no over expenditure of funds for the Project, without written consent from the **[Hospital/CHC]**, however, the Distress Centre will be permitted to use its discretion to reallocate funds from one Budget category to another as it deems appropriate in the circumstances;
- e) it has and will maintain a protocol for referrals to Tier II and to emergency services in accordance with Schedule D or as amended by agreement of the Parties from time to time;
- f) it has and will perform criminal reference checks on all new volunteers who are otherwise acceptable to it in accordance with Schedule A; and
- g) to send to the Hospital no later than January 15<sup>th</sup> each year a detailed budget submission for the next fiscal year. Within 30 days of receiving the detailed budget, the Hospital will provide written notice to the Distress Centre of any changes proposed, including the rationale, with the objective of the Parties being able to approve a new budget on or before March 31<sup>st</sup> in each year. If the Hospital considers that the budget process is likely to be delayed by Ministry requirements, the Hospital shall discuss interim financing arrangements with the Distress Centre.

## **8. Program**

The Distress Centre agrees to provide Services in accordance with the attached Service Description Schedule (Schedule A).

## **9. Term**

This Agreement will be in force for an initial 24 months, commencing April 1, 2003 (the “Initial Term”). This Agreement will automatically renew for a further term of 60 months, unless either Party gives written notice of termination to the other Party at least 6 months prior to the end of the Initial Term.

## **10. Territory Agreements**

- 10.1. The Distress Centre and the [Hospital acknowledge that, concurrent with the entering into of this agreement, the Distress Centre is entering into substantially similar agreements with **[insert names of other parties]** (collectively, the “Territory Agreements”). The Territory Agreements will provide for a mental health crisis line as a first point of public access into the mental health crisis response system for Renfrew County, the City of Ottawa, United Counties of Prescott-Russell and the United Counties of Stormont Dundas and Glengarry. The Distress Centre acknowledges that the other parties to the Territory Agreements and the Hospital are not partners and are not either jointly or jointly and severally liable for the obligations that may arise under any one of the Territory Agreements.
- 10.2. The Distress Centre acknowledges that the Hospital and each of the other parties to the Territory Agreements have entered into an Inter-Party Agreement for the purposes of co-ordinating and communicating information with respect to the development and ongoing operation of a mental health crisis line service and their several relationships with the Distress Centre.

## **11. Termination**

- 11.1. Either Party may terminate this Agreement in accordance with the procedures specified in this section in the event of a material breach by the other Party. Prior to the termination of the Agreement, the terminating Party must provide written notice to the Party which committed the material breach within 5 Business Days, or such longer time as may be reasonable in the circumstances, of discovering the material breach. This notice must provide a description of the material breach giving rise to the exercise of the termination right and must provide a period of 15 days to correct any such breach. If the Party which committed the material breach fails to correct any such breach within the said 15 day period, the terminating Party may proceed to terminate this Agreement.
- 11.2. If the Ministry does not provide funding specifically for the Project or if the Ministry terminates or severely restricts funding specifically for the Project, the Hospital may terminate this Agreement upon such prior written notice as may be reasonable in the circumstances (but not exceeding the length of notice that the Hospital receives of that termination or severe restriction of funding).
- 11.3. Either Party may terminate this Agreement at any time upon one year’s prior written notice.
- 11.4. Either Party may terminate this Agreement upon 30 days notice in writing if any party to a Territory Agreement does not approve of an annual budget.
- 11.5. In the event that another party to a Territory Agreement terminates a Territory Agreement for any reason other than a material breach by the Distress Centre, the Distress Centre may, on notice in writing, terminate the Agreement.

- 11.6. In the event of termination, the Distress Centre will refund forthwith to the Hospital any monies advanced by the Hospital and not expended in accordance with the Budget.

## **12. Access and Consultation**

- 12.1. The Distress Centre will permit Staff to enter at reasonable times any premises used by the Distress Centre in connection with the provision of the Services and under its control in order to observe and evaluate the Services.
- 12.2. The Distress Centre agrees that employees of the Distress Centre providing Services, will, upon reasonable request to the Executive Director of the Distress Centre or his or her delegate, be available for consultation with the Staff.

