

Extraordinary Needs Program Referral Package

** Please ensure all items are completed before submitting.*

1. ☐ A completed referral form is attached.
2. ☐ A completed consent form is attached.

3. This referral is for:

☐ ENP Individualized Support

AND/OR

☐ ENP Supportive Housing

Preferred location: ☐ Kitchener ☐ Guelph

☐ A completed ENP Resident Case Conferencing Guide is attached.

4. ☐ I have read the ENP program description and eligibility criteria.
5. ☐ I understand that I may be contacted by the ENP Coordinator(s) to provide further information if needed.

(signature of referral source)

Date

Please send all items (including this page) to:

Alyssa George

ENP Coordinator

236 Victoria Street North Unit 2A

Kitchener, Ontario N2H 5C8

Telephone: 519-742-3191 ext. 1436

Fax: 519-742-5232

E-mail: ageorge@thresholdsupports.ca

EXTRAORDINARY NEEDS PROGRAM DESCRIPTION

The initial Extraordinary Needs Program (ENP) facilitates the transition of individuals with complex mental health and other needs from hospital to an appropriate living arrangement in the community with individualized supports reducing over time as the person stabilizes. These individuals often are designated Alternate Level of Care (ALC) in the hospital and cannot be safely discharged without the provision of additional community supports. Funding is flexible to meet the unique needs of each individual according to their coordinated recovery plan. However, funding cannot be utilized for rent or housing top-ups. The ENP program, evaluated in 2013, demonstrated its success in improving the quality of life for individuals and securing community tenure resulting in an overall system's cost savings by reducing days in hospital for individuals.

In 2015, the Extraordinary Needs Program expanded to include a supportive housing component and broadened the service criteria to include people in the community with a high level of service need. The expanded service provides a high level of staffing and individualized, flexible support in two congregate housing settings (one in Waterloo Region and one in Guelph- Wellington) with both shared and private space for all participants.

The Extraordinary Needs Program promotes better utilization of health care resources in keeping with Ontario's Action Plan for Health Care priority: Right Care, Right Time, and Right Place.

OVERALL GOALS:

- Reduced hospital/Alternative Level of Care (ALC) days for individuals.
- Improved quality of life for individuals with extraordinary needs, including participation and integration in the community.
- Reduced unnecessary Emergency Department visits and utilization of EMS, police services and the legal system.
- Improved system flow/performance.
- Increased capacity in the community to support individuals with extraordinary needs.
- Improved client outcomes.

KEY ELEMENTS:

- High intensity supplemental support funds.
- High intensity supportive housing.
- Access to additional professional services needed on top of existing services to support the living arrangement in the community for a time-limited transitional period.
- Development and implementation of a coordinated recovery plan for each individual.
- Partnerships and integration with community resources.
- Monitoring and evaluation.

For further information about the Extraordinary Needs Program, please contact:

Alyssa George, ENP Coordinator
Telephone: 519-742-3191 ext. 1436
Fax: 519-742-5232
E-mail: ageorge@thresholdssupports.ca

ELIGIBILITY CRITERIA FOR ENP INDIVIDUALIZED SUPPORT & ENP SUPPORTIVE HOUSING:

1. The individual lives with a mental illness and/or addiction.
2. All options for discharge from hospital or appropriate housing and support in the community, including consultation with service resolution (where applicable) have been explored and there is no feasible community housing plan.
3. The individual has complex issues including but not limited to: acquired brain injury, dual diagnosis, concurrent disorder, difficult to support behaviour, fluctuating needs, complex medical needs.
4. The individual is currently in hospital and designated Alternate Level of Care (ALC); **and/or** the individual displays a pattern of behavior which repeatedly puts themselves and/or others at risk, which is a barrier to housing stability. This would be demonstrated by several of the following:
 - Persistent homelessness and/or repeated loss of housing;
 - Need for intensive housing supports;
 - Repeated hospital admissions and/or emergency department visits;
 - Involvement with the criminal justice system;
 - Repeated contacts with police, EMS, emergency services;
 - Significant support efforts from multiple community agencies; or significant disengagement from community services.
5. The primary barrier(s) to housing stability is not related to a diagnosis of dementia or a physical disability or an acute medical condition.
6. The individual can live safely in the community with available supports.

