



Ministry of
Children and Family
Development



provincial
assessment
centre



SERVICES FOR CHILDREN AND YOUTH AT THE CLBC PROVINCIAL ASSESSMENT CENTRE

PROTOCOL AGREEMENT BETWEEN COMMUNITY LIVING BRITISH COLUMBIA AND MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

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1. BACKGROUND

As child and family services are provided by the Ministry of Children and Family Development (MCFD) and the Provincial Assessment Centre (PAC) is operated by Community Living British Columbia (CLBC), a collaborative approach is required when MCFD or a Delegated Aboriginal Agency (DAA) is providing services to a child or youth who may need to access assessment services at PAC. In these circumstances, MCFD/DAA and CLBC collaborate and ensure that sound planning and continuity of access to services occurs for children and youth.

2. PURPOSE

This Protocol Agreement is intended to:

- support collaborative case planning between CLBC PAC and the MCFD and DAAs when individuals are referred to, or are being considered for referral to the CLBC PAC;
- clarify roles and responsibilities for both organizations about making referrals to and discharge planning from PAC;
- support effective integrated case management; and,
- ensure the recommendations of PAC are clearly communicated in a timely manner.

3. PRINCIPLES

The interpretation of this protocol should be consistent with the principles described in the *Services for Transitioning Youth Operating Agreement*. (For information on the Operating Agreement contact your PAC Lead).

4. PROVINCIAL ASSESSMENT CENTRE ADMISSION CRITERIA AND SERVICES

The following link is to CLBC's admission criteria to PAC.

<http://www.communitylivingbc.ca/individuals-families/provincial-assessment-centre/referral-process/>

PAC is mandated to provide multi-disciplinary mental health services for referred individuals ages 14 and up with a developmental disability and a concurrent mental illness, or behaviour issue. The PAC is operated by CLBC and is a Provincial Mental Health Facility designated under the *Mental Health Act*. Services include:

- in-patient assessment, diagnosis and treatment care through a multidisciplinary team for a maximum of 90 days;
- recommendations for treatment and approaches to meet the individual's needs after returning to community; and,
- community consultation and caregiver guidance or training within the context of positive behaviour support planning.

Individuals admitted to PAC must meet the following criteria:

- The child or youth must have a developmental disability and a concurrent mental illness, or behaviour issue.

- the child or youth must be medically stable (no acute medical care needs) and any known needed medical follow up has occurred to rule out any possible medical issues that may be underlying the individual's challenging behaviour (GP/ Pediatrician /Dental/Neurology);
- at the time of the admission, the referring source must have a resource/home secured so the parents/caregivers/staff can participate in the discharge planning and be able to offer a home for the child or youth to return to the community;
- the child or youth must have mental health support services (e.g Psychiatrist/CYMH/GP/ Developmental Disability Mental Health Support (DDMHS)/Pediatrician) to follow up on recommendations when discharged from PAC;
- as a Mental Health Facility, admissions that are involuntary must be certified under the *Mental Health Act*. Most children and youth are admitted involuntarily to PAC. Voluntary admissions are considered an exception under this protocol and require a thorough planning approach and approval by the MCFD/DAA Manager;
- parents and guardians of children and youth aged 14-19 must support the referral; and,
- all local resources and other community based assessment and treatment options have been explored and alternate options have been exhausted or ruled out - (e.g. behavioural consultation, DDMHS, MCFD's complex care unit, adolescent psychiatric unit).

5. ROLES AND RESPONSIBILITIES

This section covers the roles and responsibilities of MCFD/DAA and PAC at each stage: Preparing the PAC referral; Referring the child or youth to PAC; Admission and assessment; and, Discharge planning and follow-up. For any youth referred, MCFD/DAA must be involved to coordinate resources and support for the youth's return to the community upon discharge.

The roles and responsibilities in this protocol apply whether the child is in care or not. If the youth is in care by court order the Guardianship social worker fulfills the role of the guardian/parent.

Preparing the PAC referral

MCFD/DAA Responsibilities

Referrals to PAC are prepared by the MCFD/DAA assigned case manager. The case manager is the primary Social Worker supporting the child or youth and his/her family. For a child or youth in care, the Guardianship Worker acts as case manager. The case manager is responsible for the development of the Child's or Youth's Service Plan and is the key contact throughout the referral, admission and assessment process.

