

2 1 **Two networks,** ***one objective:*** ***the development of youth***

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**Framework for Developing and Strengthening
a Continuum of Integrated Services for Young People
at the Local and Regional Levels**

This Framework for Developing and Strengthening a Continuum of Integrated Services for Young People at the Local and Regional Levels was produced under the auspices of the coordinating committee responsible for the Agreement for the Complementarity of Services Between the Health and Social Services Network and the Education Network.

Ministère de l'Éducation, du Loisir et du Sport (MELS)

Direction de l'adaptation scolaire

Direction des services éducatifs complémentaires et de l'intervention en milieu défavorisé

Ministère de la Santé et des Services sociaux (MSSS)

Direction des jeunes et des familles

Direction des personnes ayant une déficience

Direction de la santé mentale

Direction générale de santé publique

Coordination and content

Louise April, Direction des jeunes et des familles (MSSS)

Joanne Blouin, Direction de l'adaptation scolaire (MELS)

Other members of the working committee

Dorice Grenier, Direction de la santé mentale (MSSS)

Marie-Eve Jalbert, Direction des services éducatifs complémentaires et de l'intervention en milieu défavorisé (MELS)

Diane Jutras, Direction des personnes ayant une déficience (MSSS)

Geneviève Poirier, Direction générale de santé publique (MSSS)

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Direction des services à la communauté anglophone — Services langagiers

For additional information, please contact:

General Information

Direction des communications

Ministère de l'Éducation, du Loisir et du Sport

1035, rue De La Chevrotière, 28^e étage

Québec (Québec) G1R 5A5

Telephone: 418-643-7095

Toll-free: 1-866-747-6626

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INTRODUCTION

Renewed in 2003, the Agreement for the Complementarity of Services Between the Health and Social Services Network and the Education Network (hereinafter known as the Agreement) addresses the common area of responsibility that includes the health and well-being of young people¹ and their educational success. In order for there to be concerted action, the two networks must harmonize their orientations and offer a complementarity of services that respond to the needs of young people and their parents.

This Framework for Developing and Strengthening a Continuum of Integrated Services for Young People at the Local and Regional Levels is consistent with the Priorités nationales and the Plan de travail 2011-2013 jointly established by the Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de l'Éducation, du Loisir et du Sport (MELS). It takes into consideration the recommendations from the evaluation of the implementation and impact of the Agreement.² The problems identified by the evaluation are mainly due to the lack of clear guidelines for access to services and the challenge of establishing a service continuum among the institutions in each network and between the two networks. These problems become even more of an issue during times of transition when young people tend to be more vulnerable.

This framework is designed to help develop and strengthen a continuum of integrated services for young people at the local and regional levels. It is addressed to managers and actors in both networks who are responsible for implementing the continuum of integrated services and to their partners. The continuum of integrated services covers all aspects of the Agreement, including the shared activities of promotion and prevention. In this frame of reference, particular attention is paid to services aimed at responding specifically to the needs of young people with difficulties or impairments.

A continuum of integrated services ensures that services are better tailored to meet the specific needs of a clientele or a young person which can vary depending on his or her situation or age. The continuum must ensure that young people and their parents have access to continuous quality services that are complementary. The commitment of organizations in both networks translated into the dovetailing of concertation mechanisms that take into account each region's realities. Providing support for developing and strengthening a continuum of integrated services for young people will enable mechanisms for accessing services to be implemented that will better respond to the needs of young people and their parents, taking into consideration the specific characteristics of each region.

To identify the steps in developing the joint process and to specify the roles and responsibilities of managers and actors, including their responsibilities with respect to parents, two separate sections have been created. To these sections are added the general principles and winning conditions for a continuum of integrated services.

¹ In this document, the term "young people" is used the same way in health and social services and in education, and encompasses the designations: child, youth//adolescent and student.

² Sylvie Tétreault et al., *L'évaluation de l'implantation et des effets de l'Entente de complémentarité entre le réseau de la santé et des services sociaux et le réseau de l'éducation. Rapport scientifique intégral: pour un Québec attentif aux enfants handicapés ou en difficulté et à leurs familles*, in collaboration with the Ministère de l'Éducation, du Loisir et du Sport and the Ministère de la Santé et des Services sociaux (Québec: Gouvernement du Québec, 2010).

1. CONTEXT

The “Agreement applies to all youth from 5 to 18 years of age or, in the case of the handicapped within the meaning of the *Act to secure the handicapped in the exercise of their rights*, from 5 to 21 years of age. It also covers 4-year-old children who are handicapped or who live in an economically disadvantaged environment. These young people are students at the preschool, elementary and secondary levels in the public and private school systems.”³

The “Agreement covers all aspects of intervention affecting the development of youth, namely, the promotion of health and well-being, education, prevention, special education and rehabilitation services,”⁴ including support for families. The young person is at the centre of the intervention. The Agreement:

[. . .] aims to achieve a common, global vision of the needs of youth and their families as well as to define the specific and common responsibilities of partners, from a perspective of continuous and coordinated interventions. The partners of both networks must therefore deploy together the resources needed to ensure that all young people have timely access to the services they require [. . .]⁵

To ensure that there is a continuum of integrated services between the two networks and their partners in each region, the Agreement states that there must be a joint planning of services. This is the responsibility of the partners working in the local and regional concertation mechanisms of the Agreement and they must develop a plan of action. The concertation mechanisms (e.g. local and regional committees) have led to some fruitful collaboration.

As stated in the Agreement, “In addition to educational services, the integrated service continuum includes services to promote the health and well-being of all children and young people, prevention services for those at risk for developing problems, assistance and rehabilitation services for young people with difficulties, adaptation, rehabilitation and social integration services for those with impairments and disabilities as well as support and accompaniment services for families.”⁶

The individualized intersectoral service plan (IISP) is a planning and coordination process involving the two networks that improves the quality of response to the needs of a young person. This process calls upon the various actors, parents and the young person (unless he or she is incapable) to collaborate and actively participate in creating and implementing a service plan adapted to their needs. The IISP enables the continuum of integrated services to be established. However, it should be emphasized that, even when there is no IISP, concertation and collaboration still take place, such as in the development of intervention plans (IP) in every institution.

³ Québec, Ministère de l'Éducation, du Loisir et du Sport, *Two Networks: One Objective – The Development of Youth. Agreement for the Complementarity of Services Between the Health and Social Services Network and the Education Network*, collaboration between the Ministère de l'Éducation, du Loisir et du Sport and the Ministère de la Santé et des Services sociaux (Québec: Ministère de l'Éducation, du Loisir et du Sport, 2003), 2. In subsequent references, this document will be cited as *the Agreement*.

⁴ *The Agreement*, 2.

⁵ *The Agreement*, 2.

⁶ *The Agreement*, 6.

Other activities focused on the needs of young people have been carried out under the Agreement. These include promotion and prevention under the Healthy Schools approach⁷ and work on the complementarity of regional and supraregional services, service agreements and reconciling respect for confidentiality with information sharing.⁸

⁷ Québec, Ministère de l'Éducation, du Loisir et du Sport, *Healthy Schools – Guide for the education community and its partners – For the educational success, health and well-being of young people*, collaboration between the Ministère de l'Éducation, du Loisir et du Sport and the Ministère de la Santé et des Services sociaux (Québec: Gouvernement du Québec, 2005).

⁸ The full references for these and other key documents associated with the Agreement can be found in the Bibliography on page 39.

2. CONTINUUM OF INTEGRATED SERVICES

The continuum of integrated services refers to the access to, continuity of and complementarity of the services required by a given clientele.⁹ The continuum simultaneously takes into account the service trajectories, the student assistance process and all the means in place to respond to the needs of a given clientele. This involves an implicit recognition of joint responsibility for a given clientele.

The continuum involves the following:

- planning, coordinating and integrating interventions and services
- identifying and establishing access mechanisms, including identifying who is responsible for delivering what services to young people and their parents, and for the support to be given to them
- rallying the actors concerned around the importance of prioritizing IISPs and other joint activities in their local action plan

2.1 Access to services

Access refers to the availability of services that respond to the needs of young people and their parents and the possibility for young people and their parents to obtain these services. These services must cover all aspects of intervention that concern the development of young people. The actors from both networks must be familiar with the access mechanisms in order to properly refer young people and their parents to the appropriate services in a timely fashion. Young people and their parents must not be denied their rights, and their health and development must not be compromised. The actors in both networks must also ensure that this information is transmitted to everyone concerned.

2.2 Trajectories of services

A trajectory of services allows for optimal coordination of services and systematic client follow-up. It aims to improve the quality of services while making the best use of resources.

The trajectories of services established in the health and social services network identify the most effective and efficient route for people to get quick access to the services they need in a coordinated fashion while ensuring a seamless passage between the different levels of services and the various organizations.

2.3 Student assistance process

In the education network, the student assistance process (see Appendix B) refers to all the interventions carried out by teachers, professionals, school administrators and the entire school staff to respond to the needs of students in collaboration with the students and their parents. These interventions are based on the needs and capacities of the students. They are planned with the idea that adapted educational services should be provided in the most natural environment possible before more specialized educational services are called upon. The individualized education plan (IEP) is the preferred means of responding in a concerted fashion to the needs of the student.

⁹ The definitions in this section are consistent with those in *Priorités nationales* and *Plan de travail 2011-2013*.

The active involvement of each of the actors, including the student and his or her parents, is an essential condition for progress and success.

2.4 Concertation and partnership

Concertation means putting collaboration into action to achieve tangible results characterized by the attainment of a shared objective, better coordination of services, or the development of partnership projects to better respond to perceived needs.

Partnership is a privileged relationship based on an understanding between two or more organizations that is characterized, primarily, by the sharing of information or resources.

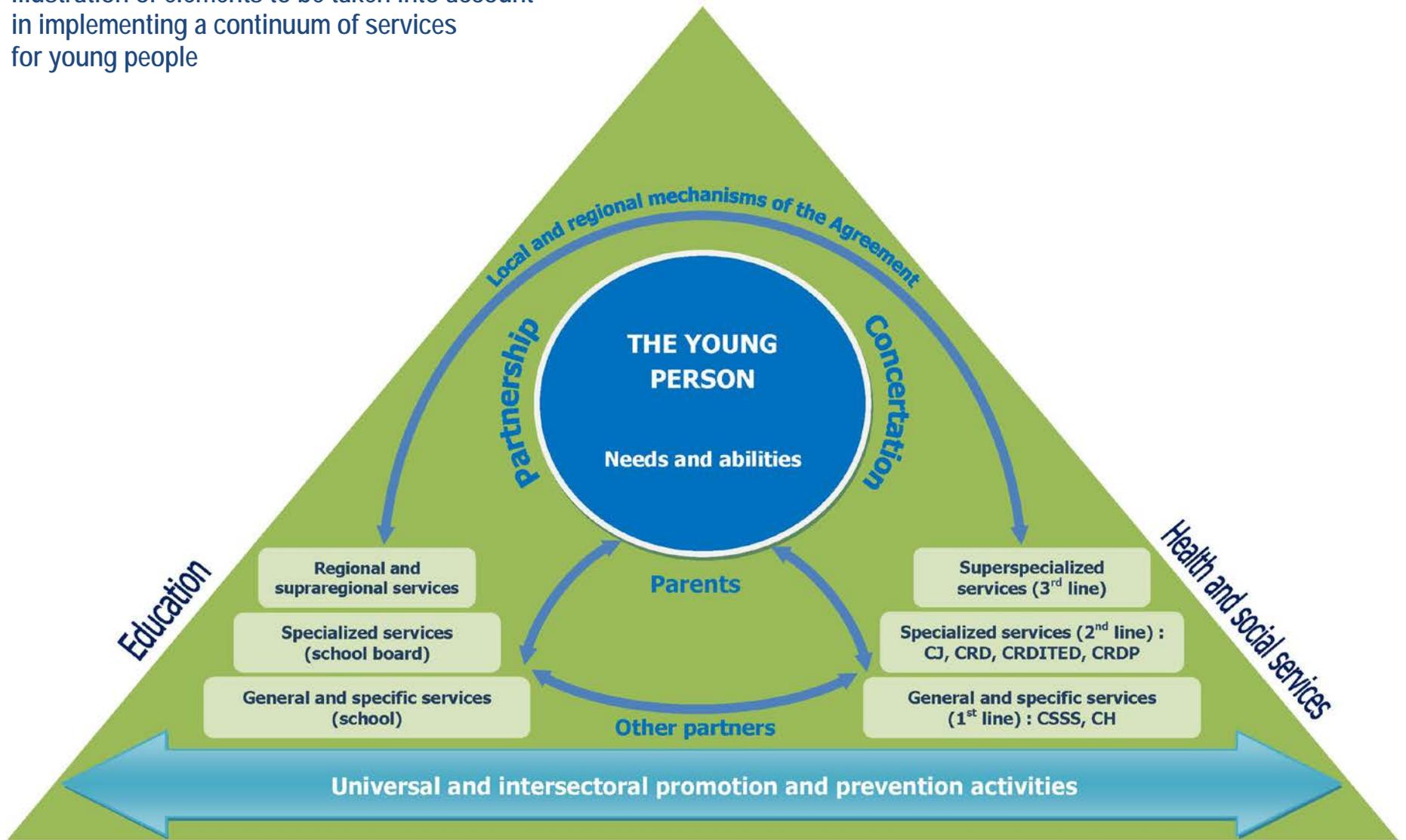
Figure 1 shows all the elements that must be taken into consideration in implementing a continuum of integrated services. Young people and their needs and abilities are at the core of the continuum which must be planned and coordinated by the actors in the local and regional mechanisms of the Agreement.¹⁰ The services must therefore be defined and prioritized in accordance with the young person's needs and abilities. The parents and other partners (e.g. childcare, police, Office des personnes handicapées du Québec, community organizations) participate actively in this process.