Sponsored by Thresholds Homes
and Supports Inc.

Funded by Ontario Health West.

ENP Intake Committee Members are from the following agencies:

Thresholds Homes and Supports Inc.
Canadian Mental Health Association (CMHA) Waterloo Wellington
Cambridge Memorial Hospital
Compass Community Services
Grand River Hospital
Guelph Community Health Centre
Homewood Health Centre
House of Friendship
Home and Community Care
Traverse Independence
Service Resolution Facilitator

EXTRAORDINARY NEEDS PROGRAM REFERRAL FORM

CLIENT INFORMATION

Name		Date of Birth	
		Health Card Number	
Home Address		Contact Number	

REFERRAL SOURCE INFORMATION

Name	
Agency	
Phone	Fax
Email	

CAPACITY

Substitute Decision Maker <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information:
Financial Incapacity <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information:

HOSPITALIZATION

Currently in hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current ALC status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hospital days this admission	
Total hospital days last 2 years	
Number of ER visits last 2 years	

CURRENT SUPPORTS CONTACT INFORMATION

Agency/Family/Relationships	Name/Contact Information

FUTURE SUPPORTS

Will the hospital be following the care of this patient after discharge? If not, who will be their primary supporting worker/team?

Current Diagnoses/Issues (please provide brief description)**Mental Health:** _____**Substance Use:** _____**Acquired Brain Injury:** _____**Intellectual Disability:** _____**Functional Impairments:** _____**Homelessness:** _____**Criminal Justice Involvement:** _____**Repeated police, EMS contact:** _____**Level of engagement with services:** _____**Current Situation**

Please describe the current situation. What are the challenges for this individual? Identify needs that are above and beyond what can be managed within existing community supports.

Has this client's situation been presented to Service Resolution (Mental Health or Developmental) or similar system navigation process (i.e. ABI coordination?)

☐ Yes ☐ No

If the answer is no, please have a Service Resolution meeting before completing the remainder of this application.

Please identify dates, participants, outcomes.

Please describe any recent involvement in the criminal justice system or current community safety issues. Does this individual have any risk factors that supports would have to be aware of?

What supports/resources are needed to transition from hospital to community? Please be as specific as possible.

Organization/Services:

Frequency:

Hours per visit:

End date:

If applying for ENP Supportive Housing, explain why this individual needs this type of housing/level of type of support. List what prior housing options (including group homes) have been tried? Why were they unsuccessful?

Individualized Funding is meant to be time-limited. Through your assessment, what is the duration needed for this transition?

Please attach a detailed care plan and any other relevant documents to support the referral above.

Understanding Your Personal Health Information and Privacy Rights Extraordinary Needs Program

WHAT IS PERSONAL HEALTH INFORMATION (PHI)?

PHI may include information about:

- Your physical and mental health
- Your health history
- Your personal history
- Your relevant family medical history

WHY IS MY INFORMATION BEING COLLECTED?

With your permission, your information will be used in the following ways:

- To determine your eligibility for service for the Extraordinary Needs Program (ENP)
- To share your health information with service providers involved in your care so that they can best work with you and understand your needs
- To plan and review your care based on your recovery goals
- To collect information about clients receiving the ENP service, for reporting and service planning purposes - this includes data shared with the Waterloo Wellington Local Health Integration Network and ENP staff, intake and steering committee. Demographic and statistical data about you will be collected (such as your age, gender and services received).

HOW IS MY INFORMATION BEING PROTECTED?

Your care providers are required to have administrative, physical and technical safeguards to protect their physical records and electronic networks from loss, theft, unauthorized access, use, copying, modification or disposal. These safeguards include security software, privacy training for staff and students and confidentiality agreements like this one to ensure your permission is obtained before information is shared. Privacy safeguards are reviewed regularly.

WHAT ARE MY PRIVACY RIGHTS?

- You have the right to request a copy of your clinical file including electronic and paper files.
- You have the right to request an amendment to your PHI, block parts of or your entire file to designated recipients or log a complaint if you feel that your service provider has not addressed your privacy concern correctly.
- To request a copy of your files, please complete a "Consumer Request for Access to Information" form, available from the Privacy Officer.

