

HEALTH CARE PRACTICES
VICTORIA YOUTH CUSTODY SERVICES

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TABLE OF CONTENTS

	Page
1. Background/Terms of Reference	3
2. Methodology	5
a. Interviews	5
b. Documents	6
3. Interview/Participant Profiles	7
4. What Was Said	8
a. The Interview Process	8
b. Information Sharing and Communication	8
c. Care of Youth	10
d. Workplace Environment	10
5. Suggestions for Improvements From Participants	11
a. Information Sharing and Communication	11
b. Workplace Environment	12
6. Findings and Recommendations	12
a. Information Sharing and Communication	12
b. Workplace Environment	15
7. Conclusion	16
Appendix: Consent to Collection/Disclosure of Information	17

1. BACKGROUND/TERMS OF REFERENCE

The management of Youth Custody Services and Victoria Youth Custody Services decided a review of the health care practices at the Victoria Youth Custody Services was required. The review was considered necessary as the Directors were aware of a number of comments and concerns from a variety of individuals with respect to the sharing of information among service providers, the effectiveness of the care and service planning with respect to youth at the centre and the impact of leadership within the health care centre on cooperation, teamwork and supervisory relationships.

In November 2012, management representatives retained the services of M. Gosse, L. Moyneur and Dr. D. Rothon to conduct this review. The Terms of Reference for this review is provided below.

TERMS OF REFERENCE

Health Care Practices – Victoria Youth Custody Services (VYCS)

Purpose of Review

The purpose of the review is to examine the work practices of the current Health Care Centre at Victoria Youth Custody Services in the context of working collaboratively with colleagues, including, but not limited to, health care personnel, case management staff, senior youth supervisors and managers at VYCS, fellow professionals providing services to VYCS including Youth Forensic Psychiatric Services staff and contract service providers at VYCS.

The review will assess and make Recommendations regarding:

- The degree to which the sharing of health care and youth management information within an integrated and multi-disciplinary environment at VYCS is being conducted in a timely and appropriate manner;
- The degree to which communication can be improved to ensure the multi-disciplinary team has the information required in order to provide for the safe management, appropriate and necessary assessment, program and service planning for youth in custody at VYCS;
- The degree to which colleagues are appropriately supervised and treated with dignity and respect; and
- The degree to which leadership style in the health care centre affects cooperation and teamwork at VYCS.

Method of Review:

- Review Legislation, Regulations and Policy, applicable standards and practices and case management planning (including those in other youth custody centres).
- Meet with the current nursing staff including the Health Care Supervisor at VYCS, local managers, YFPS staff assigned to support VYCS, case management staff, identified contract service providers, staff and supervisors, and any others who could provide information or expertise to support the review.
- Prepare a written report to the Provincial Director, Youth Justice, including appropriate recommendations, making reference to areas of strength and those that may need further development regarding leadership, supervision, information sharing and teamwork within the integrated multi-disciplinary environment at Victoria Youth Custody Services. The report should be completed and forwarded to the Provincial Director, Youth Justice on or before Thursday February 28, 2013.

An announcement of this review was issued by the Director, Victoria Youth Custody Services, on November 26, 2012 and is provided below.

**VICTORIA YOUTH CUSTODY CENTRE
HEALTH CARE PRACTICE REVIEW**

Several concerns and issues have been raised regarding the effectiveness of the case management and information sharing practices at Victoria Youth Custody Services involving the Health Care Centre and related case management, health and social services.

In response to these concerns and to identify potential improvements a review will be conducted by: Mark Gosse (former Executive Director, Youth Custody and Youth Forensic Psychiatric Services), Dr. Diane Rothon (Director, Health Care Services, Youth Custody) and Linda Moyneur R.N. (Director, Provincial Assessment Centre, Community Living Services of B.C.)

Relevant staff, contractors and others involved in the delivery of health care, case management and other related services at Victoria Youth Custody Services will be invited to participate in this review and meet with the Review Team. While participation in the review is not compulsory, those who choose to meet with the Review Team will be compensated at regular rates or relieved from their duties. Any requests for the attendance of a union representative at these meetings will be accommodated.

