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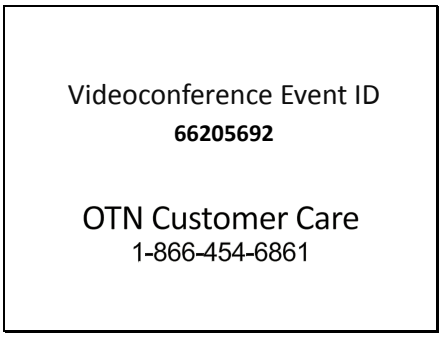

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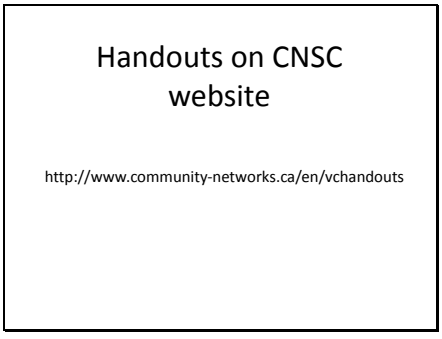

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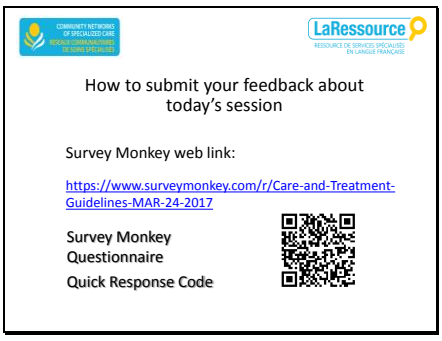

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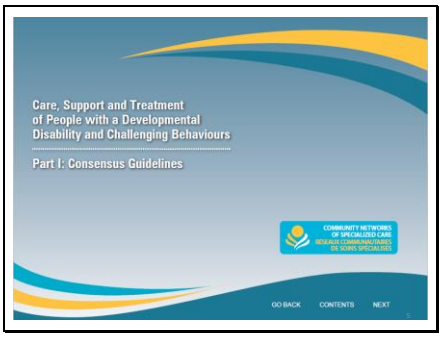

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www.community-networks.ca /services/care-support-and-treatment

- Help families, caregivers and agencies in the daily care, support and treatment of adults with both a developmental disability and challenging behaviours.
- Based on a year-long consultation process with people & organizations across Ontario.
- Evidence-based and support the province's transformation of Dev

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31 Guidelines

1. Principles
2. Supporting People in Exercising their Rights
3. Supporting Informed Consent
4. Holistic Perspective
5. **Using the Bio-psychosocial Model**
6. Knowing the Person
7. Involving Family Members and Close Ones
8. Supporting Caregivers and Families
9. Training and Clinical Supervision

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31 Guidelines

10. Seeking Cross-sector Partnerships
11. **Holistic Assessment Perspectives**
12. Assessing the Environment Where the Person is Living
13. Primary Care Assessment
14. Functional Assessment
15. Considering Trauma as Part of a Person's History, Life Events and Stressors
16. Mental Disorders/Mental Health Assessment

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Slide 9

31 Guidelines

17. Psychological Assessments
18. Speech and Communication Assessments
19. Occupational Therapy Assessments
20. Additional Assessments
21. Behavioural Support Plan Reference Guide for Adult Developmental Services
22. Psychological Therapies
23. Alternative Therapies and Activities
24. Behaviour Support Plans are Intended to Improve an Individual's Quality of Life

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31 Guidelines

25. Level of Service Intensity
26. Treatment Efficacy
27. Supporting People Showing Severe Challenging Behaviours
28. Supporting People Showing Sexually Inappropriate Behaviour
29. **Collaboration with First Responders**
30. **Collaboration with Hospitals**
31. Organizational Policies

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Learning Outcomes

Participants will be able to:

1. Navigate to and familiarize themselves with the Consensus Guidelines
2. Describe best practices for collaboration that respond to people experiencing distress and crisis
3. Identify strategies that enhance communication and collaboration with cross-sector partners
4. List benefits of cross-sector cooperation

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Niagara Region Partners

Canadian Mental Health Association Niagara
Mental health for all

niagarahealth
Extraordinary Caring. Every Person. Every Time.

