

CASE CONFERENCE PROTOCOL

Peel Planning Group

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This community protocol is an agreed upon case conferencing process that ensures coordination, collaboration and planning amongst service providers with the individual/family.

This summary is intended as a tool to assist with case conferencing.

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This document was last reviewed by key participation agencies on:
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This document is to be reviewed annually by key participating members.

CASE CONFERENCE PROTOCOL

This community protocol is an agreed upon case conferencing process that ensures coordination, collaboration, and planning amongst service providers with the individual/family. This summary is intended as a tool to assist with case conferencing.

The purpose of calling a case conference is varied and **any staff involved should call a Case Conference to ensure community collaboration when:**

- Community agencies supporting an individual/family need to communicate and coordinate services to maximize supports and identify opportunities for collaboration;
- The individual/family's needs have changed and further coordination/ supports are needed;
- Changes/transitions are anticipated and sound advanced planning is required;
- The individual is at emergent or urgent priority and planning is needed to reduce/ mitigate risk;
- The individual's outcomes from previously established support plans need to be reviewed;
- The individual is at risk as identified by Developmental Services Ontario (DSO) Central Region or another tool used for risk evaluation.

With the creation of DSO individuals must meet the eligibility requirements as determined by the Ministry of Community and Social Services. Additional information related to this requirement is addressed on page three under "Process in Planning a Case Conference".

PURPOSE OF PROTOCOL

The purpose of the protocol is to ensure that there is a consistent and coordinated service response to adults. It is understood that the following best practices are inherent in this protocol:

Maximizing the efficiency within the process requires:

Efficiency

- Goal focused meeting that clearly identifies intended outcomes and follows protocol
- awareness of each stakeholder's priorities
- concentrating on issues involving the majority of the group
- identification of conferencing team members in advance

- matching treatment goals to team members

Shared goals

Clearly defined, shared treatment goals are critical for success and allow the maintenance of flexibility in treatment and community support approaches.

Flexibility

Strict and inflexible procedural models rarely lead to success. One model cannot be prescribed that will work in all circumstances. Service providers must be prepared to examine and offer their services in a flexible manner. This may require delivery of services beyond or different from the current practice.

Holistic view of the individual/family

By adopting a holistic view of the family situation, service providers can better understand the interconnectedness, interdependency and impact of all interventions on the individual/family's well-being.

Communication

Open and easy communication is essential. It is important that effective communication not only occurs within the formal context of meetings but also continues to occur in an informal manner outside these meetings.

The availability of the members of the group to share information and to support each other's endeavours increases the commitment to common goals. A respectful process ensuring that all participants are heard and their input valued will result in better outcomes.

An effective mode of operation is often based on group decisions rather than any individual taking charge of the situation and no profession or individual takes precedence except in their area of expertise. Flexibility is required from all members of the group. One should always ensure the individual/family's wishes are understood and respected.

Change in Contact Information

Each member of the Case Conference Protocol has agreed to participation and to be placed on the contact list. This list will periodically be updated.

- It is the responsibility of each agency to inform Child Development resource Connection (CDRCP) of a change in contact information for the case conference protocol contact list.
- A change of contact information must include;
 - Agency name

- Contact name
- Contact information
- Preferred method of receiving information

This information will be forwarded to Deborah Doherty (Deborah@cdrpc.com) at CDRCP. CDRCP will ensure the change in contact is posted on the Case Conference Calendar within two business days.

Parallel approaches

The multidisciplinary research supports that there is a distinct benefit in professionals working in parallel - that is, working on the different aspects of a problem from different perspectives at the same time. This:

- speeds up the response
- leads to greater sharing of information and
- helps to form a holistic approach to the problem.

PROCESS IN PLANNING A CASE CONFERENCE

With the creation of Developmental Services Ontario (DSO) individuals must meet the eligibility requirements as determined by the Ministry of Community and Social Services to receive supports from the adult developmental services sector. For the purpose of this protocol a case conference may be called in one of two ways:

1. **Person has been deemed eligible by the DSO; or,**
2. **Initial involvement (up to 90 days) with Peel Crisis Capacity Network while eligibility is being determined by the DSO.**

Upon review of the preceding points the following must be considered:

- The service provider will review the individual/family situation to determine and ensure:
 - that all internal resources are being made available to the family,
 - that the situation has been appropriately prioritized within their own organization,
 - that all information regarding the family is current and all services involved are contacted prior to a case conference, such that current inventory of services and providers are consistent.
 - that referrals for required services have been made to the appropriate service providers,
 - that the individual/family agree to proceed with a formal conference

- Where a service provider has completed an internal review process and confirms the need to proceed with a conference, the service provider will organize a formal conference within **two weeks** of completing their internal review. The conference shall include current service providers as well as

potential future service providers. The “Invitation Script” will be utilized to send out notice regarding the case conference (Appendix F).

- The organizing service provider will ensure that appropriate releases for information sharing (consents) are in place prior to the conference. (Appendix B)
- That appropriate documents pertaining to the protocol, as found in the appendices are used. (e.g., minutes, narrative, attendance, consents, etc.)
- The organizing service provider will make the one-page narrative summary (found in Appendix G) available to all case conference participants prior to the case conference meeting date.
- The present service provider will evaluate the information prepared and identify the appropriate case conference to be organized

The various types of case conferences are:

1. Case Conference Internal to an organization
2. Community Case Conference with external partners invited to attend.

Role of the Participants for a Case Conference

- To assist in coordinating case conferences, each agency has identify one staff to be the contact point to ensure there is agency representation at conferences as requested.
- See Case Conference calendar site for the most updated list of the participating agency contacts.
- Only the identified individuals within the protocol contact list are to receive invitations. Contact persons may invite additional people from their respective entities.
- Protocol contacts will make every effort to attend the conferences when asked to participate.
- If the contact person is unable to attend, they will arrange for the attendance of an alternate person from their organization.
- The participant needs to be prepared to speak to their organizations capacity to provide service i.e. appropriate intervention, waiting periods, etc.

The following information which outlines the planning steps for a Case Conference can be found in a condensed checklist format in Appendix E for ease of use.

Preparing for the Case Conference

- Plan ahead and create an agenda; have a clear purpose for the meeting.
- Set **two** dates and times for the community to provide availabilities and upload into community case conference calendar online.
- Once a date, time, and location are determined; identify who will Chair and who will take minutes.
- Invite individual/family, individuals on case conference contact list, and others as appropriate. Ensure consent for others is identified and listed.
- To increase the effectiveness of case conferences, it is important to ensure all relevant services are present. It is acknowledged that relevant service providers, who are not listed in this protocol, exist within the community. It is the responsibility of the case conference organizer, in consultation with the individual/family to identify additional services that may be helpful and invite them to the meeting. The following websites can be utilized to identify potential services providers:

www.snipeel.ca

Special Needs Information Peel

www.thehealthline.ca

The Healthline (CCAC Database)

- Have the individual/family articulate what they identify as being needed and be prepared to speak to this, or have the individual/family speak to it at the meeting
- Ensure a Consent form has been signed by the individual/family for information sharing purposes with all the agencies invited to attend the case conference. (see Appendix B –add the name of any additional organization expected to be present)
- While an organization may currently be supporting an individual, only the contact person on the contact list will be invited. The identified contact person will inquire within their specific organization regarding the most appropriate participant for the case conference.
- Prepare and complete the Case Conference Individual/Caregiver Profile (Appendix G) to assist with concise discussion of what is needed and present concerns (must be sent out prior to the meeting). The summary will identify the following:
 - strengths and challenges, any immediate safety concerns
 - current situation, family, home, school
 - risk factors to be considered

- The minimal timeline for calling a case conference is within **2 weeks** of identifying the need for a case conference.
- The individuals name should not be used in full when preparing the documents to be sent out to those participating in the meeting. An 'alias' is to be used to identify the person. The standard practice currently used is to form the alias from the initials of the person's name (first and last initial of surname followed by the first and last initial of the given name). For example, Susan Smith would have an alias of SHSN.

Case Conference Meeting

- Plan for one to one and a half hours for a case conference – no longer.
- When necessary, ensure a telephone with appropriate speakers is available
- Fifteen minutes prior to the meeting, meet with the individual/family to put them at ease; ask again if they would feel comfortable to talk about their situation.
- Utilize the Attendance Record for tracking participants and staple the signed case conference consent onto the sign-in sheet. (see Appendix C)
- Present briefly the purpose of the meeting and the summary of information you have prepared; begin with the strengths of the individual/family to focus on what can be built upon and make the individual/family more comfortable.
- Avoid using acronyms during the case conference and in the meeting minutes.
- Support the individual/family throughout; encourage them to speak if they wish.
- Discuss how to improve service coordination, additional supports needed, what actions need to be developed; problem solve creative solutions.
- Identify an action plan – who is going to do what, timeline.
- Set another case conference date before adjourning, if appropriate.
- The organizing service provider will chair the conference or assign someone internal to the agency to chair the conference.
- The conference should focus on the reduction of the severe risk factors as identified and at a minimum:
 - confirm that all available appropriate services/resources (formal and informal) are in place;

- where a resource would reduce risk but is not accessible due to a waiting list; determine if this situation should be re-prioritized;
 - where re-prioritizing is not an option, determine what interim interventions would reduce risk;
 - ensure services are being appropriately coordinated. A separate consent will need to be signed to allow ongoing communication amongst service providers.
- The conference should include as part of the service coordination function an agreed upon communication strategy that addresses the individual/family's progress and the identification and communication of significant individual/family, or system factors impacting the service actions agreed upon.

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Case Conference Follow-up

- Follow-up on any actions.
- Continue to coordinate with service providers and individual/family.
- Distribute minutes (see Appendix D) of the case conference within one week of meeting to all participants including the individual/family.
- As a result of the conference, minutes will be prepared which will form an action plan (see Appendix D) which will identify:
 - The specific interventions/services to be provided,
 - Expected outcomes,
 - Who will deliver the service/intervention,
 - When those services will be provided,
 - How the plan will be monitored,
 - Who will assume the ongoing service coordination role,
 - Any referrals to be made as a result of the conference are the responsibility of the case conference organizer.

Additional Responsibilities: In addition to recording the minutes, the members of the conference shall ensure that significant systems issues impacting on the individual/family situation are recorded and forwarded to the Peel Planning Group.

**PEEL PLANNING GROUP
APPENDIX E**

Case Conference Checklist Tool

<p>Inform individual/ family of purpose and function of meeting</p>	<ul style="list-style-type: none"> • Discuss with Supervisor for the need to hold a case conference • Complete Case Conference Individual/Caregiver Profile (Appendix G) • Review with the individual/ family their needs, goals, strengths, and resources • Identify with the individual/ family who and what would be most useful in assisting them with attaining their goals • Contact current service providers and check accuracy of information. • Introduce case conference/service coordination meeting process with the goal of the coordination of services • Discuss meeting process; strengths and resources of the individual/family, individual/families' goals, the services role in supporting and working with the individual/ family (when, where, who), how the resources work together, communication process • Identify strengths and goals that the individual/ family would like discussed • Identify with the individual/ family who they want to attend the meeting (formal/informal supports) • Discuss and complete the consent for release of information • Identify time and place re: hosting meeting (using script from Appendix F)
<p>Inviting Service Participants</p>	<ul style="list-style-type: none"> • Inform of purpose and function of meeting, which is family focused and strength based service planning • Identify goals that participant may currently be working on with the family • Describe participants role at meeting • Documentation re: signed consent and 1- page narrative on individual. • Check on-line case conference calendar and identify 2 possible dates and times for meeting and send.
<p>Meeting Preparation</p>	<ul style="list-style-type: none"> • Confirm time and place with participants and Email/mail agenda for meeting • Update online case conference calendar • Prepare summary of what you will present; materials needed • Identify who will Chair and take minutes • Send Case Conference Individual/Caregiver Profile.
<p>Meeting</p>	<ul style="list-style-type: none"> • Facilitate/Chair meeting • Distribute sign-in sheet with signed case conference consent attached • Introductions and identify goal/focus of meeting • Set ground rules, individual/ family focused, strength based, problem solving, brainstorming, coordinating, planning, confidentiality • Confirm recorder for minutes, inform that minutes will be provided with consent • Start with goals identified, identify individual/ family strengths and resources, brainstorm re: additional resources to assist with goal attainment, who, what, when, where and how long • Involved individual/family, enlist their input (Advocate) • Reach consensus • Identify any new goals for discussion • Clarify ongoing communication process • Identify a safety/crisis plan, if appropriate • Identify ongoing "lead" Service Coordinator (if transfer, identify who, when, how, confirm family agreement) • Ensure all action items have noted who is responsible for follow up. • Set next meeting time and place for small working group • Have individual/family sign a consent to allow ongoing communication amongst service providers

Follow-up	<ul style="list-style-type: none">• Ensure all meeting participants receive the minutes, with consent, including the individual/ family• Visit individual/ family, phone contact• Access strategies, problem-solve alternatives, look at options, validate and acknowledge growth and differences• Redirect individual/ family to speak with services providers re: concerns, changes• Ongoing communication with service providers to focus, redirect and evaluate progress• Identify ongoing needs• Identify any changes in staff, individual/ family contact information in a timely manner to other service providers• Any referrals to be made as a result of the conference are the responsibility of the case conference organizer.• Identify gaps in service delivery to Supervisor in writing.
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Appendix F

As the organizer of the case conference, please copy the body of the following message and complete the details as needed. This will provide consistent messaging to the agencies that are part of the Case Conference Protocol.

Invitation Script for Case Conference

You are requested to attend the following type of case conference:

- Internal to agency
- External to agency (Community Case Conference)

Date and Time: _____

Location: _____

Please find attached the following documents for review:

- One page summary

This case conference is in regards to _____. (Give a brief description of the individual for whom the conference is being held e.g. alias, age, gender, diagnosis, city of residence, individual's school board and school).

Please respond by _____ (date) indicating your attendance or the attendance of another representative from your organization.

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

Appendix G

Case Conference Individual/Caregiver Profile

Individuals code:

Date completed: _____

Region: (Mississauga/ Brampton/Bolton/Caledon?)

School board & School: (Where applicable) _____

Who will attend the case conference?

Individual attending? Yes No
Caregiver/family attending? Yes No

1. Identification Statement (who is the individual; what are the diagnoses; age of individual; presenting circumstances leading to the focus of the case conference; what is needed from the community?)
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 -
2. Brief Relevant History (as it relates to the focus of the case conference)
 -
 -
3. Individual/Caregiver view of the focus of the case conference
 -
 -
4. Individual and/or Caregivers identified strengths/needs/concerns and resources as they relate to the focus of the case conference
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 -
5. Observations of strengths, response and interventions tried to date (based on Service Coordinator's involvement with the family and understanding of community supports to date)
 -
6. What has been tried to date (include review of systems/services/supports—both formal and informal—that have been involved)
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 -