Jeff Robinson, Supervisor of Staffing has been assigned as the liaison to the Review Team. He will be contacting relevant personnel to invite them to participate in this review.

If you have any questions or concerns regarding this review, please contact Phil Hawley, Director, Victoria Youth Custody Services.

Thank you for your anticipated co-operation, participation and assistance in this review that will assist in identifying improvements in relation to the planning and care of youth at Victoria Youth Custody Services.

2. METHODOLOGY

a. Interviews

The Review Team identified a number of individuals (twenty-six) to be interviewed consistent with the Terms of Reference. A number of other persons requested an opportunity to meet with the Review Team. As it was not possible to accommodate these additional requests, these individuals were invited to forward written information. As a result, four written submissions were received.

All interviews were conducted by the Review Team (Mark Gosse, Linda Moyneur and Dr. D. Rothon). Due to other commitments, Dr. Rothon was unable to participate in three interviews. There were twenty-four interviews involving a total of twenty-six individuals. An additional four individuals forwarded written submissions. One individual was interviewed twice and three interviews involved two persons. Most of the interviews were in person (twenty-one) and three were conducted by telephone.

Seven individuals provided additional written documents to supplement the information provided during the course of their interview.

The interviews took place at Ministry of Children and Family Development offices located at 4460 Chatterton Victoria, B.C. (December 3 and 4, 2012), 940 Blanshard Street Victoria B.C. (December 18, 2012) and Burnaby Youth Custody Services (January 14, 2013).

There were no requests for the involvement of a Union Observer.

At the commencement of each interview, the Review Team covered some salient issues, including:

- Introduction of the Review Team members.
- Background and Terms of Reference for the Review, including methodology.
- The Review was not intended to identify or assess blame, but to examine strengths and weaknesses related to the case management/service planning and

care of youth at Victoria Youth Custody Services and to make recommendations for improvement.

- The Review Team will prepare and submit a report to Youth Custody Services management by the end of February.
- The interview process and report would be respectful of the privacy of those interviewed (i.e. the names of those interviewed would not be shared with others or be identified in the report).
- The limitations on confidentiality. For example, any information created or gathered in the process of the review could be subject to a request for disclosure under the provisions of the *Freedom of Information and Protection of Privacy Act*.

While the interviews were structured, given the open-ended nature of the questions, the different background and positions of the persons interviewed and the desire to provide every individual with the opportunity to provide any and all information, the discussions were not highly regimented. The following areas were explored with all persons interviewed.

- The effectiveness of the case management and service planning for youth in custody.
- The adequacy of information sharing among those involved in the planning and care of youth in custody.
- The degree to which planning and care of youth in custody is achieved in a collaborative and team-oriented approach.
- Whether established policies and procedures support effective planning and care of youth in custody.
- The manner in which management and supervisors affect the quality of planning and care of youth in custody.
- Whether individuals believe others treat them with dignity and respect.
- The strengths and weaknesses in relation to the planning and care of youth in custody.
- Suggestions that would assist in improving information sharing and collaboration in relation to the planning and care of youth in custody.

b. Documents

In addition to the interviews, the Review Team had access to and examined the following documents.

- Health Care Services Manual, Youth Custody Services.
- Youth Custody Programs Manual.
- Professional Standards, College of Registered Nurses of British Columbia.
- Practice Standards for Registered Nurses and Nurse Practitioners, College of Registered Nurses of British Columbia.
- By-laws, College of Registered Nurses of British Columbia.

- *Youth Criminal Justice Act.*
- Written material submitted by seven individuals who were interviewed and from four persons who could not be interviewed.
- *Circle of Care*, Ann Cavoukian, Ph.D., Information and privacy Commissioner, Ontario, September 2, 2009

3. INTERVIEWS/PARTICIPANT PROFILES

Those chosen for interviews were based on the Terms of Reference. Accordingly, the vast majority of those interviewed were associated with Victoria Youth Custody Services. Representatives of health care and management at the other two custody centres were interviewed to provide a comparison of relevant practices.