## **13. Reports**

The Distress Centre will maintain records (including log reports) respecting the Services (other than financial records) at the site where Services are being provided (or at such other location as the Hospital may approve) and prepare and submit at the Hospital request from time to time, a report respecting the Services.

The Distress Centre will retain, with reasonable care, the service records for all Services for a period of at least 10 years from the date the record in question was created, or when the record pertains to an individual under the age of 18 years for a period of at least 10 years following the individual's eighteenth birthday.

## **14. Financial Records and Reports**

- 14.1. The Distress Centre will maintain financial records and books of account respecting Services and the use of the funds paid to it under this Agreement and will allow Staff to inspect and audit such books and records at all reasonable times both during the term of this Agreement and subsequent to its expiration or termination. The Hospital will co-ordinate any such inspection or audit with the other parties to the Territory Agreements.
- 14.2. The Distress Centre will keep a separate detailed accounting of all receipts and expenses related to this Agreement, using generally accepted accounting principles.
- 14.3. The Distress Centre will provide the Hospital with monthly statements of expenditures in connection with the Services. The Distress Centre will provide the Hospital with detailed quarterly financial reports, showing variances from Budget, within 30 days of the end of each such period and a year-end reconciliation report within 60 days of the end of each fiscal year during the Term.
- 14.4. The Distress Centre will, unless the Hospital indicates otherwise, submit to the Hospital audited financial statement annually within four (4) months of the Distress Centre's financial year end.

14.5. The Distress Centre will retain each record and book of account referred to in clause 13(a) for a period of 7 years from the date such record or book of account was created.

## **15. Surplus Funds**

The Distress Centre will advise the Hospital as part of the second quarter financial report by October 20<sup>th</sup> of each year and then by January 15<sup>th</sup> of each year of any projected unspent funds, based on the variance reports up to that period and anticipated expenditures for the remainder of the fiscal year. The Hospital will make decisions on how to manage any projected unspent funds, in consultation with the Distress Centre. The Hospital retains the right to recover all projected unspent funds from the Distress Centre, either in-year or by year-end, at the Hospital sole discretion.

## **16. Program Records**

In the event the Distress Centre ceases operation, it is agreed that the Distress Centre will not dispose of any records related to the Services without the prior consent in writing of the Hospital.

## **17. Confidentiality**

The Distress Centre, the Hospital and their respective directors, officers, employees, agents and volunteers will hold confidential and will not disclose or release to any person at any time during or following the term of this Agreement, except where required or permitted by Laws or by this Agreement, any information or document relating to the Services or the records of the Services or that tends to identify any individual in receipt of Services without obtaining the consent of the individual or the individual's parent or guardian prior to the release or disclosure of such information or document. This obligation shall survive the expiry or earlier termination of the Agreement.

The Distress Centre will ordinarily seek the consent of the individual involved prior to providing information about that individual to the Hospital. In an emergency the Parties recognize that the Distress Centre may be required to provide information to the Hospital or other persons without having obtained the consent of the individual.

## **18. Indemnification**

Each Party (the "Indemnifying Party") will, both during and following the term of this Agreement, indemnify and save harmless the other Party (the "Indemnified Party") from all Claims in any manner based upon, occasioned by or attributable to anything done or omitted to be done by the Indemnifying Party, its directors, officers, employees, agents and volunteers in connection with the Services purported to be provided or required to be provided by the Indemnifying Party pursuant to this Agreement.

## **19. Dispute Resolution**

Each Party shall initially name one senior official to be responsible for dispute resolution in respect to this Agreement or the Services. In the event of a dispute arising, the two officials shall meet and negotiate in good faith to attempt to resolve the dispute within 5 Business Days or such longer time as they may deem appropriate from the giving of written notice of a dispute by a Party.

If the two officials are unable to resolve the dispute, either Party may refer the dispute to arbitration under the *Arbitration Act* (Ontario) (which shall be the sole method for resolution of all disputes between the parties) before a single arbitrator to be agreed by the parties and, failing such agreement, either Party may apply to a judge of the Ontario Superior Court to appoint the arbitrator on behalf of the Parties. Any disputes or claims in connection with or arising out of this Agreement, its negotiation, breach, existence, validity or termination shall be determined only by arbitration. Each Party will bear its own costs of the proceedings regardless of the outcome of any such arbitration.