CAN MY HEALTH INFORMATION EVER BE SHARED WITHOUT MY CONSENT?

Yes, there are a few specific instances when Health Care Providers are obligated by law to provide PHI. For example, if you are a risk of harm to yourself or others, we may share need-to-know information about you to keep you safe. We are required to respond to a subpoena and/or search warrant.

CONSENT

By signing below, I acknowledge that I have read this information sheet and consent to my personal health information being used by the extraordinary needs program as indicated.

Name of client (please print):

Name of Person Signing this form (please print):

☐ Client **and/or** ☐ Power of Attorney ☐ Substitute Decision Maker ☐ Guardian

Signature(s): _____

Date: _____

ENP Supportive Housing Case Conferencing Guide: Determining Placement Priority a Guide to Support Clinical Decision Making and Determining Best Care for Individuals

The **ENP supportive housing case conferencing guide** had been developed to structure discussion regarding determination of individual fit with the ENP program. It is appreciated that demand for the ENP service outstrips capacity; as such it will be important that individuals' needs can be compared and contrasted in a reliable manner. The template is provided as a guide and does not replace best practices considerations and/or clinical judgement.

*For each of the four domains (below,) mark off all applicable items for consideration and discussion.
Also, please provide comment related to items that have been indicated applicable.*

I. Chronicity of Illness and Issues:

1- Moderate Chronicity

☐ Illness or issues have been present for 1-3 years.

2 - Long Standing Chronicity (greater than 3 years)

☐ Illness or issues have been consistently distressing/detrimental for greater than 3 years.

Comments/Considerations:

II. Functional Status and Intensity of Symptoms:

1 - Minimal Impairment

☐ No more than transient impairment in daily functioning and social interactions.

2 - Mild Impairment

☐ Experiencing some deterioration in interpersonal interactions, with increased incidence of arguments, hostility or conflict, but is able to maintain some meaningful and satisfying relationships.

☐ Recent experience of some minor disruptions in aspects of self-care or usual activities.

3 - Moderate Impairment

- ☐ Becoming conflicted, withdrawn, alienated or otherwise troubled in most significant relationships, but maintains control of any impulsive or abusive behaviors.
- ☐ Appearance and hygiene may fall below usual standards on a frequent basis.
- ☐ Significant disturbances in daily activities such as sleep, eating habits, activity level, or sexual appetite which do not pose a serious threat to health.

4 - Serious Impairment

- ☐ Extreme deterioration or withdrawal from social interactions which may include chaotic communication, threatening behaviors with little or no provocation, or minimal control of impulsive or abusive behavior.
- ☐ Complete neglect of personal hygiene and appearance and inability to attend to most basic needs such as food intake and personal safety with associated impairment in physical status.

Comments/Considerations:

III. Risk of Harm (Self or Others):

1 - Low risk of harm

- ☐ No current suicidal or homicidal ideation, plan, intentions or severe distress, but may have had transient or passive thoughts recently or in the past.
- ☐ History (not current) of excessive substance use or other potentially harmful behaviors.

2 - Moderate risk of harm

- ☐ Significant current suicidal or homicidal ideation without intent or conscious plan and without past history.
- ☐ Recent pattern of excessive substance use or other potentially harmful behaviors.

3 - Serious risk of harm

- ☐ Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with ability to contract for safety.
- ☐ Recent pattern of excessive substance use (or other potentially harmful behaviors) resulting in disinhibition and clearly harmful behaviors with no demonstrated ability to abstain from use.

4 - Extreme risk of harm

- ☐ Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behaviour.
- ☐ Episodes of violence toward self or others, or other behaviors resulting in harm
- ☐ Substance use that creates a risk of harm to self or others.

Comments/Considerations:

IV. Suitability of Housing Environment (physical space and other tenants in congregate space):

1 – Service Supports

- ☐ Individual would benefit from and engage in programming and support within a residential setting with 24-hour staffing.

2- Physical Environment

- ☐ Individual requires a physical accessible environment. Please explain in the comments.

3 – Living with other ENP Residents

- ☐ Individual can safely live in a congregate setting with other ENP residents.
- ☐ Does the individual experience symptoms or behaviours that would significantly affect the quality of living for themselves and/or other residents?

Comments/Considerations: