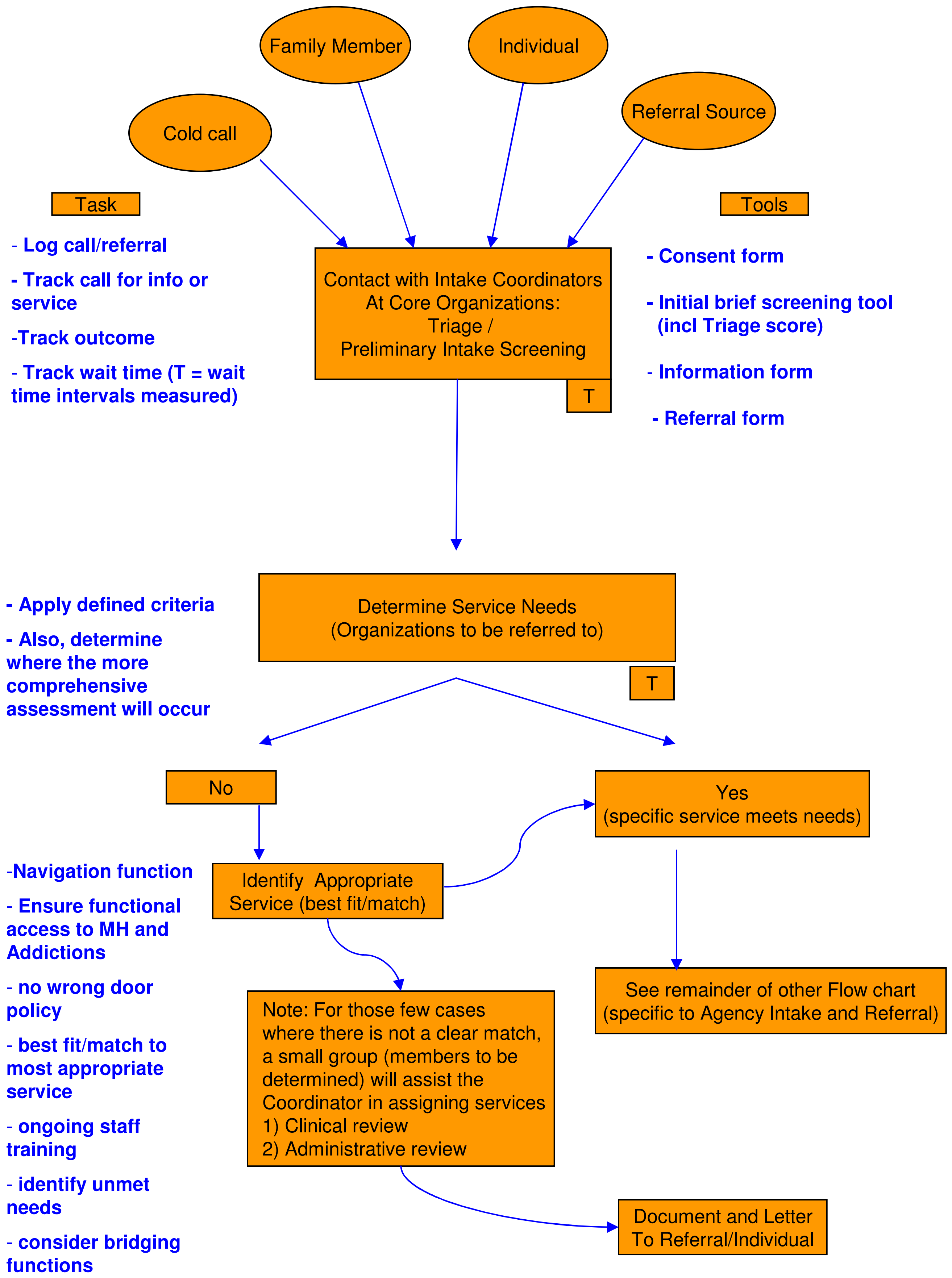
FLA Coordinated Access

EVERY DOOR IS THE RIGHT DOOR!