For there to be an effective response to needs, each network's organization of the services, whether general, specialized or superspecialized, must be taken into account during the joint planning of a service offer. The mechanisms for access to services must be defined based on local or regional realities.

This figure also highlights the fact that comprehensive, concerted promotion of health, well-being and prevention continues throughout the continuum of integrated services. All preschool, elementary and secondary school students are targeted by these universal preventive interventions. Promotion is aimed primarily at acting in advance on the main individual and environmental factors that have an impact on educational success, health and well-being. The objective of prevention is to stop problems before they arise by acting as early as possible and favouring measures that target the risk factors or behaviours of specific groups or individuals.

¹⁰ *The Agreement*, 12-14.

FIGURE 1
 Illustration of elements to be taken into account
 in implementing a continuum of services
 for young people



Key to the acronyms used above
 CSSS: health and social services centre
 CH: hospital
 CJ: youth centre

CRD: addiction rehabilitation centre
 CRDP: physical impairment rehabilitation centre
 CRDITED: rehabilitation centre for individuals with intellectual impairments or pervasive developmental disorder

3. GENERAL PRINCIPLES ASSOCIATED WITH DEVELOPING A CONTINUUM OF INTEGRATED SERVICES

The process proposed in this framework presupposes that each actor understands the Agreement, its principles and joint commitments, the imperative concertation objectives and the roles and responsibilities of the two networks (see Appendix C).

To ensure a quick and concerted intervention and proper support of the young person and his or her parents, it is essential to create a partnership that is clear about and respectful of everyone's mandates and expertise. The implementation of efficient concertation mechanisms and the coordination of a response adapted to the needs of young people must be carried out in an atmosphere where the Agreement and the joint project to provide the best possible services to young people are the keystones, remembering that:

- “School constitutes a meaningful place of learning that is accessible and frequented by everyone.”¹¹ It is also “a preferred place for intervention”¹² with the presence and support of health and social services workers.
- The organization of services for young people in difficulty or with handicaps is based on a personalized approach to responding to the needs and abilities of each individual.
- All the resources of the community can be brought to bear to foster the well-being of young people and their parents (e.g. community organizations, municipalities).
- The services offered by the health and social services network are based on two fundamental principles— the prioritization of services and population-based responsibility.

¹¹ *The Agreement*, 4.

¹² *The Agreement*, 4.

4. THE MANAGER'S PLACE IN THE CONTINUUM OF INTEGRATED SERVICES

The manager plays a key role in the planning and organization of all services. He or she must have a broad view of the continuum of integrated services and is responsible for putting conditions in place to ensure its success. In collaboration with the professionals in his or her organization, the manager must first target the needs of his or her clientele and prioritize them, before embarking on the planning and concertation process.

4.1 Steps in the planning and concertation process around the needs identified by each organization

- Define the current situation.
- Define the target situation.
- Target the priority needs of young people and their parents in the school board, the health and social services network and the community.
- Target the common needs of certain specific clienteles, especially those in transition: starting preschool, moving from elementary to secondary school, leaving school and entering the workforce.
- Jointly determine the priority target actions related to the identified needs (young people, specific clienteles).
- Establish the procedures and conditions for a quality concertation, including the roles and responsibilities of the actors concerned and the means of communication, taking the jointly defined needs into consideration.
- Identify the areas of vulnerability (lack of services, assumption of responsibility, high number of actors involved, poor communication, etc.).
- Describe the complex situations that might require joint action such as an IISP.
- Determine and implement a continuum of integrated services based on concerted service trajectories for specific clienteles or groups, consulting Figure 1 in Section 2.4 of this Framework.
- Agree on access mechanisms; clarify and formalize referral and transfer mechanisms.
- Specify the process for accessing the youth interventions team or similar mechanism in each of the organizations.