Referrals are supported by the MCFD PAC Lead who is a Child and Youth with Special Needs (CYSN) Consultant who has a specialized role and is familiar with PAC processes. The MCFD PAC Leads also provide consultation and support for DAAs related to PAC referrals and admission.

- Prior to making a referral to PAC the MCFD/DAA case manager, in consultation with his/her Team Leader, the youth's parent or legal guardian, and the MCFD PAC Lead, reviews the child's

or youth's circumstances and determines options and next steps which may include a referral to PAC.

- If a referral is appropriate and community options have been explored and alternate possible options have been exhausted or ruled out - the MCFD/DAA case manager contacts the PAC Facilitator to discuss the child's or youth's circumstances and determine if the child or youth would be an appropriate candidate for admission to PAC.

PAC Responsibilities

- Respond to MCFD/DAA case manager requests by providing information about the mandate and services of PAC and the process and criteria for referring a child or youth and as appropriate provide required documents for completion.

Referring a child or youth to PAC

MCFD/DAA Responsibilities

The MCFD/DAA case manager in consultation with his/her Team Leader:

- Ensures the PAC referral package is complete; signed by the case manager and child/youth or parent/guardian as appropriate; approved by the Team Leader and, upon recommendation, signed off by the MCFD /DAA Manager;
- submits the package to the PAC Facilitator;
- provides information to the child or youth and his/her parent/guardian to ensure they understand what to expect prior to admission, during a stay, and after discharge from PAC; and,
- in collaboration with PAC, supports the child or youth and his/her parent/guardian to understand what is being agreed to when consenting to assessments.

For further information on referring a child or youth to PAC see the MCFD "*Referral to PAC Checklist*" (Appendix A)

PAC Responsibilities

- Make a decision about admissions and provide the reasons for accepting or not accepting the referral.

Admission and assessment

MCFD/DAA Responsibilities:

The MCFD/DAA case manager in consultation with his/her Team Leader:

- identifies additional team members to participate as needed to be involved in the Child's or Youth's Service Plan;
- ensures he/she and the Team Leader and the youth's parent/legal guardian are involved in any case conferences, and interim planning meetings with PAC staff;

- immediately before or during the PAC admission ensures the child or youth (and as appropriate the parents) have been consulted and involved in the process as per MCFD policy/procedures when a child's or youth's residential living situation/environment is changing;
- reviewed with the child how to contact the Representative for Children and Youth and their rights while in a care arrangement with MCFD;
- promptly reviews the weekly updates provided by PAC and ensures information provided is documented on the case file; and,
- distributes information to the family/guardian and those involved in the Child's or Youth's Service Plan.

PAC Responsibilities

- provide an orientation to those involved in the Child's or Youth's Service Plan about PAC and outline what can be expected as part of the assessment and what may be the limitations and challenges of the assessment;
- identify a PAC key contact for the child's or youth's family/guardians and those involved in the Child's or Youth's Service Plan to address day to day questions/concerns while the child or youth is in PAC;
- as soon as possible inform those involved in the Child's or Youth's Service Plan if based on the PAC assessment there are any changes to child's or youth's diagnoses that may impact Service Planning;
- contact the family/guardian and case manager directly if any urgent issues/concerns arise for the child or youth while in PAC;
- provide weekly written updates to the case manager on the child's or youth's progress
- provide an Interim and Discharge Report for those involved in the Child's or Youth's Service Plan;
- co-ordinate all PAC meetings/conference calls for the child or youth in collaboration with the MCFD/DAA case manager; and,
- provide as much notice as possible to those involved in the Child or Youth's Service Plan if recommendations will be made that could impact community resources, including recommendations regarding increased supports in the family home, residential placement, vocational/educational needs or therapeutic/behavioural supports that may require significant planning/development time.