FLA Coordinated Access System Flowchart
Family Member
Individual
Cold call
Referral Source
Task
Tools
- Log call/referral
- Track call for info or service
-Track outcome
- Track wait time (T = wait time intervals measured)
Contact with Intake Coordinators At Core Organizations: Triage / Preliminary Intake Screening
T
- Consent form
- Initial brief screening tool (incl Triage score)
- Information form
- Referral form
- Apply defined criteria
- Also, determine where the more comprehensive assessment will occur
Determine Service Needs (Organizations to be referred to)
T
No
Yes (specific service meets needs)
-Navigation function
- Ensure functional access to MH and Addictions
- no wrong door policy
- best fit/match to most appropriate service
- ongoing staff training
- identify unmet needs
- consider bridging functions
Identify Appropriate Service (best fit/match)
See remainder of other Flow chart (specific to Agency Intake and Referral)
Note: For those few cases where there is not a clear match, a small group (members to be determined) will assist the Coordinator in assigning services
1) Clinical review
2) Administrative review
Document and Letter To Referral/Individual

What is Coordinated Access?

- The project was defined as focusing on the process that started with receiving a referral for mental health and addictions services and ending with the disposition of the referral to a participating program.

- It supports the concept that wherever the client appears in the system of care it is the right place for them to access the services of the system. Unlike a centralized process where there is one door, coordinated access endorses that any door will act as the portal to the needed services. When the intake coordinator completes the assessment, assistance is directed to the clients needs from the best available fit for service.

What are the guiding principles?

- A harmonized, coordinated access
- Clients/consumers are clients of the system, not one particular organization
- Avoid duplication, in the referrals, and also having the client tell their story several times
- Benefit from a common assessment process and clearly articulated criteria
- The project will build on the work to-date with respect to a coordinated access process, and will be a phased process (beginning with the current intake processes that are presently operating in FL&A)
- Communication with staff and member organizations will be key
- This will be a work in progress, and will examine opportunities to pilot aspects of change
- It is critical to have champions within each of the member organizations
- Trust and respect of partner members, and an emphasis on positive constructive feedback are crucial

Referral Form

"Every Door is the Right Door"	
Name of agency and logo	Contact: intake worker and contact info

NOTE: 1) Signature acknowledges that this referral will be assessed by ***one*** *of the FLA Access Coordinators*

☐ check here to indicate that we can contact the most appropriate service for your client, and redirect the referral

2) **PLEASE FORWARD ANY RELEVANT CONSULTATION REPORTS / DISCHARGE SUMMARIES**.

Client Information	**Referral Agent Information**
Name: Address: Date of Birth (dd/mm/yy): __ / __ / __ Telephone (home): Telephone (work): Alternate contact person (name): Alternate contact person (phone #): Health Card #: Health Card Version code: May we contact the client directly? ☐ Yes ☐ No Can a detailed message be left? ☐ Yes ☐ No Any Communication barrier? ☐ Yes ☐ No Please specify:	Date of Referral: Agency / Source: Telephone: Fax: Family Physician / Psychiatrist: (if different from above) Telephone (direct):

Reason for the Referral:

CURRENT SITUATION	**PSYCHIATRIC HISTORY**
Current working psychiatric diagnosis	Previous diagnoses ☐ None
Current mental health / psychiatric contacts / community supports (please describe) ☐ None	Previous **out-patient** mental health and/or addiction treatment (please describe) ☐ None
Current medical conditions (please describe) ☐ None Current medications (please describe) ☐ None	Previous **in-patient** psychiatric admissions ☐ Yes ☐ No (please describe)

Signature: **Date:**
(of Referral Source)

How are referrals made?

- Referrals may come into the system in many ways. They may start as calls for information or service, calls from family members, individuals themselves asking for assistance, or formal referrals from community resources, like family physicians, or agencies. The standard referral forms will become the norm as they are better utilized and available on web sites.

- Any of the intake coordinators may shepherd the call or request for service. This will now be the same process, use the same forms to determine service needs and make the best assignment for the client to a service.

- The common referral form will be used and it will be necessary to interact with the referral sources if the form does not contain sufficient detail. Coordinators are also responsible to link with the referral source and keep them informed at each step of the assessment process.