4.2 The manager's responsibilities

The managers of the two networks are jointly responsible for the following:

- accessibility to the appropriate service at the time it is required, as close as possible to where the young person lives, using the partners' known access mechanisms
- organizing the services and making a clear division of responsibilities among all the parties involved in the continuum of integrated services
- implementing and maintaining efficient collaboration and concertation mechanisms in accordance with each network's area of expertise

- exercising strong leadership of the actors in his or her organization in implementing a continuum of integrated services (calling upon and supporting staff)
- transmitting information on how to reach the actors concerned
- preparing a joint regional or local action plan and regularly monitoring it in order to make the required adjustments
- implementing means to settle disputes quickly
- establishing a consensus on the tools to be used to transmit information concerning the young person while respecting confidentiality and ethics (authorization and consent forms)
- implementing winning conditions for a successful continuum of integrated services (see Section 6)
- finding solutions when there is a breakdown in services on the part of the teams (e.g. in the local committees)
- closely monitoring the concertation mechanisms

With regard to young people and their parents, managers are responsible for the following:

- implementing the conditions needed for parents and young people to participate actively throughout the process; these include using clear and accessible language, adopting an open and empathetic approach and taking the parents' situations into account (e.g. flexible schedule)
- transmitting information on the access mechanisms and the names of the people to contact in each of the organizations
- ensuring that tools, brochures and training sessions are developed for parents

4.3 Monitoring the development or reinforcement of a continuum of integrated services

In order to ensure consistency in the orientations and actions of the two networks, the continuum of services must be monitored.

The following areas must be monitored:

- the achievement of objectives
- the number and nature of complaints as well as the conflict resolution mechanisms used
- the use of access mechanisms (personalized transfer, pivotal resource person, support and guidance in moving from one service to another)
- the frequency of concertation meetings

- any adjustments made following the evaluation of the objectives
- the follow-up for IISPs¹³

Finally, assigning responsibilities to various actors, particularly managers, with regard to the accessibility, quality, continuity and complementarity of services at different stages of the intervention, appears to be the basis for success in implementing a continuum of integrated services.

For managers, the main benefits of a continuum of integrated services are as follows:

- mutual ongoing commitment to providing the best possible services
- effective planning and coordination of activities
- improved management of time, human resources and material resources
- greater interdisciplinarity
- effectiveness and efficiency of services
- clarification of the roles and responsibilities of various actors or organizations
- better communication between the various actors or organizations
- client satisfaction

A CONCRETE EXAMPLE

Thirty young people with autism spectrum disorder will start school in a year. At present, these young people are receiving services from the rehabilitation centre for intellectual disabilities and pervasive developmental disorders. The preparation of a joint procedure by the health and social services network and the education network is essential to ease the transition to preschool. A winning process of collaboration and school transition is presented in clinical snapshot 1 (Appendix D).

¹³ Québec, Ministère de l'Éducation, du Loisir et du Sport, *Agreement for the Complementarity of Services Between the Health and Social Services Network and the Education Network, Two Networks, One Objective: The Development of Youth, Task force report on individualized intersectoral service plans, submitted to the Comité national de concertation sur l'Entente de complémentarité des services entre le réseau de la santé et des services sociaux et le réseau de l'éducation*, a collaborative effort of the Ministère de l'Éducation, du Loisir et du Sport and the Ministère de la Santé et des Services sociaux (Québec: Gouvernement du Québec, 2005), 9-12.

5. THE ACTOR'S PLACE IN THE CONTINUUM OF INTEGRATED SERVICES

All the actors are responsible for updating the continuum of integrated services for a young person and his or her parents. The continuum of integrated services must be established in advance and adjusted as needed, not drawn up for each situation. The actor intervenes in accordance with the objectives set down in the IP and plays a supporting and accompanying role throughout the process. The actor is responsible for ensuring that the young person and his or her parents receive the response and services adapted to their needs when they require them, and that they are involved in all the steps of the process as privileged partners.

5.1 Steps in the planning and concertation process around the needs of the young person and his or her parents

- Transmit the information to the young person and his or her parents and then implement the conditions necessary for them to participate actively in all the steps of the process.
- Identify the young person's needs and those of his or her parents.
- Jointly determine the priorities and validate them with the various partners concerned.
- Agree upon the roles and responsibilities of each of the actors in order to avoid duplications or breakdowns in services.
- In collaboration with all the other partners, evaluate the relevance of developing an IISP.
- Plan, implement and ensure the continuity of a continuum of integrated services adapted to the young person's needs.
- Define the steps in the provision of services.
- Ensure that the young person's situation is monitored across the continuum of integrated services.