The highest percentage of interviewees was from health care. There was equal representation from case management/programs, management and Youth Forensic Psychiatric Services. Included within the category of Senior Youth Supervisor and Youth Supervisor, are four written submissions.

CATEGORY	LOCATION			TOTALS	%
	VYCS	BYCS	PGYSC		
Health Care	5	1	1	7	23.3
Case Mgt/Programs	5*	0	0	5	16.7
Senior Youth Supervisors/Youth Supervisors	6**	0	0	6	20.0
Management	3	1	1	5	16.7
Youth Forensic Psychiatric Services	5	0	0	5	16.7
Contractors	2	0	0	2	6.7
TOTALS	26	2	2	30	100.0

* Includes one Community Youth Justice person and one retired individual.

** Includes four individual written submissions

4. WHAT WAS SAID

a. The Interview Process

Although a large number of people were interviewed in the process of this review, due to limited time and resources, not all requests for in-person interviews could be arranged or accommodated. As a result, some interviews were conducted by telephone and others, who could not be included in the interview schedule, provided written submissions. The Review Team is aware there were others who had expressed interest in participating but were not interviewed and did not choose to forward written submissions.

Many of those participating in the Review expressed their gratitude that it was taking place and that they were given a chance to be heard. Some felt it would contribute to the resolution of workplace issues. Others were of the view that the review would have little or no effect in changing practices or behaviours at the work site.

The Review Team not only appreciated the number of individuals who agreed to be part of the Review but also that participation for some was a difficult and emotional experience.

We would like to extend our sincere thanks to everyone who came forward; the level of professionalism was impressive as was the commitment and contributions towards making improvements at Victoria Youth Custody Services. For the Review Team members, the conversations with everyone were informative, helpful and enjoyable.

b. Information Sharing and Communication

There was general agreement among all who were interviewed there has been a change with respect to information sharing practices as it involves the Health Care Centre at Victoria Youth Custody Services. Previously, there was a more open flow of information among all health care professionals and with non-medical personnel. This was particularly true as Victoria Youth Custody Services completed the relocation to its current address in June 2002 and with the establishment of the (then) Clinical Services Unit. Established relationships and regular Clinical Services meetings, in part, supported the communication among those involved with the care of youth.

Changes in the nature of relationships and information sharing practices came with the arrival of new personnel involved with the leadership of the Health Care Centre. Some noted there was a shift towards a model that focused more on the physical health care of youth. This shift, according to many, ignored the inclusion and coordination of mental health issues within the spectrum of care provided by the Health Care Centre. In addition, there were changes in the leadership of Victoria Youth Custody Services, the closure of the Clinical Services Unit and the elimination of the Clinical Services meetings.

Among those interviewed it was clear there were differences in regard to information sharing practices. These disagreements relate to the interpretation of the law, professional and organizational standards and policies related to information sharing. In essence, there is difficulty among all those involved in achieving an appropriate balance between the need to share information in support of the effective care and planning for youth and the need to respect the confidentiality of medical information and the privacy of the patient.

Many individuals felt management had failed to provide adequate and clear direction with respect to information sharing. Some of those interviewed characterized management as unsupportive, lacking consistent direction and failing to hold individuals accountable with respect to applicable policy and directions.

A few individuals expressed concern that the informed consents of young persons to the collection and dissemination of information concerning them could not easily be understood or freely given in a coercive environment such as a custody centre. Persons involved with the accrediting body Council on Accreditation (COA) noted that COA supports the use of youth consents within participating agencies, including youth custody centres.

The reported experiences and opinions of those involved in this process were varied not only among personnel with different roles and responsibilities but also among those with the same or similar roles and responsibilities.

Among the health care professionals, it was noted there have been disagreements with respect to the membership of the Health Care Team that impacts the level of information sharing. While there were some issues related to the content, organization and access to the health care files of young persons, many stated the more significant concerns regarding information sharing and communication relate to the lack of a common understanding of information sharing practices and the formal and informal means to facilitate communications between health care professionals.

On the other hand, several individuals noted the information received from the Health Care Centre regarding youth in custody was appropriate and adequate to support their daily care, behaviour management and service planning. They felt current practices adequately addressed and protected the privacy of medical information and the care of the youth.

Many individuals, who are not health care professionals, but are involved in the daily care, case management planning and release planning of youth described difficulties in sharing information with the Health Care Centre. Many examples were provided that related to an inability to forward or receive health information pertaining to the care of youth in custody. While the Review Team was unable to elicit examples where the health care of young persons suffered due to a lack of information sharing, there were examples provided of breaches in confidentiality which led to very distressing circumstances for those involved.

Many individuals involved in this review stated the differences and conflicts in relation to information sharing had “gone on too long”. While there appears to have been many attempts to arrive at a common understanding and practice, either agreement could not be reached and/or there was no effective monitoring and accountability in relation to decisions.

A number of individuals related the length and intensity of disagreements in this area had led to an erosion of working relationships and trust. As a result, some individuals have described different methods of collecting and disseminating information that do not involve the Health Care Centre. Conversely, several members of the Health Care Centre expressed perceptions of being “isolated” and “out of the loop”. With the isolation of health care, the Review Team heard examples of non-medical personnel sharing health care information that was not medically verified or accurate.

The managers and health care personnel at the other two youth custody centres stated there was an excellent level of collaboration and teamwork among health care and other professionals involved with the care and planning of youth. They reported there were no significant issues related to the sharing of information.

c. Care of Youth

Notwithstanding the issues and difficulties identified with the sharing of information and communications, many individuals noted the quality of the care and planning for youth at Victoria Youth Custody Services has not been negatively affected in any significant way or resulted in any harm. As described by one person, these issues have increased the risk to effective planning and care but, to date, have not compromised that planning or care.

Several individuals noted there is effective case management planning for youth in custody at this centre and the youth are provided with a high quality of care.

b. Workplace Environment

On a general level, a few individuals stated there was a low level of morale at Victoria Youth Custody Services as indicated in a prior review and the most recent Workplace Environment Surveys. It was described as an environment that is not open to dissenting opinions. Some noted the budget and staff reductions and limitations on expenditures were contributing factors.

A few participants noted the number of changes in management roles and responsibilities at Victoria Youth Custody Services contributed to frequent changes in direction and priorities. Some stated there were difficulties when managers have limited knowledge and experience with respect to their area of responsibilities.

Within the Health Care Centre, there appears to have been significant damage to relationships on a number of levels. Many individuals reported they had experienced or

observed many instances where they or others had not been treated with dignity and respect, had been subject to “bullying”, harassment, inappropriate use of supervisory authority and experienced fear in the work environment. One individual described feelings of being abused by others, isolation and disempowerment.

As stated above, the length and intensity of the conflicts have impacted relationships within the Health Care Centre and between health care and other professionals at Victoria Youth Custody Services. Many indicated there has been a break down in trust that may or may not be recovered.

5. SUGGESTIONS FOR IMPROVEMENT FROM PARTICIPANTS

There were a number of suggestions received from participants to improve information sharing practices and communication as well as the work place environment.

a. Information Sharing and Communication

- A number of individuals noted there is a need for clarification in policy with respect to the sharing of information. Some felt the involvement of legal or other experts would be beneficial.
- One individual recommended the building of cooperation and trust with the use of existing policies would be preferable.
- A discussion and agreement with respect to the composition of the Health Care Team was recommended.
- It was suggested communications among health care professionals could be improved with the involvement of a YFPS representative at meetings of the Health Care Centre nurses and by re-instituting the “clinical meetings” for members of the Health Care Team.
- It was suggested YFPS could be involved in training initiatives with Health Care personnel, for those involved in case management and planning as well as informal information sessions for those involved in the daily care of youth. These training sessions could address information sharing in addition to other relevant mental health care topics.
- A few persons recommended a review and improvement to the organization of the health care files.
- It was suggested the policy and procedures regarding fifteen-minute checks (particularly the process by which they are terminated) should be reviewed and/or monitored for compliance.
- A need was identified to re-establish inclusion and coordination of mental health services, particularly with the implementation of trauma informed practices.
- To improve information sharing practices, it was suggested MCFD forms in use by CYMH and YFPS regarding “Consent to the Collection of Information” and “Consent to the Disclosure of Information” be adopted for use at VYCS. An example of this consent is attached as an Appendix to this report.