## **20. Insurance**

The Distress Centre will obtain and maintain in full force and effect during the Term, commercial general liability insurance acceptable to the Hospital in an amount of not less than five million dollars (\$5,000,000.00) per occurrence in respect of the Services and shall name the Hospital as a joint insured. The Distress Centre will also maintain directors' and officers' legal liability insurance during the Term. The Distress Centre will provide evidence of such insurance periodically upon the request of the Hospital.

## **21. Intellectual Property**

Except for the CHAOS database, all systems, programs, databases, research products and other documentation created pursuant to this Agreement ("Systems") shall be and remain the property of the parties, other than the Distress Centre, to the Territory Agreements. All data collected and all information, including research-related materials, retained by the Distress Centre under this Agreement ("Information") shall be and remain the property of the parties, other than the Distress Centre, to the Territory Agreements. Upon termination of this Agreement, all Systems and Information retained by the Distress Centre, in electronic form or hard copy, will be delivered to the parties, other than the Distress Centre, to the Territory Agreements or as they may direct.

## **22. Independent Contractor**

The Parties acknowledge that their relationship is that of independent contractors and neither Party is the agent of the other.

## **23. Notices**

Any notice, consent or approval required or permitted to be given in connection with this Agreement (in this Section referred to as a "Notice") shall be in writing and shall be sufficiently given if delivered (whether in person, by courier service or other personal method of delivery), or if transmitted by facsimile or e-mail:

23.1. in the case of a Notice to the Distress Centre at:

Distress Centre of Ottawa and Region  
11 Rosemount Avenue, Suite 304  
Ottawa, Ontario K1Y 4R8

Attention: Charles Laframboise, Executive Director  
Telephone: 613-238-1089 (ext.6)  
Fax: 613-238-1116  
E-mail: [execdir@dcottawa.on.ca](mailto:execdir@dcottawa.on.ca)

23.2. in the case of a Notice to the Hospital at:

Attention:  
Telephone:  
Fax:  
E-mail:

Any Notice delivered or transmitted to a Party as provided above shall be deemed to have been given and received on the day it is delivered or transmitted, provided that it is delivered or transmitted on a Business Day prior to 5:00 p.m. local time in the place of delivery or receipt. However, if the Notice is delivered or transmitted after 5:00 p.m. local time or if such day is not a Business Day then the Notice shall be deemed to have been given and received on the next Business Day.

Any Party may, from time to time, change its address or other contact information by giving Notice to the other Party in accordance with the provisions of this Section.

## **24. Amendments**

No amendment, supplement, modification or waiver or termination of this Agreement and, unless otherwise specified, no consent or approval by any Party, shall be binding unless executed in writing by the Party to be bound thereby.

## **25. Non - Assignment**

The Distress Centre may not assign this Agreement, or any rights or obligations under this Agreement, without the prior written consent of the Hospital.

## **26. Public Notices**

The Parties shall jointly plan and co-ordinate any public notices, press releases, and any other publicity concerning the matters contemplated by this Agreement and no Party shall act in this regard without the prior approval of the other, such approval not to be unreasonably withheld unless such disclosure is required to meet timely disclosure obligations of any Party under applicable Laws in circumstances where prior consultation with the other Party is not practicable and a copy of such disclosure is provided to the other Party.

**27. Further Assurances**

The Parties shall with reasonable diligence do all such things and provide all such reasonable assurances as may be required to consummate the transactions contemplated by this Agreement, and each Party shall provide such further documents or instruments required by any other Party as may be reasonably necessary or desirable to effect the purpose of this Agreement and carry out its provisions, whether before or after the Closing.

**28. Execution and Delivery**

This Agreement may be executed by the Parties in counterparts and may be executed and delivered by facsimile and all such counterparts and facsimiles shall together constitute one and the same agreement.

**IN WITNESS WHEREOF** this Agreement has been signed by authorized officers on behalf of the Distress Centre, and for the Hospital by its proper signing officers.

Hospital

By: \_\_\_\_\_  
Name: Gérald R. Savoie  
Title: President and Chief Executive Officer

By: \_\_\_\_\_  
Name: Lucille Perreault  
Title: Vice-president, clinical services

**DISTRESS CENTRE OF OTTAWA AND REGION**

By: \_\_\_\_\_  
Name: Peter Donnelly  
Title: President

By: \_\_\_\_\_  
Name: Clive Packer  
Title: Secretary

**Appendix 3**

**Logic Model**

DRAFT

Version, July 2, 2003

# PRESCOTT-RUSSELL MENTAL HEALTH CRISIS SERVICE

Tier II - Mental Health Crisis Line

Logic Model

Prepared by:

Prescott and Russell Mental Health Crisis Services

**Mission:**

Provide a rapid intervention and immediate support to individuals experience an acute mental health crisis.

**Target Population:**

Adults 16 years and older residing in the counties of Prescott and Russell who are experiencing an acute mental health crisis

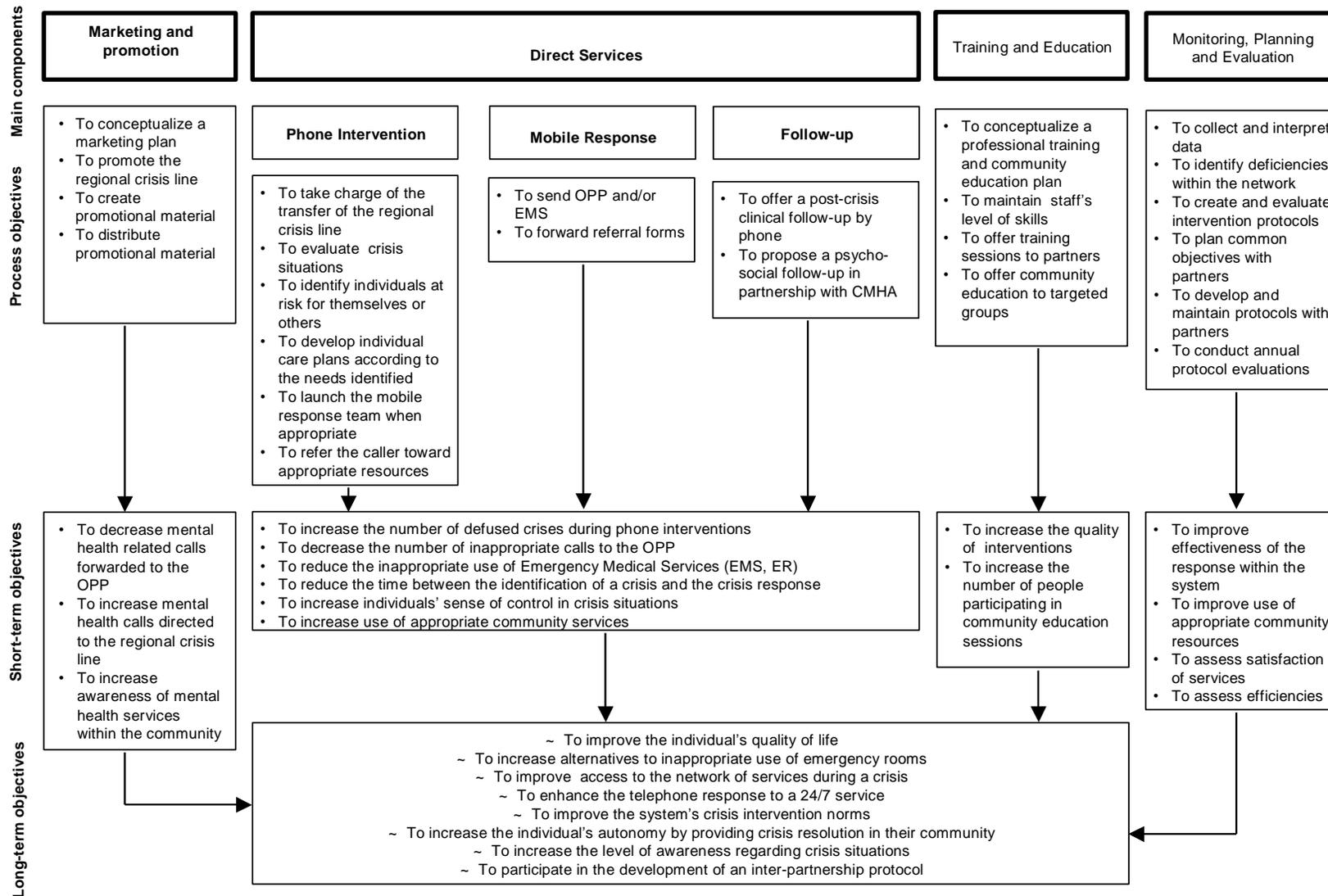
**Catchment Area:**

United Counties of Prescott and Russell

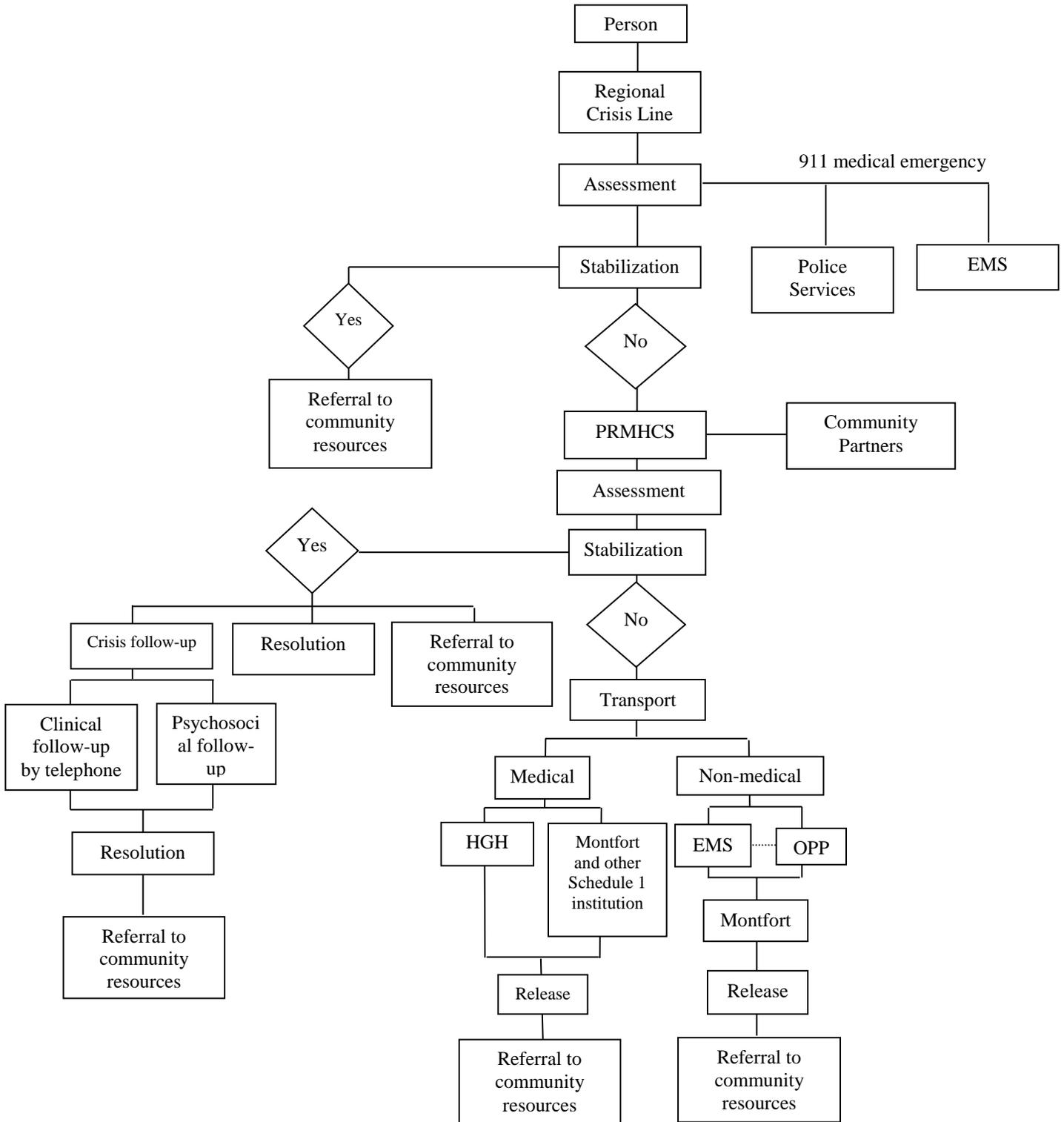
DRAFT

# PRESCOTT AND RUSSELL MENTAL HEALTH CRISIS SERVICE

Version, July 2, 2003



**Appendix 4**  
**Critical Path**



**Appendix 5**

**Protocol Between Montfort Hospital and Hawkebury and District General Hospital**

**PROTOCOLE D'ENTENTE**

**Entre**

**L'HÔPITAL MONTFORT**

**Et**

**L'HÔPITAL GÉNÉRAL DE HAWKEBURY**

**Concernant**

**L'ACCÈS AUX SERVICES PSYCHIATRIQUES DE L'HÔPITAL MONTFORT POUR  
LA POPULATION DES COMTÉS UNIS DE PRESCOTT ET RUSSELL**

**Décembre 1994  
Révisé le 30 mai 2000**

## **1.0 PRINCIPES GÉNÉRAUX :**

ATTENDU QUE La population de Comtés Unis de Prescott et Russell doit avoir accès à la gamme complète des services en santé mentale;