5.2 Actor's responsibilities

The actors from both networks are jointly responsible for the following:

- using the agreed-upon tools for transmitting information concerning the young person while respecting confidentiality and ethics (authorization and consent forms)
- planning the services and a clear division of responsibilities among all the stakeholders involved with the continuum of integrated services, including the young person and his or her parents
- using existing mechanisms for collaboration and concertation
- implementing monitoring mechanisms for the continuum of integrated services for a young person (provision of services) in order to make any required adjustments
- implementing winning conditions for a successful continuum of integrated services (see Section 6)
- consulting the managers when there is a problem or breakdown in services

With regard to the young person and his or her parents, the actors are responsible for the following:

- involving the young person and his or her parents right from the start and throughout the process by implementing conditions that enable parents and young people to participate actively throughout the process; these include using clear and accessible language and adopting an open and empathetic approach
- finding ways to encourage them to commit to the process, especially by taking the parents' situations into account (e.g. offer a flexible schedule, make it easier for them to get there)
- transmitting information and providing them with relevant documentation on the access mechanisms for existing services in both networks
- supporting the young person and his or her parents by accompanying them through the continuum of integrated activities by personalized transfers and by taking their new needs into consideration
- establishing mechanisms to measure their level of satisfaction
- providing or developing tools for the parents

The following are the main **benefits** of a continuum of integrated services for actors:

- a consensus is reached regarding the pathway to be taken by the young person and his or her parents, and the key steps are identified
- making a decision is easier
- planning of services is ensured
- the roles and responsibilities of various actors or different organizations are made clear
- sharing among the professionals is facilitated

A CONCRETE EXAMPLE

A victim of conjugal violence, the mother of a 12-year-old boy decides to leave the family home. She arrives at the health and social services centre with her son. After his evaluation, a worker in the Famille-Enfance-Jeunesse program is immediately assigned to the file to liaise with the school, organize the required services and coordinate the whole set of interventions. The pathway followed by a young person in a continuum of integrated services is shown in clinical snapshot 2 (Appendix D).

The snapshot in Appendix D shows that the school principal plays a key role in updating the continuum of integrated services. In fact, the principal is the access point to the education network when services are required for a young person.

6. CONDITIONS FOR SUCCESS

A continuum of integrated services must have¹⁴ the following:

- on the strategic level: strong and committed support from decision-making authorities
- on the tactical level: an assessment of the availability of human and material resources, the implementation of alternative solutions or temporary measures to offset the lack of resources
- on the operational level: thorough and precise implementation, support for the professionals, coordination between the managers of both networks
- on the cultural level: consideration for the organizations' differences in practice and vision

Implementing a continuum of integrated services is closely associated with adopting the conditions for success, which involve the mobilization and concertation of all the partners, including the young people and their parents.

| Conditions for success | |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optimal concertation | <ul style="list-style-type: none"> • Attentive, open attitude • Fluid and transparent communication • Ability to work in a team, respecting each other's expertise and acknowledging everyone's respective contributions • Shared understanding of the situation and searching for solutions together • Use of a shared vocabulary |
| Realistic and efficient planning of actions to be taken | <ul style="list-style-type: none"> • Clarification of the roles and contributions of the partners • Leadership that is clearly defined and fully assumed • Setting priorities and finding concrete ways to collaborate • Continual adjustments in order to obtain or maintain the desired results |
| Well-structured operation | <ul style="list-style-type: none"> • Meetings at set intervals • Presence of concertation mechanisms (local MELS-MSSS committee, round table) • Establishment of an ad hoc working group as needed • Explicit protocols • Preparation and follow-up of work carried out |

¹⁴ Mélanie Shang, *Élaboration de trajectoires de services à l'intention d'une population vivant avec une déficience: recension des écrits et recommandations* (Longueuil: Agence de la santé et des services sociaux de la Montérégie, November 2012), in collaboration with the Ministère de l'Éducation, du Loisir et du Sport and the Ministère de la Santé et des Services sociaux.

| Conditions for success | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Efficient distribution of information | <ul style="list-style-type: none"> • Preparation and distribution of shared information tools adapted for parents, actors and managers • Information meetings • Organization of joint training sessions for both networks • Publication of a newsletter at regular intervals |
| Participation by the young person and his or her parents | <ul style="list-style-type: none"> • Involving the young person in the process to the extent of his or her abilities • Recognition that parents are the ones who know their child best • Presence of an actor whose role is to provide meaningful support and guidance throughout the follow-up • Transmission of information in a continuous fashion |
| Monitoring the development or strengthening of the continuum of integrated services | |

CONCLUSION

The individuals in the education network and the health and social services network who work with young people have the same goal—the optimal overall development of these young people. Remember that the means of intervention must be defined jointly, in accordance with each person's area of expertise, and be centred on the needs of the targeted young person. The partners must always be willing to bring their competencies and their resources together to find solutions to complex situations.

The present Framework highlights the importance of collaboration and concertation among the actors in both networks and with their partners on the provincial, regional and local levels. It shows that these elements are indispensable for the implementation of a continuum of integrated services and suggests structured procedures and conditions for success to support the development and strengthening of that continuum. A thorough knowledge of this document will contribute to facilitating the work of the various actors concerned and to providing a response adapted to the evolving needs of young people and their families.