Bethesda

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Niagara Region

Slide 15

Collaboration with Fist Responders Guideline 29

your agency is supporting a person who is at risk of police or emergency interventions, you should approach your local police and first responders and develop individualized intervention protocols and offer support to educate their staff."

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"Cross-sector training initiatives can complement the protocols. Here are some suggestions:

• Invite representatives from the local police, ambulance/emergency departments to a session to learn about developmental disabilities and dual diagnosis.

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- Help caregivers understand emergency procedures and protocols
- If you are concerned about a specific client, invite local police officers to the residence. Introduce them to the individual and explain the person's needs.
- Work together to develop specific protocols. The officers will be able to respond more effectively should they be called to the home. "

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Niagara Crisis Guideline

- Multisector and individual involvement in developing and implementing Crisis / Safety Plans for those at risk.
- Emphasis on resolving distress prior to Police / Emergency Department involvement
- Provides Crisis Outreach and Support Team (COAST), Mobile Crisis Rapid Response Team & Hospital access to Crisis / Safety Plans
- Multisector training on Crisis Guideline and role of key stakeholders

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Crisis Intervention Training (CIT) for Police Officers

- 40 hours of training offered to Niagara Regional Police Officers on a voluntary basis
- Educates officers on Mental Health, Developmental Disabilities, FASD, Autism, Brain Injury, Dementia and Addiction
- Offers practical strategies as well as information on available resources
- Provides opportunities for role play with feedback
- Many NRP Officers have received CIT Training

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DS Behaviour Resources in CMHA Safe-Bed Program

- Safe Beds offers an alternative to hospitalization in a crisis situation. There are seven beds available with two Crisis Workers on shift 24/7 for support.
- Voluntary, non-medical, facility offers crisis counselling and a safe therapeutic environment for individuals to stay on a short-term basis to work through their crisis.
- Bethesda Behaviour Consultant provides support to individuals and Safe Bed staff

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Agreement

- One of the CMHA Crisis Beds is dedicated to individuals with a Developmental Disability.
- 20 hours / week of Bethesda Behaviour Consultant provided to the Safe Bed Program
- When CMHA Safe Bed Program expands in larger location, three Crisis Beds would be devoted to individuals with a Developmental Disability.
- Ministry of Community and Social Services offered some money towards the relocation costs.
- Individuals with a developmental disability can have stays of up to 30 days, versus 5-7 day average stay for people without Developmental Disability.

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Role of the Behaviour Consultant

- Implement Behavioural Strategies based on Functional Assessments (FA). When possible, create Behaviour Support Plan.
- Identify behavioural challenges & develop behavioural strategies with team.
- Consult with Bethesda psychologist to ensure best practices
- Build capacity through training of CMHA staff.

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Impact

- 86 Individuals with a Developmental Disability supported to date
- Diversion from hospital and the criminal justice system
- Increased capacity of the mental health sector to support individuals with a Developmental Disability
- Allow time for community agencies/services to put an effective plan in place to better support individuals
- Education and training of Mental Health services to the Developmental Sector
- Avoid admissions to homeless shelter / boarding homes where there is limited care
- Strengthened client outcomes
- Helpful transition from hospital before returning home
- Averts crises especially if unsafe MH symptoms or home breakdown.

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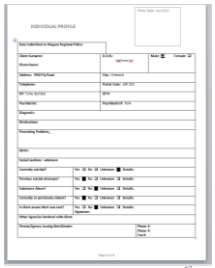
NRPS (Grimsby) & Bethesda At Risk

- Bethesda supports people with behaviour challenges.
- NRPS response required.
- Both parties identified a need for more individualised response.
- NRPS have information about the individual to assist with response



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Niagara Autism Registry

- Partnership with Autism Ontario – Niagara
- Registry for People with Autism provides quick access to critical information about registered individuals with ASD in an emergency situation
- Provides police officers with vital information: physical appearance, favourite places, triggers, stimulants and de-escalation techniques
- Database maintained by NRPS
- Entries are renewed annually to ensure information is current and includes a face only picture for recognition