Discharge planning and follow up

MCFD/DAA Responsibilities

- develop an Integrated Service Plan addressing PAC's recommendations. This plan will be provided to the youth's parent/legal guardian and documented on the child's or youth's case file;

- the youth's parent/legal guardian, Social Worker and Team Leader are involved in discharge planning meetings, review with PAC all recommendations and where necessary involve the Manager as part of the planning/resource development for the child or youth;
- document PAC recommendations on the child's or youth's case file and communicate recommendations to the parent/legal guardian and any current and future care providers;
- when PAC recommendations are not able to be implemented, the case manager in consultation with their Team Leader and Manager, will contact PAC to discuss the reasons and alternative options. The circumstances, rationale and options will be documented in the child's or youth's case file;
- ensure the child or youth has a primary physician, psychiatrist, and other medical care supports;
- ensure any changes in medication, medication compliance, and illicit drug or alcohol use are communicated to and addressed by the medical care team and documented on the child's or youth's case file;
- document any changes to a child's or youth's diagnosis, or other notable medical or psychiatric information on child's or youth's case file;
- document PAC recommendations in the Care Plan for Children or Youth in Care. For all children and youth involved with PAC ensure case file documentation is updated throughout the PAC process; and,
- follow up with PAC regarding any questions/concerns regarding future planning to ensure that support needs are identified as early as possible.

PAC Responsibilities

- arrange a discharge planning meeting;
- provide a discharge report with recommendations;
- provide a follow up telephone call with the MCFD/DAA case manager and parent/guardian one month after the child's or youth's discharge; and,
- with reasonable notice to MCFD/DAA, the child or youth may be discharged at any time if the reasons for referral are no longer evident or the admission to PAC is viewed by the PAC team as no longer in the child or youth's best interest. Early discharge from PAC will limit the level of assessment and number of reports issued by PAC.

6. MCFD AND CLBC RESPONSIBILITIES FOR YOUTH 16-19 YEARS OF AGE REFERRED TO PAC

Youth referred to PAC have complex support needs and will require comprehensive and collaborative transition planning. For any youth referred to PAC aged 16 or over MCFD/DAA, with the guardian's consent, will ensure the local CLBC team is aware of the referral. A CLBC local representative will be involved as a team member in the ongoing planning for the youth.

For youth 17 and over accessing PAC, MCFD/DAA and CLBC will work collaboratively throughout the PAC assessment process and based on the PAC recommendations develop a joint response plan that will

support the future transition from MCFD to CLBC supports and services (see – *Services for Transitioning Youth Operating Agreement*).

Where there is Joint MCFD Guardianship and CYSN Family Support involvement:

When a child or youth is in care the MCFD Guardianship Worker will take the lead as the case manager and will be the primary contact with PAC. The CYSN Worker may provide support and information to the Guardianship Worker on possible supports in the community. They will work collaboratively to support the child or youth and his/her network.

Child Protection/Welfare Concerns

If staff at PAC have a child welfare/concern regarding a child or youth at PAC they must report their concerns. The MCFD/DAA case manager will provide direction to PAC staff for reporting.

7. CONCERNS, COMPLAINTS AND DISPUTE RESOLUTION

Addressing concerns during admission

Any concerns or misunderstandings about the admission process or decisions should be brought to the attention of the PAC key contact. PAC staff will support and manage concerns as a team and will involve MCFD/DAA as needed.

CLBC Complaints

Youth or families or guardians on behalf of youth may access the CLBC formal complaints process which addresses complaints related to PAC in terms of quality of service or concerns about the way people were treated by CLBC or PAC staff.

For more information about CLBC's Complaints Resolution process and policy, [click here](#).

To file a complaint, call toll free 1-855-664-7972 or access the [online form](#). The information provided is confidential.

Dispute Resolution

Both organizations are committed to resolving disputes in a timely manner and locally wherever possible. All parties want to work together with a team approach to mitigate concerns and ensure expectations of referral and recommendations are clear for all stakeholders.

Families can connect directly with PAC or MCFD/DAA regarding any concerns they may have. PAC and MCFD/DAA will work directly with families to address any disagreements or misunderstandings.

The route for resolution of disputes is as follows:

MCFD/DAA:

PAC:

MCFD/DAA case manager

PAC Facilitator/Nurse

MCFD/DAA Team Leader/Manager

PAC Clinical Operations Leader

Executive Director of Service

PAC Director or VP of Regional
Operations

Any party to this protocol may request a review of the protocol at any time and amendments can be made with the agreement of all parties.