APPENDIX A

Service programs in the health and social services network

In the health and social services network, the term “service trajectories” is used to describe the most effective and efficient clinical pathway for individuals to quickly access the services they need in a coordinated fashion.¹⁵ Service trajectories imply an implicit acknowledgement of a shared responsibility for a clientele on the part of institutions or organizations. The trajectories must meet the standards of access, continuity and quality.

There may be a number of reasons for creating a service trajectory. These are the main five:

- to identify the essential steps and details of the response to individuals’ needs
- to reduce variations between practices: this has the effect of ensuring a “minimum” level of quality in the services
- to enable the individual to become familiar with the pathway he or she can expect to follow throughout the services
- to determine the specific tasks that have a deadline
- to show actors who are new to the network what pathways the clientele are following and what services are associated with their situations

The description of service trajectories covers different aspects:

- the identification of clienteles common to more than two establishments or service providers
- the provision of required services to shared clienteles and the respective responsibilities of the establishments in providing these services
- the rules linking the establishments and partners to different points in the continuum so as to avoid interruptions in services or linear access to services
- two-way communication between the establishments¹⁶

Programme national de santé publique (Québec’s public health program)

Le Programme national de santé publique 2003-2012 – Mise à jour 2008 sets down the actions to be taken in the area of public health until 2012. Within the context of prevention and promotion activities in the education network, the Healthy Schools approach has been given priority. This approach provides a procedure and tools to assist schools in implementing the best promotion and prevention practices with regard to all the worrisome health and well-being issues young people face. Harmonized with the education reform, the Healthy Schools approach enables schools to mobilize common competencies to deal with several problems, without ignoring the specifics required by each problem, in order to increase the

¹⁵ Québec, Ministère de la Santé et des Services sociaux, *Plan d’accès aux services pour les personnes ayant une déficience. Afin de faire mieux ensemble* (Québec: Gouvernement du Québec, 2008), 25 [translation].

¹⁶ Québec, Ministère de la Santé et des Services sociaux, *Plan d’accès aux services pour les personnes ayant une déficience. Afin de faire mieux ensemble* (Québec: Gouvernement du Québec, 2008), 26 [translation].

effectiveness of interventions.¹⁷ Other public health activities such as those related to dental health and vaccination are carried out in the schools and harmonized with the Healthy Schools approach. The activities of the Programme national de santé publique are aimed at all Quebecers, including young people in school.

General social services

The way health and social services are structured,¹⁸ the general services are the main entry point to the health and social services centre for everyone. Thus, the general social services are responsible for responding to everyone who contacts the CSSS about a social or psychological need and to direct him or her to the appropriate services. To accomplish this, it must include reception, analysis, orientation and referral services.

The general social services also have the responsibility of responding to individuals who have problems that are usually specific or of a short duration and may also be acute and reversible. General social services must then include the following services:

- 24/7 psychosocial telephone consultation (Info-Social)
- 24/7 crisis intervention in the community
- social consultation
- psychological consultation

Furthermore, within the framework of the *Plan national de sécurité civile du Québec*,¹⁹ which stems from the *Civil Protection Act*,²⁰ the “Health”²¹ mission is responsible for providing health and social services to disaster victims. The psychosocial aspect is under the responsibility of general social services and falls within a legal and ministerial framework briefly described in Appendix 1. The general social services therefore include psychosocial services within the context of civil protection.

The general social services also contribute to achieving the objectives of the *Politique d'intervention en matière de violence conjugale : prévenir, dépister, contrer la violence conjugale*,²² the *Orientations gouvernementales en matière d'agression sexuelle*²³ and their respective action plans.²⁴⁻²⁵

For these clientele, the general social services must ensure accessibility to the required services, either in the CSSS or through service or collaboration agreements.

¹⁷ Québec, Ministère de la Santé et des Services sociaux, *Programme national de santé publique 2003-2012 – Mise à jour 2008* (Québec: Gouvernement du Québec, 2008), 40 [translation].

¹⁸ Québec, Ministère de la Santé et des Services sociaux, *L'architecture des services de santé et des services sociaux, Les programmes-services et les programmes soutien* (Québec: Gouvernement du Québec, 2004).

¹⁹ Ministère de la Sécurité publique, *Plan national de sécurité civile* (Québec: Gouvernement du Québec, 2008).

²⁰ Québec, *Civil Protection Act*, chapter S-2.3.