ATTENDU QUE L'Hôpital Montfort a un mandat régional concernant les services en santé mentale pour la population francophone de l'est de l'Ontario, 24 heures, 7 journées par semaine;

ATTENDU QUE Les agences communautaires de santé mentale des Comtés Unis de Prescott et Russell travaillent en collaboration avec les médecins de cette région et l'Hôpital Général de Hawkesbury pour assurer des services complets de première ligne en santé mentale :

ATTENDU QUE L'Hôpital Montfort doit rendre accessible des services de consultation et d'hospitalisation en santé mentale pour les agences de ces Comtés;

L'Hôpital Montfort et l'Hôpital Général de Hawkesbury conviennent des paramètres suivants afin de garantir l'accès aux services auxquels la population francophone a droit et assurer la continuité des services dispensés par l'une ou l'autre des organisations.

## **2.0 CRITÈRES D'ADMISSION**

Une demande de consultation / d'hospitalisation à l'Hôpital Montfort est considérée « urgente » lorsqu'une des conditions suivantes est rencontrée :

- Il y a menace à l'intégrité ou à la sécurité du client;
- Le client constitue un danger pour son environnement ;
- L'Hôpital Général de Hawkesbury n'a plus les moyens nécessaires pour faire face à la crise.

## **3.0 PROCÉDURE DE LA DEMANDE DE CONSULTATION / HOSPITALISATION URGENTE**

1. Pour toute demande de consultation / hospitalisation en psychiatrie, le médecin référant communique avec le psychiatre de garde de l'Hôpital Montfort au numéro de téléphone suivant : 746-4621 poste 2675.