Initial Contact Interview

Initial Screen	DATE: ☐ Face-to-face interview ☐ Telephone interview File #:
LAST NAME:	FIRST NAME:
AKA NAME:	Gender: ☐ Male ☐ Female ☐ Other

ADDRESS:	CITY:	POSTAL CODE:
HOME PHONE:	ALT/EMERG PHONE:	
Permission to Contact ☐ No ☐ Yes	Permission to Leave Message ☐ No ☐ Yes	Previous Contact with Prog. ☐ No ☐ Yes
DOB (dd/mm/yyyy):	HEALTH CARD #: VERSION CODE:	
FAMILY PHYSICIAN: PHONE: FAX:	PSYCHIATRIST: PHONE: FAX:	

EAP:
Does the person have an Employee Assistance Plan (EAP) or an Extended Health Plan?
☐ No ☐ Yes
Please Identify:

SUBSTITUTE DECISION MAKER
☐ No
☐ Yes ☐ For Health Care ☐ For Finances ☐ Other (please specify
NAME & CONTACT INFO:

What is the Person looking for: ☐ Information (please complete info form) ☐ Service

SOURCE OF REFERRAL / SOURCE OF INFORMATION
* Please be as specific as possible (name, organization, relationship to individual, etc)

PRIMARY PRESENTING ISSUE / SYMPTOMS
•

Has the person been admitted to hospital for mental health related issues?
☐ No ☐ Yes Number of admissions:

Has the person been admitted to hospital for 30 or more days for mental health related issues?
☐ No ☐ Yes Approx number of days in hospital:

Has the person ever been provided with a psychiatric diagnosis?
☐ No ☐ Yes
Diagnosis:
By whom:
When:

RISK ASSESSMENT	Comments
No☐ Yes☐ Suicide	
No☐ Yes☐ Self Harm	
Harm to Others: No☐ Yes☐ Physical No☐ Yes☐ Verbal No☐ Yes☐ Sexual	
No☐ Yes☐ Damage to Property	
No☐ Yes☐ Fire Setting	
☐ Other (please describe):	
ASIST RISK ASSESSMENT:	
C (current plan/ideation):	
P (pain):	

R (resources):	
+ (prior suicidal behaviour):	
+ (mental health):	

OTHER AGENCIES / OTHER PROVIDERS (eg. PSYCHIATRIST) CURRENTLY INVOLVED:

-

MEDICATIONS

-

SUBSTANCE ABUSE AND PROBLEM GAMBLING

No☐ Yes☐ Alcohol and Drug
No☐ Yes☐ Alcohol only
No☐ Yes☐ Drugs only
No☐ Yes☐ Other substances
No☐ Yes☐ Concurrent
No☐ Yes☐ Problem Gambling
Comments:

MEDICAL CONDITIONS / DISABILITIES

-

SOCIAL FUNCTIONING ISSUES / NEEDS	Comments
☐ No ☐ Yes ADL's (activities of daily living)	
☐ No ☐ Yes Financial	
☐ No ☐ Yes Housing	
☐ No ☐ Yes Education	
☐ No ☐ Yes Employment	
☐ No ☐ Yes Developmental Disability	
☐ No ☐ Yes Legal Issues	
☐ No ☐ Yes Relationship	
☐ No ☐ Yes Trauma	
☐ Other	

CTRS SCORING (score 1 to 5 in each category):

Dangerousness:
Support System:
Ability to Cooperate:
Total Score:

CLINICAL IMPRESSION

PLAN / OUTCOME (please specify)

CONSENT

Consent for Service: ☐ Verbal ☐ Signed (see appended consent form)
Consent for Disclosure: ☐ Verbal ☐ Signed (see appended consent form)

ORGANIZATIONS REFERRED TO	REASON FOR THE REFERRAL

______________________________ ______________________________
Coordinator Signature Date

Why use Coordinated Access?

- Accessibility to services
- key element of the Mental Health Commission of Canada and provincial mental health strategies
- Wherever the client appears in the system of care it is the right place for them to access the services of the system
- Provide an advocacy role for people needing services
- Provides a referral process of the involved service providers which acts as a continuum of care which works together collaboratively

Types of Services

Providence Care Mental Health Services

- ACT and Case Management
- Mood Disorders
- Personality Disorders
- In Patients

Frontenac Community Mental Health Services

- ACT and Case Management

Hotel Dieu/Kingston General Hospital Adult Psychiatry

Lennox and Addington Addictions and Community Mental Health services

Next Steps?

- Provide the referral form on websites
- Expand the service partner involvement
- Undertake communication plan

Contact Information:

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