Comox Valley Child Development Association

Agency Service Delivery Procedures

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Comox Valley Child Development Association

Agency Service Delivery Procedures

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# Foundational Principle of Service

All of the services at the CVCDA are family-centred. This means that we recognize that families know their child best and play the most important role in their life. We will support families to make decisions about their child’s service; we will respect all values, beliefs and cultural backgrounds; we will provide flexible options for support; and we will make sure families have the information they need to make choices for their child. At the CVCDA, families are equal partners in all aspects of service provision.

# Intake Procedure

For referrals to the Comox Valley Child Development Association (CVCDA):

## External Referrals

Family Advocate receives completed Application For Service form (Appendix 1) from referral source. (Family Advocate may be required to complete the Application For Service form if information is gathered via telephone or is received in alternate format). Referral sources include parents, physicians, paediatricians, public health nurses, child care providers, etc. Family Advocate enters information into the agency’s Electronic Client Record (ECR) system to create an electronic client record. Following Orientation, the Family Advocate creates a paper file and gives the Orientation package to Administration for scanning, uploading and filing and a new ECR facesheet for filing. The Family Advocate creates the ECR within 3 working days of receiving the application form.

*Note*: The referral date is the date the agency receives the Application For Service form. The Application For Service form is date stamped the day it is received and put in the Family Advocate’s mailbox.

## Internal Referrals

CVCDA service provider collects information and completes an electronic Internal Referral Notification form (Appendix 2) and sends to the Administrative Assistant/Reports (AAR). The service provider provides an update on any demographic information, an explanation of presenting needs, the program the child is being referred to, and dates the referral. The AAR updates the ECR. Via combox the AAR notifies the referring service provider and the program manager of the program referred to.

*Note*: The date noted on the Internal Referral Notification form is considered to be the referral date.

**Exceptions**

## Urgent Referrals

Identified torticollis, fluency, as well as feeding and swallowing concerns, are coded 1 (urgent) in the ECR system. There may be other urgent medical concerns that the Advocate will also code 1. The Advocate uses her discretion for referrals that do not fall into predetermined criteria to assess the urgency of the situation and, when appropriate, request an immediate consult with a service provider.

Note: The aim is to ensure appropriate responsiveness and appropriate response timeframes in medically urgent/family crisis situations. Communication is essential with urgent referrals to ensure agency procedure does not negatively impact the family.

## Re-Referrals

Referrals received **more than** **1 year** from the last direct service date and agency closure are treated as a new referral - see Step 1.

Referrals received **less than 1 year** from the last direct service date and agency closure are treated as a re-referral. Family Advocate informs the most recent service provider(s) who contacts the family.

The Family Advocate gives the completed and signed Consent To Receive Services form (Appendix 3) and Authorization To Release Information form (Appendix 4) to Administration for filing in the child’s paper file. The Family Advocate prints a new facesheet and gives to Administration for scanning and uploading, updates the ECR denoting IC on the program(s) waitlist.

## Transfers

Children, who transfer from other communities where they are either currently receiving services or are waitlisted for services, are coded 2 in the ECR system at intake. The original referral date is used.

## Determining the Appropriateness of Referrals

If a referral is inappropriate, or ineligible for CVCDA services, the Family Advocate contacts the family and/or referral source stating the reason. The Family Advocate gives information to the family regarding potential alternative community organizations that may be of benefit to their child and supports them to contact those organizations if desired.

# Agency Eligibility

To qualify for services through the Comox Valley Child Development Association, the following criteria must be met.

1. Children are from birth to the age of 19 years of age, adults from 19 to 35,
2. Children live in the geographical area served by Comox Valley Child Development Association (CVCDA); from Mud Bay to the Oyster River, including Courtenay, Comox, Cumberland, Denman Island and Hornby Island,
3. Children whose parents or legal guardians have given consent for them to receive services.

# Program Eligibility

In addition to Agency Criteria, the following services have program-specific eligibility requirements:

To be eligible for the Infant Development Program (IDP) a child must:

* Be aged birth to three years
* Have, or be at risk for developmental delay or disability

To be eligible for Early Intervention Therapy Services (EIT) - (Occupational Therapy (OT), Physiotherapy (PT), and Speech Language Therapy (SLP) a child must:

* Be aged from birth to the September of the year the child is eligible to attend kindergarten
* Have identified developmental concerns (physical, behavioural, social/emotional, communications and/or cognitive)

To be eligible for Supported Child Development (SCD), a child must:

* Be aged birth to 12 years
* Have identified developmental concerns (physical, behavioural, social/emotional and/or cognitive) and
* Require additional support services in child care because of those concerns

To be eligible for Jump Start Preschool, a child must:

* Be aged 30 months to school age

To be eligible for Aboriginal Services (ASLP, ASCD, AIDP) a child must:

* meet the program eligibility for SLP, SCD and IDP
* identify, or have one extended family member who identifies, with Aboriginal ancestry
* be aged from birth to seven years for ASLP

Eligibility for Pathways to Healing Partnership is assessed on an individual referral basis.

To be eligible for The Autism Program (TAP) a child must be:

* Under 19 years of age
* Enrolled in one of Ministry of Children and Family Development’s Autism Funding Programs (Autism Funding: Under 6 or Autism Funding: 6 - 18)

To be eligible for the Community Integration Program (CIP) a child must be:

* Between 13 and 18 years of age
* Referred by the Ministry of Children and Family Development (MCFD)and meet MCFD’s Child and Youth with Special Needs (CYSN) eligibility criteria.

To be eligible for Behaviour Consultant services a child must be:

* Under 19 years of age
* Referred by the Ministry of Children and Family Development (MCFD)and meet MCFD’s Child and Youth with Special Needs (CYSN) eligibility criteria.

To participate in Project Inclusion an individual must:

* Be 19 or older
* Be eligible for Community Living BC (CLBC) services

Have a current Host Agency Funding Agreement between CLBC and the CVCDA  
  
To participate in The Friendship Project an individual must:

* Be 19 or older
* Be eligible for Community Living BC (CLBC) services

**Orientation Procedure (IO Program in the Electronic Client Record System)**

The Family Advocate arranges an agency orientation with the family of every child referred to the CVCDA for Infant Development Program (IDP), Supported Child Development Program (SCDP), Early Intervention Therapy (EIT), Community Integration Program (CIP) and The Autism Program (TAP) services.

If the child is referred for a single service, that service provider may complete the orientation.

Pathways to Healing, Camp Oasis, Behaviour Consultant, Jump Start, Project Inclusion and the Friendship Project all arrange and conduct their own program-specific orientations.

## Timeframe

The FA contacts the family of the child referred within 2 weeks of their referral date. Once contact is made, the FA schedules an orientation appointment as soon as possible (typically within one week).

## Orientation Visit

The location of the orientation visit is based on the family’s preference. Locations may include the family home, the CVCDA, child care setting, workplace, etc.

The CVCDA staff conducting the orientation gives a brief description / review of services the child is referred to and completes the following forms with the parent/legal guardian: Application For Service (Appendix 1), Child History (Appendix 5) Authorization To Release Information (Appendix 4), and Consent To Receive Services (Appendix 3).

The orientation advises the family of relevant CVCDA information including waitlists, planning meetings, code of ethics, complaint procedure and confidentiality. They are also informed about community resources and public assistance that may be of interest to the family (such as child care subsidy, bus passes, recreation passes and discounts, etc.). At the family’s request, the staff may make additional appropriate community or internal referrals (i.e. hearing screening, parenting programs, other CVCDA services).

At completion of orientation, the family is given a “Quick Start” guide to agency services and Parent Handbook. If necessary the parent/legal guardian completes an Authorization for External Agencies to Release Information (Appendix 6) so that the CVCDA can obtain information from other sources.

Note: The parent / legal guardian must sign the Consent To Receive Services and Authorization To Release Information in order to initiate services.

## Orientation Documentation

The staff conducting orientation updates the ECR and gives documents to administration for scanning, uploading and filing. FA alerts the referred programs that the child’s orientation is complete by activating the “IC” code in the ECR system.

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# Screening and Assessment:

Screening and assessment is done by service providers as required. Screenings are done, scored and discussed in person, blank forms are not mailed out. Follow-up and suggestions are provided.

Summary results are scanned and filed under ‘Documents’ in the child’s ECR.

If more information is required to determine the appropriate service for a child and family, the Family Advocate may complete a screening using the ASQ.

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# Special Circumstances (Orientation Procedure continued)

## Urgent

Orientation appointments for children who are coded urgent (1) are priortized.

## Children in Care

If the Ministry for Children and Families (MCFD) is known to be in care, the Advocate contacts MCFD to determine the child’s legal guardianship, custody, residence, access, foster parents and other pertinent information.

The orientation is then arranged through the child’s legal guardian. Inclusion of biological family / extended family / foster parents / social worker, etc. at the orientation appointment is at the discretion of the child’s legal guardian.

Separate / additional CVCDA information appointments can be provided for individuals involved with a child at request of the legal guardian.

## Children in Care - Guardianship Changes

When there is a change in guardianship (eg. child goes in to care) **after orientation**, the Team Coordinator will contact the child’s social worker to obtain updated information. All forms will be updated if needed with legal guardian’s signature and additional orientation information given, if needed, to foster parents.

## Family Separation

In cases where a child’s parents are separated and the parents share guardianship/custody the Advocate will schedule separate or combined orientation appointments as per the parents’ request.

## Re-referral (see Intake procedure, item 4)

It is the responsibility of the service provider to obtain:

* 1. A new signed Consent To Receive Services form
  2. A new signed Authorization To Release Information form and
  3. Any new relevant history
  4. Service provider updates and returns form to the AAR who updates ECR and facesheet and gives documents to administration for scanning, uploading and filing.

## Children referred to EIT service whom, because of wait times, become school-aged before receiving service.

Every year in the months preceding the start of school (Jan-August) children maybe referred to an EIT service when the wait times are too long for them to be seen prior to kindergarten entry. We will only accept these referrals if the family can be assured that the child will receive, at the minimum, an initial consult prior to kindergarten entry. For referrals where it is determined that the child cannot be seen, the family will be given the option to meet with the Family Advocate to explore their options and receive information on other services in the community.

# No Service Discharge

The CVCDA may discharge a referral before providing services in the following circumstances:

## Parent Initiated

If the family expresses - before, during or after their orientation - that they do not want CVCDA services, FA closes the file. The FRC writes a letter to family and/or the referral source advising that the file is closed with the reason.

## Agency Initiated

The FA makes a minimum of 3 attempts (depending on circumstances more) to contact a family for orientation. Attempts are spread over a minimum of 3 weeks and include, at a minimum, telephone calls, text and e-mail. If a family does not respond to the FA’s attempts to schedule orientation, FA notifies the relevant program manager(s) by email that unless she is notified about extenuating circumstances, closes the file. The FA sends a letter to the family and /or the referral source advising that the referral will be closed, by a specified date, with the reason(s).

# Initiating Service

Within four weeks of the completed orientation, the service provider contacts the family to book an appointment, and to discuss the expected waitlist time. Service providers are strongly encouraged to review their waitlist and contact parents at regular intervals if their waitlist is long.

# Waitlist Management Practice

The service provider, in consultation with their supervisor, has discretion in determining what a “full” caseload is while balancing the following:

* To serve as many children as possible
* To maintain appropriate, quality care for all those on active caseload

If a full caseload has been reached and there are additional children with referrals for service, a waitlist is established. Children are typically seen on a first come, first served basis, but may be prioritized by the service provider based on presenting need.

\*Exceptions to this rule are:

1. In the instance of urgent medical needs, the program determines if a child is to be seen in advance of the first come first served rule.
2. If a child has previously received services elsewhere in the province and has relocated to the geographical location served by the Comox Valley Child Development Association, this child’s name is placed at the top of the waitlist, per MCFD protocol.

# External Referral Procedure

## Referrals to External Services and Programs

The Service Provider:

* discusses the referral with the family and if relevant, current team members.
* encourages parent to seek referral from their family physician, if concerns are medical.
* encourages parent to self-refer to service, if appropriate.
* provides the parent with information about the service to which the parent is being referred – i.e. contact names, telephone numbers, address, brochures, application forms, eligibility requirements, fees, and waitlist information.
* writes referral request to service/doctor at the direction/request of the parent or assists the family with completion of any forms or supports needed to make contact.
* Obtains updated and signed Authorization To Release Information Form and gives to administration for scanning, uploading and filing.
* forwards copies of relevant reports to the external agency once the Authorization To Release Information Form is updated.

# Individualized Service Plans

Each child served by the CVCDA must have an Individualized Service Plan (ISP) (Appendix 7). Service providers build an Individualized Service Plan from their discussions with the family about their goals for service. The initial ISP is completed within the first six months of service and is approved by the family. The ISP then becomes a working (living) document that is updated and added to over time. Goals identified by family continue to be central to the development of the ISP. The ISP is written in clear, specific, family-friendly language. The family must approve each time a new goal is established and/or each time there is a review/update. Where there are multiple service providers, the Team Coordinator is responsible for ensuring the ISP is kept up to date and that families are well informed.

The date that an ISP is first created is documented by the service provider and entered electronically on the ISP calendar. This determines the expected annual review date.

An Individualized Service Plan:

* Is based on the child’s strengths, abilities, needs, preferences, desired outcomes and culture
* Identifies service providers,
* Identifies specific measurable objectives, strategies used to achieve those objectives and who is responsible for implementation
* Identifies when the objectives are achieved

# Documentation

The CVCDA primarily uses an electronic file system for individual child and youth files with a secondary paper system for specific documents. The CVCDA transitioned to this paperless system August 1, 2013. All existing documentation at July 31, 2013 remains in paper format. As of August 1, 2013, all new information and documentation is stored in electronic files.

The CVCDA also maintains individual paper files for specific documents. Paper files are stored in lockable filing cabinets at reception and in a lockable admin office. Paper files contain facesheets, signed consent forms, and Authorization to Release. These documents are archived in paper form.

The Document Processing Framework(Appendix 8) outlines how each document is handled.

## Parent / Guardian Access

All requests from a parent/legal guardian to review file content are referred to the Privacy Officer . The Privacy Officer makes an appointment to review file content, then prints out only CVCDA assessments, reports, notes, consents and ISPs. The Privacy Officer reviews the documents with the parent/legal guardian and assists with understanding content as needed.

### 

### Electronic Files

The CVCDA uses Nucleus Labs Electronic Client Record (ECR) system. Staff access the ECR System through a secure website over the Internet. Each user is provided a unique username and password permitting them access to the system.

Each ECR has sections for entering and storing information:

* DETAILS
* PROGRAMS
* SPECIAL
* SUPPORT
* DOCS
* NOTES
* FUNDING

Service providers make any changes to the child’s demographic information (change to custody, address, phone, medications, emergency phone) in the ECR system. Updates in emergency information (e.g. phone number) must be made on the paper face sheet.

Clicking on the DOCS tab opens 6 tabs and 5 different folders for storing different types of documents. These resemble the tabs that existed in the previous paper files (except notes are now entered under NOTES). The tabs are:

* All
* Intake/Service/Consent
* Outgoing
* Intervention
* Incoming
* Support Docs

1. All:  
   Allows service providers to view ‘all’ electronic documents on file in Nucleus Labs for that client.
2. Intake/Service/Consent:

This tab contains the following package of documents:

* Application for Service (Appendix 1)
* Child History (Appendix 5)
* Authorization to Release Information (Appendix 4)
* Authorization for External Agencies to Release Information (Appendix 6)
* Consent to Receive Services (Appendix 3)
* Publicity Release (Appendix 8)

Administration scans, uploads and files documents.

1. Outgoing:  
   Contains CVCDA documents (ISPs,reports, letters) that will be, or have been, sent out from the agency.

Service providers must notify administration via com box when reports/letters are ready to go out.

Service providers are responsible for the contents and accuracy of written reports. Report writers must indicate if the original report is not going to the family . Report writers must check the current Authorization To Release Information form to ensure the family has consented to copies.

General proofing will be provided by AAR limited to:

* Name
* Spacing
* Basic spelling and grammar
* Acronyms
* CVCDA – name and style

The AAR will get clarification from writer if any of the report content is unclear.

1. Intervention:

This tab is for objective and treatment records, home visit and meeting notes, protocol summaries etc.

1. Incoming:  
   Contains documents that have been received by agency, for example, reports from doctors, specialists, hearing tests, etc.

These documents are scanned, uploaded and shredded by administration. Administration notifies involved service providers via com box to advise that a document was uploaded.

1. Support Documents:

SCD and CIP Support guides are scanned, uploaded and shredded.  
  
Service providers document information for each child using the following methods as applicable

* Support Guides
* Treatment Record / progress notes
* Individual Service Plans (ISPs)
* Formal Reports (on agency letterhead signed with educational designation)
* Team Meeting Notes / Reports
* Planning Meeting Notes
* Home Visit Notes
* Assessments
* ECR (documentation and tracking of child’s services and status)

The procedure for submitting reports/letters for editing and printing is as follows:

If using a template in NL, combox AAR from client file to notify report is ready to process. Attach report if created in Word.  
If report is to be e-mailed (with consent from family), service provider attaches electronic signature to the report.

## Scanning Documents

All documents are scanned by administration and will be shredded by default. If service providers want originals returned they must be marked clearly with request and name so the original can be returned to the appropriate mailslot. This may include items such as duplicate notes and handouts. Service providers will shred these originals when no longer required or file is closed. Submit the top copy (white) only of visit notes.

# Paper Files

Paper documents are kept in the child’s paper file. Service providers review documents regularly to ensure they are current.

Authorization To Release Information form is valid for 1 year only. Service providers are responsible to renew annually with the parent. Service providers give updated and signed forms to AAR, who will update the ECR and file.

Service providers must follow agency sign in/sign out procedures when removing files from the filing cabinet. Files are returned to the filing cabinet at the end of the day. Files are not to leave the premises.

Service Providers obtain signed Publicity Releases as required for newspaper articles, TV, filming, photographs, video tape, posters, brochures, Telethon, etc.

## Archived files

After file closure, paper files are archived and kept for the time period specified by MCFD and CLBC.

Archived paper files include the following documents:

Facesheet and consents.

# Settings

Services are arranged in collaboration with the family and other service providers. Services are provided in a variety of environments including the child’s home, the CVCDA, the Children’s Therapy Centre, community locations and /or child care settings.

Services provided by TAP and CIP often include activities off-site. Staff may walk with participants off-site, they may transport children and youth in the CVCDA van, or in staff vehicles (Personal Vehicle Usage And Client Transport Policy). Program staff must ensure that a signed Field Trip Permission form (Appendix 9) is completed for each child and youth who participates in off-site activities.

# Medication

Parents of children and youth who attend JumpStart Preschool, TAP, or CIP may request CVCDA staff to administer medications. Staff will administer medications only if:

* it has been prescribed by a qualified medical practitioner
* it is in its original container listing: name, dose, frequency, prescribing professional and phone number, dispensing pharmacy and contact information
* it has accompanying instructions for use including: administration route, dosage (including strength or concentration), frequency, potential side effects and drug interactions
* it has accompanying instructions for: storage (including handling of medications requiring refrigeration or protection from light), safe handling, and safe disposal
* the Medication Authorization form (Appendix 10) has been signed and dated

Staff will maintain a Medication Log (Appendix 11) for each medication for each child.

Staff will safely dispose of dropped or left over medication by returning it in its original container to parents.

On a daily basis, staff will send all unused medication home with parents.

The CVCDA has no role in managing medications for persons served:

* the CVCDA does not purchase, transport or deliver, administer off-site, dispense or prescribe any medications
* medications are sent home daily, they are not kept on the premises
* the CVCDA is not responsible for maintaining an adequate supply of medications for persons served
* the CVCDA has no role in reviewing use of medications as that is the responsibility of parents or legal guardians.

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# Service Review Meetings

Service review meetings are a weekly scheduled opportunity for service providers to review services for individual children, without parents, to discuss individual children’s progress and to debate/address any issues that should be resolved prior to meetings with families. Service reviews also help the team to come to consensus about which service provider will serve as the Team Coordinator. Service review meetings can be scheduled on Tuesdays from 1:00 to 2:15 p.m. Each service provider is responsible for scheduling service reviews when needed.

As part of a comprehensive team approach to service delivery, team meetings can be arranged at the request of the family and/or any team member. Service providers organize or attend these meetings as requested. Parents are encouraged to invite or suggest additional participants. The purpose of the team meeting is determined by the family and/or the team member requesting the meeting. When meetings are scheduled by external service providers, only one service provider will represent the CVCDA team.

# Family Meetings

Children served by the CVCDA have regular family meetings. The first should occur within six months of service initiation and then at least annually thereafter. The Team Coordinator or lead service provider organizes meetings for the family whose child is involved with more than one concurrent service. Single provider service providers, CIP, and Project Inclusion schedule directly with the family.

The purpose of family meetings is to identify the family’s aims and expectations, discuss the child’s progress, provide referrals if necessary, update the Authorization To Release Information form (Appendix 4), and develop, review and update goals. Goals are recorded on an Individualized Service Plan form (Appendix 7). Meetings include the parent/legal guardian, service providers, and other involved individuals as identified by the family.

Currently two days are set aside each month throughout the year for family meetings. Meetings may be held at the CVCDA, at the family’s home, or at another location of the family’s preference. Each meeting is scheduled for approximately an hour in length. Service providers are expected to be available for meetings on these days.

# Team Coordinator

A team coordinator is assigned by the team when the child is involved with two or more CVCDA service providers. A team coordinator would likely be proposed at a service review. The Team Coordinator is typically the service provider who has been involved the longest with the child and family and with whom the family feels comfortable. The Team Coordinator is responsible for coordinating communication, documentation, resources and services. The role of Team coordinator does not enhance or diminish any service provider’s relationship with the family.

# Co-Therapy Agreements

Co-therapy occurs when more than one therapist from the same discipline address the same goals share in the responsibility for providing services to a child. CVCDA supports co-therapy when it is in the best interests of the child and family and the responsibilities for each therapist are clearly defined by the treatment plan.

Co-therapy is a cooperative venture and also includes co-management. Co-therapy is not duplicate therapy and does not imply equal time spent with the child by each therapist.

*Policy*

1. Co-therapy agreements are considered for physiotherapy, occupational therapy, speech therapy and other service providers such as behavioural consultants, chiropractic and alternative therapies.
2. CVCDA EIT therapists consider entering into a co-therapy agreement when:
   1. A child is in transition between service providers (i.e. transitioning from private therapy services to CVCDA EIT services).
   2. The complexity of the child’s needs requires the shared expertise of more than one professional from the same discipline or a service provider targeting similar goals.
   3. The family is advocating for more service than the CVCDA is providing and, based on the clinical profile and needs of the child, both the parent and CVCDA therapist agree that a co-therapy arrangement might be beneficial to the child.
3. CVCDA EIT therapists will not enter into a co-therapy agreement if:
   1. The services proposed by the other practitioner are not in the best interest of the child as defined by the assessments and the child’s history; or CVCDA EIT therapists do not feel that the level of service is required.
   2. A shared treatment plan cannot be developed.
   3. The other practitioner is unwilling to share information.
   4. The co-therapy arrangement may expose the CVCDA, its employees or contractors to unreasonable liability risk.
4. Parents may access the services of a private practitioner while waiting for CVCDA EIT services without jeopardizing their access to CVCDA EIT services.
5. A Co-Therapy Agreement (Appendix 12) must be signed by participating therapists and the family within three months of commencement of both therapists providing service to the child.

# Kindergarten Transition

CVCDA service providers,in partnership with School District #71 (SD), actively assist families with planning for their child’s entry to Kindergarten. The Program Manager for Supported Child Development is the lead for the CVCDA in this process. Kindergarten transition evolves and changes depending on the wishes of the family and procedures within the SD. Generally the following procedures are taken.

Early in the year of Kindergarten entry, service providers discuss with families the activities that are available to support Kindergarten transition. This determines what role the family would like the CVCDA staff to play in the transition process. If interested, the family is asked to provide verbal permission to share child information (names, concerns, diagnosis, school attending, etc). SCD then meets with SD Student Services to share the information on each of the children who will be entering Kindergarten that year.

For all children with more complex needs and for other children, as requested by the family, a meeting is arranged with the family, service providers and school district personnel to discuss the process, required documentation and address any concerns the family may have. These meetings take place at the school where the child will be attending. Dates for transition meetings are ususally in May and are scheduled and posted electronically on the Transition Meeting Schedule Calendar. This calendar is shared with all CVCDA service providers and SD personnel. At the meeting, the Consent For Release Of Information, School District #71 form (Appendix 13) is signed and a Student Profile is provided. Service providers then communicate with School District personnel on an as-needed basis.

An additional meeting for CVCDA Speech Language Pathologists to share information directly with SD SLP’s is also arranged.

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# Withdrawal of Service

## Missed Appointments

In the event that three or more consecutive appointments have been missed without an explanation offered by the family, the service provider writes a letter to the family outlining:

1. the missed scheduled appointment dates (documented in communication notes)
2. attempts made to remind family of the scheduled appointment
3. the need to move on to other children waiting for service
4. an invitation to reapply for services at any future time

Each letter regarding the withdrawal of services is to be customized to the circumstances of the situation. **There is no form letter for this action.** The withdrawal of services is never intended to shame or harm the family; our responsibility is to provide services to minimize waitlists and wait-times for all referred children. A copy is sent to others listed on the Authorization to Release Information form including the referral source, when appropriate.

The service provider initiates this procedure at their discretion. Service providers may choose to continue services for parents who are hard to reach.

If the parent does not respond, this letter can be considered the final agency communication and no additional exit communication is required.

# Cancellation of Appointments/Meetings/Visits

If a service provider is unable to keep an appointment with a parent/child, the service provider is responsible for canceling the appointment and scheduling the next appointment.

In circumstances where the service provider cannot cancel the appointment they may request their program staff or reception to cancel on their behalf (eg. acute emergency or illness, no program staff available).

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# Exit Procedures

The CVCDA has 2 closing procedures – one as each program closes and a final closure when the child’s service is complete to the agency.

*Program Closure:* When a service ends in one program and other programs are continuing to provide service.

*Agency Closure:* When all services provided to the child are ending, (due to age requirements, relocation of the family, at the family’s request, ineligibility, etc).

## Program

* The closing service provider completes a Program Closure form (Appendix 14) **or** writes a program summary report, noting the services the child will continue to receive. If the child is on a waitlist for service, that too is noted.
* The form or report is sent to the family following standard agency documentation procedure.
* A copy is sent to other service providers, when appropriate.
* In the ECR, the service provider closes their service and their program, when appropriate (see ECR procedures).
* The service provider completes their section of the Agency Closure Summary form (Appendix 15 – Nucleus Labs).
* The service provider shreds any miscellaneous material that is not part of the child’s file.
* The service provider signs off the ISP and closes tracking items in the ECR.

## Agency

* The final closing service provider completes their section of the Agency Closure Summary form
* The final closing service provider completes an Agency Exit letter (Appendix 16) **or** a final report, for the parent/legal guardian.
* The Agency Exit letter or final report must include the following:
  + Reference to date closure discussed with family.
  + Statement “Please find attached a copy of [name of child]’s [Agency Closure Summary] or [Individualized Service Plan], which provides you with a record of the services that [child’s name] has received and the progress that has been made.”
  + Statement regarding recommendations for continued support or future services not available through the CVCDA, if appropriate.
  + Statement, “To help us better serve families, we would appreciate if you would complete an on line survey (link provided) about your experience with our organization.
  + Attachments:
    - Copy of Agency Closure Summary (or ISP)
* The Agency Exit letter or final report is sent to the parents/legal guardian following standard agency documentation procedure.
* Copies of the Agency Exit letter and/or final report are sent to others listed on the Authorization To Release Information form including the referral source, when appropriate.
* Service provider closes their service and the program in the ECR, ensures the ECR and paper file is complete, and shreds any miscellaneous material that is not part of the child’s file before notifying the Family Advocate to archive file.
* Service provider signs off ISP and closes tracking items in ECR.

## Exception

If the child was seen for one visit (eg. assessment) only and there is no ISP, the service provider sends an assessment report including the closing statements (except statement regarding ISP’s) to the parents and follows the procedure as outlined above.

Exit Procedure if the child is deceased:

1. All agency personnel involved are informed immediately.
2. Protocol to support the family is implemented by the service provider(s).\*\*
3. The child’s death is documented in the child’s main file.
4. The child’s status is changed in the database tracking system.

\*\* This is at the discretion of the Program Manager and may include any of the following:

* Attendance at the funeral/memorial service.
* Request among staff to donate meals and/or other courtesies.
* Facilitating and/or arranging for grief counseling.

# Administrative Duties:

* Documentation recording contact with family at a minimum of 3 month intervals
* ISP form filled with dates and updated progress
* Notes up to date
* Data reporting into the database tracking system.
* Program Managers will write Annual Report for their program at the end of the fiscal year (March 31), which is published in the agency Annual Report.

The service provider will attend the following meetings (if applicable), whenever possible:

* Weekly paediatric therapy meetings (includes occupational therapy, physiotherapy and speech-language pathology departments)
* Meetings initiated by the Executive Director
* Meetings initiated by the Program Manager

Program Managers and the Family Advocate train individual staff with the data tracking system.