2. Le médecin référant transmet les informations cliniques pertinentes afin de dresser un portrait global de la situation clinique du client et évaluer la pertinence d'un transfert à l'Hôpital Montfort pour évaluation ou hospitalisation.
3. Une période d'observation du client à la salle d'urgence de l'Hôpital Général de Hawkesbury est recommandée afin de permettre une stabilisation de l'état clinique de ce dernier et éviter tout transfert inutile.

4. Lorsque le transfert du client est nécessaire, le psychiatre de l'Hôpital Montfort discute avec l'urgentologue du service d'urgence de l'Hôpital Montfort pour vérifier la capacité du service d'urgence à recevoir le transfert.
5. Dans l'éventualité où l'Hôpital Montfort ne peut recevoir le transfert, l'Hôpital Général de Hawkesbury évalue les deux options suivantes :
  - a. Attente du client pour le transfert
  - b. Transfert du client vers un autre Hôpital via le service général « ITOCALL »
6. Pour tout client transféré au service d'urgence de l'Hôpital Montfort, la documentation suivante doit accompagner le client :
  - Demande écrite de consultation faite par le médecin référant
  - Examen mental
  - Histoire de la maladie actuelle
  - Antécédents psychiatriques s'il y a lieu
  - Examen physique et résultats diagnostiques
  - Identification des proches significatifs et intervenants impliqués

#### **4.0 SUIVI EN COURS D'HOSPITALISATION**

1. Afin d'assurer la continuité du service, le / la travailleur (se) social (e) de l'Hôpital Montfort entrera en communication avec l'intervenant primaire impliqué auprès du client afin de susciter son implication dans le plan d'intervention et dans la planification du départ.