Alex Scheiber, A/Provincial Director of Child Welfare, MCFD

August 3, 2017

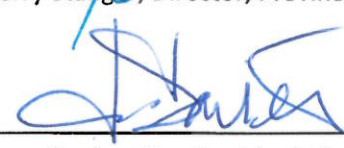
Date



Jerry Stanger, Director, Provincial Assessment Centre, CLBC

August 17, 2017

Date



Lynn Davies, Vice President, Regional Operations, CLBC

August 21, 2017

Date

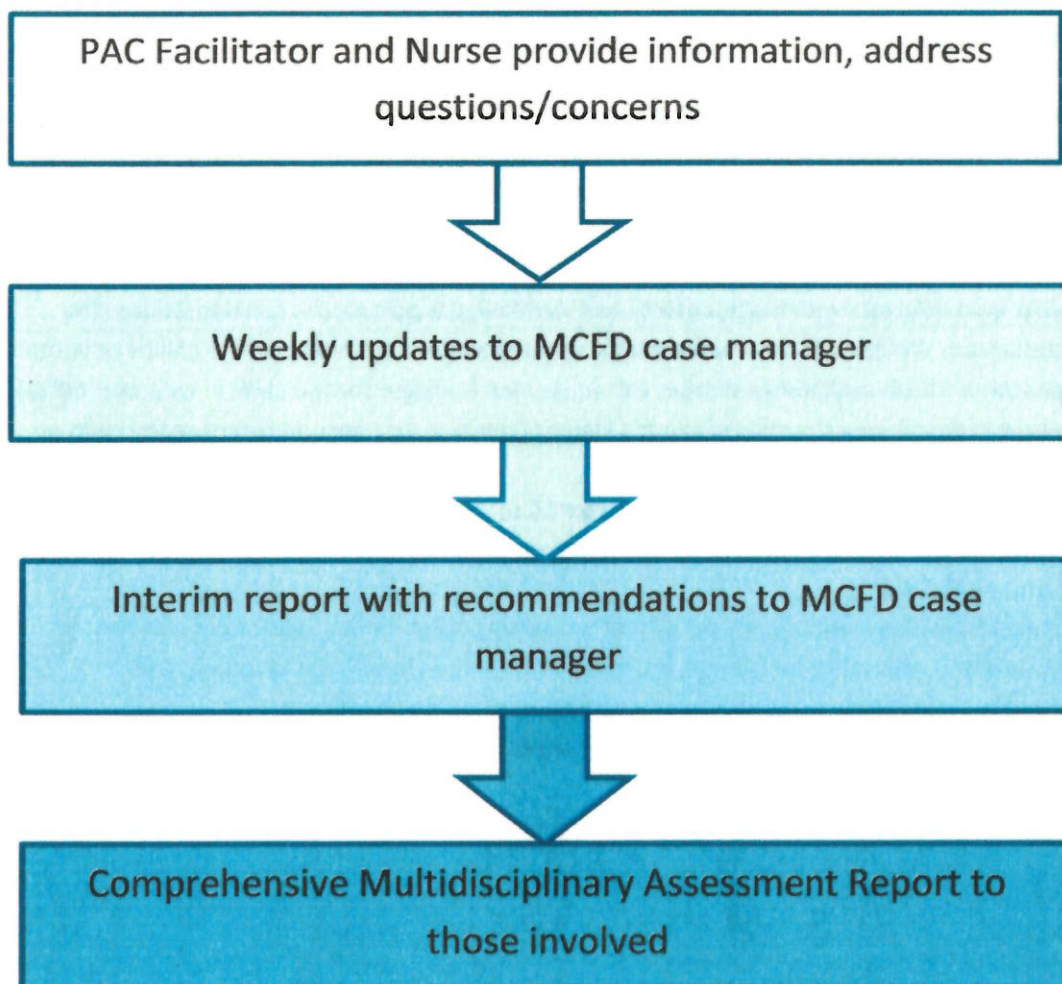
Appendix A - MCFD REFERRAL to PAC CHECKLIST

The MCFD/DAA case manager will ensure the checklist has been reviewed prior to submitting a referral package to PAC. MCFD PAC Leads support staff with this process.

