

Hastings and Prince Edward Counties

Central Intake Steering Subcommittee

Terms of Reference

(May 5, 2006)

Overview

The Centralized Intake Project has been developed as a result of feedback from service users and potential services users regarding the accessibility issues they have faced in attempting to access services for either themselves or a family member. Accessibility has been an issue that has been seen as fundamental to a Reformed, Recovery Oriented Mental Health and Addictions system in the majority of Task Force Reports throughout Ontario. Certainly accessibility to services when they are required was an issue that was highlighted in the Berkeley Report. Many solutions to accessibility barriers were identified in Berkeley. A centralized intake process was one that was outlined as a fundamental solution in a change process leading to a more integrated Mental Health and Addictions System in Hastings/Prince Edward. Certainly a great deal of work has taken place to make the system more accessible. However, a Centralized Intake System would mean that service users would only be required to call one central location in order to access services for themselves, or their family member.

The Crisis Intervention Centre (QHC) submitted a proposal to develop a Central Intake, with the support of the Coordinating Group for Mental Health and Addictions Services – Hastings and Prince Edward Counties. The project was subsequently funded by the MOHLTC with Quinte Health Care (Crisis Intervention Centre) as the sponsor and accountable for the project. It would be the role of the Central Intake staff to assist service users to determine services and supports that would best meet their needs and connect them to the agencies in our community that are funded to provide them. Fundamental to this new method of providing service is the notion that the Mental Health and Addictions System works together as part of the wider community. Operating protocols will be carefully designed as will the cross-sectoral linkages that will be fundamental in truly supporting people to find the services they require in a more recovery oriented system. It is imperative that the centralized intake system contact information be readily available to the community at large, in order that service users who perhaps do not identify as being consumer/survivors of the Mental Health and/or Addictions System are able to access the services they need when they need them, and in a timely fashion.

Centralized Intake

Statements of Purpose, Values and Principles

Purpose: The purpose of a Centralized Intake System in Hastings and Prince Edward counties is to offer one point of access, assessment, and referral to consumers (and potential consumers) of Mental Health and Addictions Services, that will support them in their recovery plan.

Values: The Values guiding the conceptualization, development and implementation of this Central Intake System are:

- Accessibility
- Comprehensibility
- Timeliness of Response
- Clarity
- Confidentiality
- Clinical and Personal Expertise
- Recovery Orientation

Guiding Principles are:

- The provision of a comprehensive and holistic process for central intake, assessment, and referral according to the following:

Assessment within the **system intake** function assumes:

- immediate response 24/7
- comprehensive physical, emotional, and mental health and/or addictions assessment
- determination of level of risk, complexity of care requirements, probability of negative outcomes, urgency of care needs
- based upon the assessment, an immediate plan of care to mitigate risk if required
- ability to carry out the immediate plan or to immediately engage other caregivers
- based upon the assessment, an initial recovery oriented care plan and,
- identification of the most appropriate caregiver(s) to participate in care delivery
- Accessibility to assessment services within one's own community, or within reasonable distance.
- Access to a multi-focal/bio-psycho-social approach that has the ability to address complex needs.

Referral within the **system intake** function assumes:

- real time knowledge of provider mandates, hours of operation and contact numbers

- agreed upon referral procedures to and from system providers that identify methods of exchanging information, timeliness parameters, consistent messaging to clients
- agreement to provide interim care
- agreed upon processes regarding consent to release information
- marketing the concept to agency staff and the public
- an ability for the C/S to provide input regarding the services that were received

Agency Intake assumes the capacity to respond to a client who has been assessed as requiring the services and supports defined in the mandate of the agency, and to provide intake based upon urgency of care requirements. Agencies must have clear protocols with respect to termination and readmission.

Assessment within the **agency intake** function assumes:

- case manager/staff review of previous history, patient information provided from system intake and care plan, client's presentation, and wishes
- development of a recovery oriented plan of care
- Ongoing assessment to monitor progress, stability, or regression with respect to recovery, symptoms, client wishes

Referral within the **agency intake** function assumes:

- Assignment/reassignment to case manager/other staff
- Knowledge of the mandate/contact information of other caregivers
- Referral to other agencies as required, including those agencies outside the Mental Health and Addictions System
- Referral to system intake according to protocols (to be established)

Membership

The membership shall be comprised of:

- Quinte Health Care (Chair), Director or Designate
- Quinte Health Care, Manager, QHC Crisis Intervention Centre or Designate
- Mental Health Support Network, Executive Director or Designate
- Mental Health Services, Executive Director or Designate
- HPE CCAC, Executive Director or Designate
- Addictions Centre (Hastings/Prince Edward Counties) Inc., Executive Director or Designate
- Youthhab, Executive Director or Designate
- Quinte Health Care - ACTT, Manager or Designate
- Sexual Assault Centre, Executive Director or Designate
- HPE Public Health, Manager or Designate
- Geriatric Psychiatry Outreach -MHS PCCC, Manager or Designate
- Geriatric Psychiatry - MHS PCCC, Director or Designate
- Children's Mental Health (H/PE), Executive Director or Designate
- Quinte Assessment and Treatment Group, Director or Designate

- Hastings CAS, Executive Director or Designate
- Consumer Advocacy Groups, consumer representatives
- Consumer member-at-large

Consideration to additional members, at the discretion of the Subcommittee.

Chair

The Chair will be a representative of Quinte Health Care (QHC).

Steering Subcommittee

The Central Intake Steering Subcommittee will provide direction and assist with attaining the deliverables as outlined in Appendix A (attached).

Secretary

QHC will serve as the secretary to the Subcommittee.

Meetings

The Central Intake Steering Subcommittee will meet every two months, or at the call of the Chair.

Relationships

The Coordinating Group for Mental Health and Addictions Services - Hastings and Prince Edward Counties (CGMHAS) shall act in an advisory capacity to the Central Intake Subcommittee. The Central Intake Steering Subcommittee shall give regular reports to the CGMHAS through the Chair of the Subcommittee.