#### **5.0 CONGÉ DÉFINITIF**

1. Lorsque nécessaire et une fois l'état clinique stabilisé, le client pourrait être transféré à l'Hôpital Général de Hawkesbury afin que ces derniers poursuivent le plan de traitement amorcé par l'Hôpital Montfort.
2. L'équipe de l'Hôpital Montfort demeure disponible en tout temps auprès de l'intervenant primaire qui assure le suivi du client.

#### **6.0 ÉVALUATION**

1. Une évaluation de l'efficacité du protocole se fera annuellement à partir des informations suivantes :
  - Nombre de consultations psychiatriques demandées
  - Nombre de consultations psychiatriques effectuées
  - Nombre de clients transférés
  - Nombre de transferts refusés et raisons des refus

2. Une rencontre annuelle permettra d'évaluer le mode de fonctionnement, la collaboration inter-établissement ainsi que la continuité des soins. Le groupe d'évaluation sera composé de :
- Directeur clinique du Programme de santé mentale de l'Hôpital Montfort
  - Gestionnaire du Programme de santé mentale de l'Hôpital Montfort
  - Directeur clinique des services de santé mentale HGH-Centre Royal Comtois
  - Gestionnaire des services de santé mentale HGH-Centre Royal Comtois
  - Représentant des médecins du service d'urgence de l'Hôpital Général de Hawkesbury
  - Membres de l'Équipe d'intervention de crise de l'Hôpital Général de Hawkesbury

## **7.0 RÉSILIATION**

Le protocole d'entente peut être résilié en tout temps par l'un ou l'autre des organisations.

## **Appendix 6**

### **Job Description for Security Officers at Montfort Hospital**

1. Aviser le gardien de sécurité dans le plus bref délais afin de libérer le policier.
2. S'assurer que le policier accompagnateur donne un rapport complet à l'infirmière et/ou à l'urgentologue avant de le libérer. S'assurer de prendre le numéro de téléphone où l'on peut rejoindre les policiers impliqués.
3. Installer le patient dans une salle d'observation avec surveillance.
4. Vérifier auprès du psychiatre de garde pour savoir si une demande d'admission ou une demande de consultation a été faite pour ce patient.

**Appendix 7**

**Ontario Provincial Police Information Form**

**Prescott-Russell Crisis Centre  
Service de crise en santé mentale de Prescott-Russell**

<b>DATE:</b> _____	<b>PAGE(S):</b> _____
<b>FAX TO/À:</b> <input type="checkbox"/> Hawkesbury OPP <input type="checkbox"/> Russell County OPP ~ Rockland <input type="checkbox"/> Russell County OPP ~ Embrun	<b>FAX / Télécopieur:</b> (613) 632-8621 (613) 446-6357 (613) 443-5051
<b>FROM/DE:</b> _____	
<b>RE:</b> _____	

<b>Name of the subject</b>	<b>D.O.B. (day/month/year)</b>	<b>Sexe</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Address / Adresse:</b>		<b>Phone #:</b>
<b>Condition of caller:</b>		
Is caller suicidal, etc?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Is caller In possession of weapons, knives, guns?	<input type="checkbox"/>	<input type="checkbox"/>
Has caller talked about weapons?	<input type="checkbox"/>	<input type="checkbox"/>
Is caller alone in the house?	<input type="checkbox"/>	<input type="checkbox"/>
Are drugs or alcohol or both involved?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		

## **Appendix 8**

### **Children and Family Services (Art. 72)**

Sous la section 72 de La Loi sur les services à l'enfance et la famille toute personne qui a des motifs raisonnables de soupçonner qu'un individu inflige des maux physiques ou affectifs aux enfants se doit dans l'obligation légale de faire rapport au directeur de la société de l'aide à l'enfance.