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Mobile Crisis Rapid Response Team

- Offers "First Response" Mental Health Workers riding with police responding to 911 calls
- Offers community based mental status and risk assessments
- Offers hospital and criminal justice system diversion as appropriate
- Connects individuals to appropriate community based services
- Dispatched through Niagara Regional Police 911 Emergency Service

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Crisis Outreach and Support Team (COAST) Niagara

- Responds to crisis concerns by phone or mobile outreach with a Crisis Worker and a Non Uniform Police Officer
- Provides phone support and crisis de-escalation
- Completes mental status assessments and risk assessments on mobile outreach
- Connects individuals to appropriate community resources
- Provides follow-up and post-crisis telephone support as appropriate

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Collaboration with Hospitals
Guideline 30

"Agencies should develop protocols with the emergency departments of their local/regional hospitals. Protocols can be developed with other hospital departments if required. Protocols can cover a number of issues such as:

- Support your agency can offer to hospital staff when a person is hospitalized
- Joint discharge procedures
- Special hospital admission processes

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- Agreements with hospitals when patients, who have been hospitalized for long periods, are discharged
- Emergency room protocols
- Access to hospitals and health services in general

Slide 30

Pathways Advisory Committee

- Niagara Health initiated community process to develop Priority Community Referral (PCR) and Transitional Discharge (TD) tools and process to increase communication and collaboration with community organizations.
- Niagara Health Psychiatric Emergency Response Team receives and considers information from Crisis / Safety Plan and Priority Community Referral during clinical assessment.

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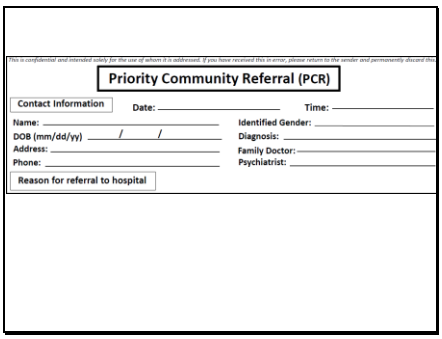

This is confidential and intended solely for the use of whom it is addressed. If you have received this in error, please return to the sender and permanently discard this.

Priority Community Referral (PCR)

Contact Information Date: _____ Time: _____

Name: _____ Identified Gender: _____

DOB (mm/dd/yy) ___/___/___ Diagnosis: _____

Address: _____ Family Doctor: _____

Phone: _____ Psychiatrist: _____

Reason for referral to hospital

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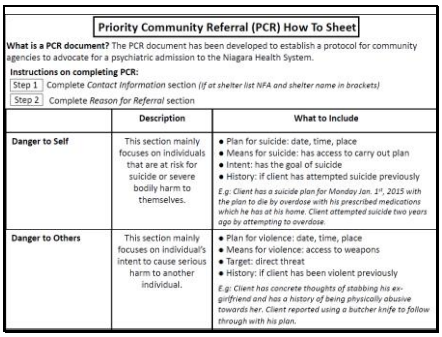

Priority Community Referral (PCR) How To Sheet

What is a PCR document? The PCR document has been developed to establish a protocol for community agencies to advocate for a psychiatric admission to the Niagara Health System.

Instructions on completing PCR:

Step 1 Complete *Contact Information* section *(if at shelter list NFA and shelter name in brackets)*

Step 2 Complete *Reason for Referral* section

	Description	What to Include
Danger to Self	This section mainly focuses on individuals that are at risk for suicide or severe bodily harm to themselves.	• Plan for suicide: date, time, place • Means for suicide: has access to carry out plan • Intent: has the goal of suicide • History: if client has attempted suicide previously *E.g: Client has a suicide plan for Monday Jan. 1st, 2015 with the plan to die by overdose with his prescribed medications which he has at his home. Client attempted suicide two years ago by attempting to overdose.*
Danger to Others	This section mainly focuses on individual's intent to cause serious harm to another individual.	• Plan for violence: date, time, place • Means for violence: access to weapons • Target: direct threat • History: if client has been violent previously *E.g: Client has concrete thoughts of stabbing his ex-girlfriend and has a history of being physically abusive towards her. Client reported using a butcher knife to follow through with his plan.*