- Consider whether the youth would benefit from a youth specific MCFD residential services such as Maples Adolescent Treatment Centre or Complex Care Unit;
- Ensure child/youth meets PAC diagnostic criteria;
- Ensure a Collaborative Planning Meeting has occurred with child's/youth's Community Support Team and the referral to PAC has been reviewed: May include: Parents, Family, MCFD/DAA, CLBC, Psychiatry (DDMHS/CYMH/Pediatrician/Community Psychiatrist), Residential/Professional supports, Education/Day Supports, other stakeholders;
- MCFD/DAA will ensure child/youth has a residential placement (discharge location) arranged prior to admission to PAC;
- Medically Clear/stable (No Acute medical care needs): Any medical or unresolved or incomplete medical investigations (GP/Dental/Neurology) are followed up prior to admission;
- Behavioural Consultation Supports involved;
- Family/Guardian in agreement with PAC referral and has signed consents;
- Psychiatrist/Physician willing to certify under *Mental Health Act* if required;
- Entire Referral Package completed including collateral information/assessments included with Referral Package (collateral may include: Psychiatric History, BCCH History, Specialist Reports, Behaviour Assessment (BPI), CPOC/PSP, Profile/GSA, Planning/Progress reports); and,
- Based on Team Leader Recommendation the MCFD/DAA Manager has signed off the PAC referral.

Appendix B - PAC REPORTING PROCESS

1. The PAC Facilitator and the assigned Nurse are available to speak with those involved with the Child's or Youth Service Plan regarding any questions or concerns and will provide any urgent information/updates to the team as soon as possible;
2. PAC completes a weekly update about the child or youth. This is provided to the MCFD case manager (usually via e-mail). The MCFD case manager provides this to those involved with the Child's or Youth Service Plan;
3. PAC completes an interim report at the halfway point during the individual's assessment and provides it along with current recommendations to the individual's MCFD case manager who provides the update to those involved with the Child's or Youth Service Plan. At this time those involved have the opportunity to provide feedback on the report and recommendations; and,
4. PAC completes a Comprehensive Multidisciplinary Assessment Report that is provided to those involved with the Child's or Youth Service Plan upon discharge from PAC. PAC's recommendations for future treatment and support needs are identified in this report. PAC will ensure those involved with the Child's or Youth Service Plan are aware prior to discharge of any recommendations requiring increased levels of support, or recommend an alternate residential placement not identified in the interim report.



Appendix C – DEFINITIONS

- **Case Manager:** a person who makes the formal referral on behalf of an individual/family to PAC: For MCFD/DAA the case manager is the Primary Social Worker supporting the child or youth and his/her family. For Children in Care the Guardianship Worker is the case manager.
- **Child:** for the purposes of this agreement a child is anyone under the age of 16.
- **Child in Care:** a child or youth in the custody, care or guardianship of a director under the CFCSA. Child in Care includes Child in Care by agreement: Special Needs Agreement (SNA) or Voluntary Care Agreement (VCA) and Child in Care by a court order (e.g. a child in an interim, temporary or continuing care order). When a Director has care of a child or youth under a VCA/SNA, he or she remains under the guardianship of the child's/youth's parent and the director has a responsibility to provide day to day care of the child/youth. Under these agreements, the parents may delegate parts of their guardianship authority to the director.
- **CYSN Consultants:** people employed by MCFD as CYSN subject matter experts who have an understanding of the complex support needs of the child or youth referred to PAC. CYSN Consultants support field staff with respect to policy, process and case planning within the framework of best practice. CYSN Consultants act as the PAC Leads for MCFD and DAA and assist with the PAC referral process.
- **CYSN Worker:** a person employed by MCFD to provide CYSN Family Support Services to eligible children and youth. CYSN workers support families to plan for and access informal and formal support services, provide CYSN case management support and liaise with community partners and service providers.
- **Delegated Aboriginal Agency (DAA):** a community based and mandated organization that provides a range of services in accordance with the Child, Family and Community Service Act (CFCSA). Social workers who provide CFCSA services on behalf of such agencies are delegated in accordance with the CFCSA.
- **Guardianship Worker:** a person employed by MCFD to support the child or youth and act in his/her best interests with his/her safety and well-being as paramount considerations. The Guardianship Worker will have various legal responsibilities depending on the child's or youth's legal status. The Guardianship Worker will act as case manager for the child in care and will take the lead in developing the child's/youth's Plan of Care that may include referring the child or youth to PAC.
- **PAC Community Liaison Nurse:** employed by PAC to complete the intake assessment and support the community team with behavioural, medical and support services with recommendations
- **PAC Facilitator:** a person employed by PAC to support client, family, community service providers and referral agencies with accessing PAC services, discharge planning, and communication during admission, and post-PAC community planning.
- **PAC Leads:** for MCFD the PAC Leads are the Regional CYSN Consultants. They consult and assist staff with referrals to PAC.
- **Youth:** for the purposes of this agreement a youth is anyone age 16, 17 or 18