- One person felt communications could be improved if there were fewer and full time nurses with the Health Care Centre.
- Individuals at other centres described positive and constructive sharing of information and communication practices that could be beneficial if applied at Victoria Youth Custody Services. At other centres, Health Care staff are able to work cooperatively and share an appropriate level of information that assists in the safety, daily care, supervision and service planning of youth in manner that does not compromise patient confidentiality.

b. Workplace Environment

- Provide training for supervisory staff in relation to communication, supervision, team-building and empathy skills.
- Provide mechanisms for involved parties to meet and resolve conflicts.
- Assign individuals to positions with roles and responsibilities more consistent with their qualifications, skills and experience.
- Management should be more supportive of personnel in supervisory positions.
- The nursing supervisor position should be eliminated and arrangements made for 1 off-site clinical supervision.

6. FINDINGS AND RECOMMENDATIONS

a. Information Sharing and Communication

It is clear there are impediments to the effective sharing of information and communication that impact on the service planning and care of youth at Victoria Youth Custody Services. These impediments have developed over time and are related to different beliefs and priorities between the Health Care Centre and most other involved professionals. It pertains to the priorities placed on the privacy of patient, medical records and the need for effective sharing of information within a multi-disciplinary, collaborative team approach.

The Review Team found, in some cases, the withholding of medical information was appropriate and, in other cases, the information shared was sufficient to address the needs and safety of youth while protecting their right to privacy.

There were other examples, however, where information was offered to or received by the Health Care Centre regarding potential health concerns that should have been acted upon. In addition, there were many circumstances when health care information could and should have been shared in such a way as to assist in the care, management and service planning of youth in custody while not compromising the privacy of the youth involved.

While many participants in this review suggested improved and clearer policy is required to improve the level and quality of information sharing, the Review Team believes

- the current legislation (e.g. *Youth Criminal Justice Act*),
- professional standards and b-laws (e.g. Registered Nurses, Council on Accreditation), and
- organizational policies (e.g. Youth Custody and Health Care Services Manuals).

provide an adequate framework to support appropriate information sharing and the effective service planning and care for youth in custody.

The ability of staff and others at the other two youth custody centres to achieve a high level of collaboration within the current regulatory and policy framework, while providing for the confidentiality of medical information and the privacy of the patient, supports this view.

In addition, it should be noted the Ministry of Children and Family Development promotes a collaborative and integrated approach with respect to service planning for children, youth and families. Furthermore, recent health care concepts, such as the “Circle of Care”, focus on the importance of sharing appropriate health care information that would support interdisciplinary teams committed to the holistic health care of patients.

In order to improve information sharing and collaboration at Victoria Youth Custody Services it is recommended:

- i. The shift in scope towards physical health care only by the Health Care Centre has contributed to the fragmentation of care. Nurses and physicians at Victoria Youth Custody Services must include within their practice the provision of mental health care as part of holistic patient care.
- ii. In order to ensure accurate, current health information, the collection and dissemination of all health care information must flow exclusively through the Health Care Centre. Without revealing clinical or diagnostic information, sufficient management information must then be conveyed to provide for the safe care, custody and supervision of youth at Victoria Youth Custody Services.
- iii. The role of the Nursing Supervisor is critical in the management of health information related to the holistic care of youth. The job description and performance expectations should clearly address the role of this position in all aspects of health information management including, but not limited to, the receipt, verification, analysis, interpretation and distribution of health-related information to other involved persons.
- iv. Informed, signed consents by youth with respect to the collection and dissemination of health care information must be implemented. Consideration

should be given to the adoption of the MCFD forms in use by other Ministry services regarding “Consent to the Collection of Information” and “Consent to the Disclosure of Information” (an example is attached as an Appendix to this Report). Objections to the use of these or similar forms on the grounds free and willing consent cannot be given in a custodial, coercive environment should not be a barrier to implementation.

- v. Membership of the health care team must be confirmed in writing and, at a minimum, should include Health Care Centre nurses, the physician, involved professionals/clinicians of Youth Forensic Psychiatric Services and the Addictions and Youth Support Worker.
- vi. Regular meetings be scheduled that would involve, for one part of the meeting, members of the health care team (including line nurses) and, for the second portion, other professionals involved in the service planning and care of youth.
 - The VYCS manager responsible for health care services should chair these meetings. To the degree possible, there should be consistency with respect to the person assigned to this position.
 - It would be beneficial to involve a facilitator who could work with individual members with respect to expectations and outcomes as well as assist in the process of the meetings.
 - There should be a standing agenda item that addresses issues related to the sharing of information. Where necessary, timely and appropriate action should be taken to address any identified issues.
 - A priority of the whole group would be to confirm and identify written principles with respect to the sharing of information related to service planning and care for youth at VYCS. These principles should be consistent with the need to provide for continuity of care that involves a multi-disciplinary and collaborative approach as well as the participation of the youth.
- vi. To facilitate communication between health care and mental health care professionals, a representative of YFPS should attend all or part of the nurses’ meetings. Where possible, the nursing supervisor and line nurses should attend all or part of the YFPS meetings concerned with the delivery of mental health services at VYCS.
- vii. Appropriate tools should be identified, confirmed, revised or created to assist the appropriate sharing of information among personnel involved with the service planning and care of youth at VYCS.

- viii. If necessary, protocols specific to the VYCS should be developed where there is a need to limit the sharing of information in order to protect the privacy of youth.
- ix. Consideration should be given to increasing the number of joint training initiatives involving YFPS, health care professionals and others. These could address issues related to sharing of information with those involved with the daily care of youth as well as other topics specific to the mental health needs and management of youth.

b. Workplace Environment

As noted above, the length and intensity of the conflicts involving the Health Care Centre have resulted in significant damage to many working relationships. In some cases, the involved individuals do not believe positive change can occur in view of their past experiences. Positive change is possible and the following recommendations are provided to assist in improving the working environment of the Health Care Centre.

- i. There should be a consistent manager with responsibility for the Health Care Centre.
- ii. The responsible manager, in consultation with the Nursing Supervisor and others should:
 - Identify the Nurse Supervisor's key supervisory responsibilities through the review of the job description, previous performance plans, this report and other mechanisms (i.e. 360 evaluation) that can provide input from colleagues and partners to:
 - ⇒ Identify the necessary communication and conflict resolution skills; and
 - ⇒ Identify a plan for team building within the health care department;
 - Identify strengths and areas for improvement in relation to those responsibilities and skills and any required related training or support in a performance plan; and
 - Conduct regular reviews of the performance plan and expectations.
- iii. Consideration should be given to retaining a coach/mentor/facilitator to:
 - Assist the Nurse Supervisor and responsible manager in the issues and processes identified above;
 - Assist in the development of open, respectful and collaborative relationships involving Health Care Centre personnel and the functioning of a positive and constructive team; and
 - Assist in the establishment and functioning of regular meetings involving the identified members of the Health Care Team and other professionals involved in the care and service planning of youth.

8. CONCLUSION

Through this review process a number of issues and concerns with respect to information sharing, communications and the workplace environment at Victoria Youth Custody Services and the Health Care Centre have been identified.

Those issues have resulted in conflicts, damaged relationships and increased fragmentation in relation to service planning and care of youth at the VYCS. While the appropriate level of planning and care for youth at times has been placed at risk, the quality of that care has not been significantly compromised nor has it resulted in any harm to the youth.

It is hoped this report and recommendations will contribute to improvements and assist in addressing the identified issues. The effective resolution, however, is very much dependent on the willingness of all those involved to seek positive change and restore the level of trust necessary for the effective care of and planning for youth at Victoria Youth Custody Services.

The Review Team extends appreciation to all who participated in the process. The interviews were informative and valuable. The evident commitment to providing a high quality of care to youth is commendable. Although some experienced emotional distress as a result of this process, there was a consistent and appropriate professional demeanour on the part of everyone.

APPENDIX – CONSENT TO COLLECTION/DISCLOSURE OF INFORMATION

SECTION 6 PURPOSE

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SECTION 7 CONSENT VALIDATION PERIOD

This consent will expire:

☐ One year from date of signature

☐ On this specific date: _____

(YYYY/MM/DD)

☒ When this event or condition is complete

Completion of therapy at Victoria CYMH

(SPECIFY EVENT/CONDITION)

SECTION 8 DECLARATION

I consent to the collection of information about (choose one):

☐ Myself

☐ A child/youth, as identified in Section 1, who is under 12 years of age and in my legal care, **OR** who is over 12 years of age and is determined to be unable to give their own consent.

Important information about your rights:

- My consent can be withdrawn at any time, by notifying the office (as identified in Section 3), in writing.
- I may request a copy of the information collected according to FOIPPA guidelines.

I hereby authorize the Ministry of Children and Family Development to obtain the information, as indicated in Section 4, from the persons/organizations as described in Section 5.

SIGNATURE OF PERSON(S) GIVING CONSENT	DATE SIGNED (YYYY/MM/DD)
SIGNATURE OF PERSON(S) GIVING CONSENT	DATE SIGNED (YYYY/MM/DD)

ADDENDUM to section 5 of the CONSENT TO THE COLLECTION OF INFORMATION FORM

List the following names/agencies from which you consent information to be collected:



**BRITISH
COLUMBIA**

Ministry of Children
and Family Development

CONSENT TO THE DISCLOSURE OF INFORMATION

The personal information requested on this form is collected under the authority of the program identified below and the relevant legislation. The personal information will be used for the purpose of providing the services of the specific program. Under certain circumstances, the collected information may be subject to disclosure as per the program's legislation and the Freedom of Information and Protection of Privacy Act (FOIPPA). If you have any questions about the collection, use or disclosure of this information, please call Enquiry BC at 1 800 663-7867 and ask for the program's listing.

SECTION 1 PERSON GIVING CONSENT (please print)

LEGAL NAME (Last, First and Middle)		RELATIONSHIP TO CHILD (if applicable)
CHILD'S NAME (if applicable)		DATE OF BIRTH (YYYYMMDD)
ADDRESS (of the person giving consent)	CITY/TOWN	POSTAL CODE

SECTION 2 PROGRAM AND LEGISLATION

PROGRAM/SERVICE AREA	LEGISLATION
Child & Youth Mental Health	Mental Health Act & Infants Act

SECTION 3 OFFICE CONTACT INFORMATION

EMPLOYEE'S NAME	POSITION	TELEPHONE NUMBER
	Child & Youth Mental Health Clinician	250-356-1123
OFFICE ADDRESS		
302-2955 Jutland Road, Victoria, BC V8T 5J9		

SECTION 4 INFORMATION TO DISCLOSE

Details relevant to mental health assessment and therapy.

SECTION 5 TO BE GIVEN TO

ORGANIZATION/SERVICE (if applicable)	NAME	POSITION/TITLE	
SEE ADDENDUM ON BACK OF FORM	SEE ADDENDUM ON BACK OF FORM		
ADDRESS			
CITY/TOWN	POSTAL CODE	TELEPHONE NUMBER	FAX NUMBER

SECTION 6 PURPOSE

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SECTION 7 CONSENT VALIDATION PERIOD

This consent will expire:

☐ One year from date of signature☐ On this specific date: _____
(YYYYMMDD)☒ When this event or condition is complete

Completion of therapy at Victoria CYMH

(SPECIFY EVENT/CONDITION)

SECTION 8 DECLARATION

I consent to the disclosure of information about (choose one):

☐ Myself☐ A child/youth, as identified in Section 1, who is under 12 years of age and in my legal care, OR who is over 12 years of age and is determined to be unable to give their own consent.

Important information about your rights:

- My consent can be withdrawn at any time, by notifying the office (as identified in Section 3), in writing.
- I may request a copy of the information disclosed according to FOIPPA guidelines.

I hereby authorize the Ministry of Children and Family Development to disclose the information, as indicated in Section 4, to the persons/organizations as described in Section 5.

SIGNATURE OF PERSON(S) GIVING CONSENT	DATE SIGNED (YYYYMMDD)
SIGNATURE OF PERSON(S) GIVING CONSENT	DATE SIGNED (YYYYMMDD)

ADDENDUM to section 5 of the CONSENT TO THE DISCLOSURE OF INFORMATION FORM

List the following names/agencies to which you consent information to be given:



CONFIDENTIALITY FORM
CHILD & YOUTH MENTAL HEALTH SERVICES
 MINISTRY OF CHILDREN & FAMILY DEVELOPMENT

Welcome to Child & Youth Mental Health Services. Our assessment and counselling services to children, youth and their families are provided through the Ministry of Children & Family Development at no charge.

As in all clinical services, records are kept on each client. Safeguarding the privacy of your personal information is an ethical obligation to you that all members of our staff take very seriously. We do not release any information about you or your family without your written permission, except as stated below. If you would like us to talk with someone, such as a doctor or teacher, about you or your child, we will ask you to sign a Release of Information form.

Children and youth have a right to confidentiality. Parents do not have an automatic right to know what their child has told his or her counsellor. We believe that children are best served when their families are part of their treatment; however, under British Columbia law, children of a certain age have the right to consent to their own treatment and this extends to confidentiality with their therapist. This age is not specified in law and depends on the maturity of the child.

There are seven major exceptions or LIMITS TO CONFIDENTIALITY:

1. If we have reason to believe a child is being abused, we are required by law to report our concerns to child protection personnel in the Ministry of Children & Family Development. Child abuse can be emotional, physical or sexual.
2. If we have reason to believe that a person is a danger to him/herself or others, we must notify someone who has the ability to protect the person at risk.
3. If a judge orders us to appear in a court of law, we are obliged to answer the questions put to us, and submit our files if requested to do so. In such cases, the party requesting the information is asked to explain to the judge why the information is necessary.
4. Therapists may at times review information about children and families with other clinical staff. Consultation about various issues is one way that we can provide a better quality of service. All information shared is kept confidential within the mental health centre.
5. Referrals to our psychiatrist for consultation and/or assessment require a referral from your family doctor. With your consent we will contact your doctor to obtain this referral.
6. The CYMH file, both physical and electronic, contains specific information about parents/guardians and the child/youth (name, address, phone numbers and child/youth's DOB, PHN, and any diagnoses) and the record of mental health services provided to the child/youth. This record includes, but is not limited, to: referral and intake information, correspondence notes, mental health assessments, psychological and psychiatric reports, external reports, treatment plans, session notes, reportable circumstances, caution alerts, clinical supervision notes, consultation notes, client consents, and audit records. This information is available only to authorized staff within Child and Youth Mental Health Services.
7. On very rare occasions, other government bodies may have access to the file. Examples of these would be: Representative of Children and Youth, Coroner, higher levels of government executive when investigating child/youth deaths, etc.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT REGARDING CONFIDENTIALITY.

 Name of child/youth

 Signature Date

 Name of parent/guardian

 Signature Date

 Name of parent/guardian

 Signature Date

 Name of clinician

 Signature Date

Ministry of
 Children and Family
 Development

Victoria Child and Youth
 Mental Health Services

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