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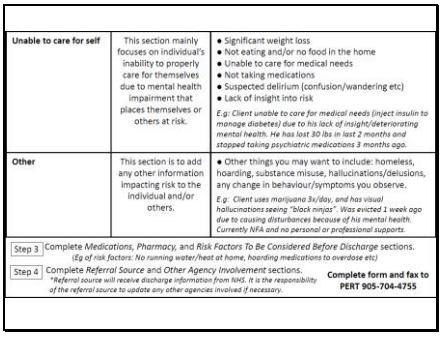

Unable to care for self	This section mainly focuses on individual's inability to properly care for themselves due to mental health impairment that places themselves or others at risk.	• Significant weight loss • Not eating and/or no food in the home • Unable to care for medical needs • Not taking medications • Suspected delirium (confusion/wandering etc) • Lack of insight into risk *E.g: Client unable to care for medical needs (inject insulin to manage diabetes) due to his lack of insight/deteriorating mental health. He has lost 30 lbs in last 2 months and stopped taking psychiatric medications 3 months ago.*
Other	This section is to add any other information impacting risk to the individual and/or others.	• Other things you may want to include: homeless, hoarding, substance misuse, hallucinations/delusions, any change in behaviour/symptoms you observe. *E.g. Client uses marijuana 3x/day, and has visual hallucinations seeing "black ninjas". Was evicted 1 week ago due to causing disturbances because of his mental health. Currently NFA and no personal or professional supports.*

Step 3 Complete *Medications, Pharmacy,* and *Risk Factors To Be Considered Before Discharge* sections. *(Eg of risk factors: No running water/heat at home, hoarding medications to overdose etc)*

Step 4 Complete *Referral Source* and *Other Agency Involvement* sections. **Referral source will receive discharge information from NHS. It is the responsibility of the referral source to update any other agencies involved if necessary.*

Complete form and fax to PERT 905-704-4755

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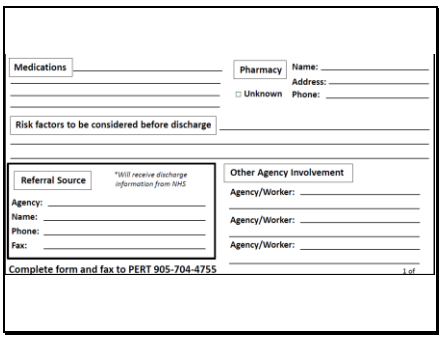

Medications

Pharmacy Name:
Address:
☐ Unknown Phone:

Risk factors to be considered before discharge

Referral Source **Will receive discharge information from NHS*

Agency:
Name:
Phone:
Fax:

Other Agency Involvement

Agency/Worker:
Agency/Worker:
Agency/Worker:

Complete form and fax to PERT 905-704-4755

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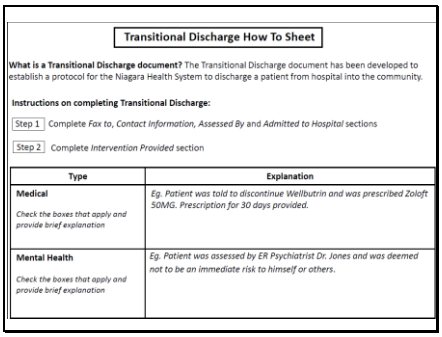

Transitional Discharge How To Sheet

What is a Transitional Discharge document? The Transitional Discharge document has been developed to establish a protocol for the Niagara Health System to discharge a patient from hospital into the community.

Instructions on completing Transitional Discharge:

Step 1 Complete *Fax to, Contact Information, Assessed By* and *Admitted to Hospital* sections

Step 2 Complete *Intervention Provided* section

Type	Explanation
Medical *Check the boxes that apply and provide brief explanation*	*Eg. Patient was told to discontinue Wellbutrin and was prescribed Zoloft 50MG. Prescription for 30 days provided.*
Mental Health *Check the boxes that apply and provide brief explanation*	*Eg. Patient was assessed by ER Psychiatrist Dr. Jones and was deemed not to be an immediate risk to himself or others.*

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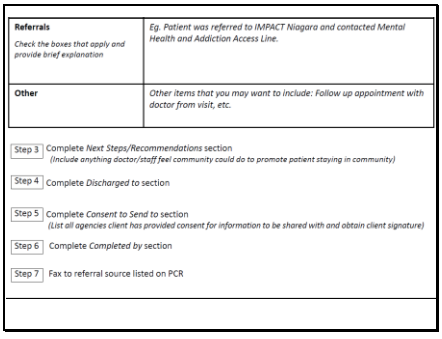

Referrals *Check the boxes that apply and provide brief explanation*	*Eg. Patient was referred to IMPACT Niagara and contacted Mental Health and Addiction Access Line.*
Other	*Other items that you may want to include: Follow up appointment with doctor from visit, etc.*

Step 3 Complete *Next Steps/Recommendations* section
(Include anything doctor/staff feel community could do to promote patient staying in community)

Step 4 Complete *Discharged to* section

Step 5 Complete *Consent to Send to* section
(List all agencies client has provided consent for information to be shared with and obtain client signature)

Step 6 Complete *Completed by* section

Step 7 Fax to referral source listed on PCR

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Developmental Services Sector & Niagara Health Guidelines for Care Provision

- Pilot project – *work in progress*
- Involves emergency and planned psychiatric admissions
- Covers individuals receiving residential support from MCSS funded DS organizations
- DS ensures Crisis Plans are developed to reduce need for hospitalization
- DS ensures accurate recent information is provided for clinical assessment

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- Admission care planning, involving DS clinical supports, to discuss treatment goals, length of treatment, DS support during treatment, discharge plan, additional DS referrals.
- Ongoing & Discharge care planning.
- Dual Diagnosis Training and Resources (Grand and Psychiatric Rounds, Orientation)
- Clinical Consultation

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Next Steps:

- *Integrated Team*
- *Additional Training / Resources*
- *Involvement with Emergency Department and medical floors*
- *Co-ordinated response using Clinical Pathway with both Emergency (general & Psychiatry Emergency) and Inpatient Units (medical, surgical, MH, etc)*

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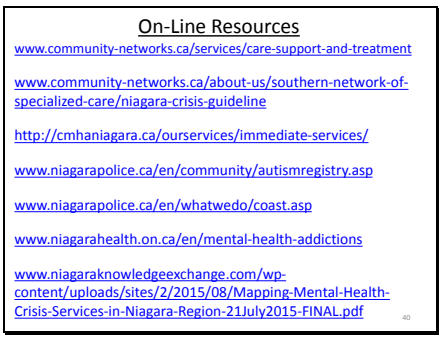

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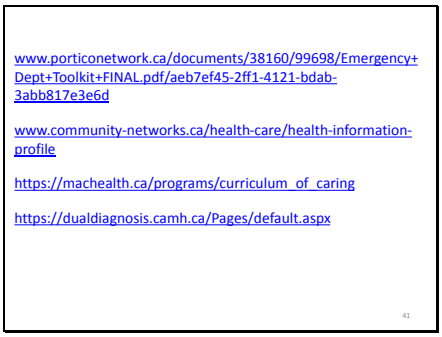
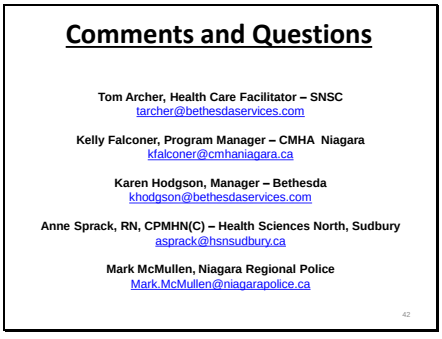
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