²¹ Québec, Ministère de la Santé et des Services sociaux, *Mission « Santé » Annexe 3 du Plan national de sécurité civile, approuvé le 13 mars 2012* (Québec: Gouvernement du Québec, 2012).

²² Québec, Justice Québec, *Politique d'intervention en matière de violence conjugale : Prévenir, dépister, contrer la violence conjugale* (Québec: Gouvernement du Québec, 1995).

²³ Québec, Ministère de la Santé et des Services sociaux, *Orientations gouvernementales en matière d'agression sexuelle* (Québec: Gouvernement du Québec, 2001).

²⁴ Québec, Ministère de la Santé et des Services sociaux, *Plan d'action gouvernemental 2004-2009 en matière de violence conjugale* (Québec: Gouvernement du Québec, 2004).

²⁵ Québec, Ministère de la Santé et des Services sociaux, *Plan d'action gouvernemental 2008-2013 en matière d'agression sexuelle* (Québec: Gouvernement du Québec, 2008).

Jeunes en difficulté service program

The Jeunes en difficulté service program includes the services provided from preschool to adulthood for young people who have developmental or behavioural problems or social adjustment difficulties. This program is also designed for young people who need appropriate assistance to ensure their safety and development or to ensure that these are not compromised. This program also includes services for families of the young people concerned.

In the configuration of the health and social services network's programs, the detailed balance sheet of the Jeunes en difficulté service program consists of services offered by the CSSS in the "Services psychosociaux pour les jeunes en difficulté et leur famille" (area of psychosocial services for young people with difficulties and their parents). This area includes the following services:

- psychosocial follow-up services
- intervention in cases of negligence
- crisis intervention and intensive monitoring in the environment
- rehabilitation services and monitoring placements, within the context of the *Act Respecting Health Services and Social Services*
- postadoption services

The balance sheet also includes integrated services for the perinatal and early childhood periods, entitled "Soutien aux jeunes parents" (support for young parents).

Lastly, this program includes all the second-line services provided by the youth centres, under the *Youth Protection Act*, the *Act Respecting Health Services and Social Services*, the *Youth Criminal Justice Act* and certain provisions of the *Civil Code*. However, as per the configuration of service programs adopted by the MSSS, this program does not cover the other services provided by the CSSS to young people from birth to 17 years of age and their parents.

DI-TED-DP service program

The DI-TED-DP service programs designed for clients who are intellectually or physically impaired or have a pervasive developmental disorder are composed of general and specific services, specialized and superspecialized. The general and specific services are provided by the CSSS; the specialized and superspecialized services are provided by the rehabilitation centres. Community organizations do their part through various means such as self-help groups, recreational activities and support. The way the services are organized allows the user's pathway to be taken into consideration in accordance with the nature and intensity of his or her needs: first, second or third line services from the perspective of accessibility, continuity and availability, no matter where delivered.

2005-2010 Mental health action plan: La force des liens

The mental health action plan has a comprehensive approach based on a continuum of services ranging from promotion and prevention to first-line services and specialized services. It covers all segments of the population—children, adults and seniors. With guiding principles such as empowering people with mental

disorders and those close to them and encouraging the individual's recovery, it ensures the active participation of users.

Various measures were included to improve services for children and adults, and priorities were established for people with a high suicide risk.

The action plan proposes a progression of services aimed at the optimal use of resources to respond to people's needs in a satisfactory and continuous fashion. The first-line services aim to offer diagnostic, healing and rehabilitation services and are as universally accessible to individuals with a mental disorder who are showing signs of instability as they are to those whose symptoms merely point to a mental disorder. The second-line services call upon specialized expertise and enable complex problems to be solved. These actors also support the first-line teams. The third-line services are for people whose problems are very complex or are of low prevalence and who require ultraspecialized expertise.

The liaison between first-line general services (medical and psychosocial), community organizations and the mental health team ensures the continuity and quality of services, support partnership and collaboration, and aim to improve the services provided while preserving the knowledge and skills of the current network.

Programme-services en dépendances 2007-2012²⁶ (dependencies service programs)

The dependencies services program includes the services aimed at people who exhibit risky behaviour, using psychotropic substances or gambling, and who have abuse or dependency problems. This program also includes services designed for the families and loved ones of dependent individuals. This service program takes into account the needs of the most vulnerable individuals and targets specific clientele such as young people, pregnant women, mothers with young children and people with mental health problems. These individuals must be directed first to rehabilitation centres for alcoholism and other substance dependencies when the seriousness of their problems is equivalent to a diagnosis of abuse or dependency. The objective of the program is to prevent, reduce and treat dependencies by providing and consolidating a range of services throughout Québec. This program includes the services provided by the CSSS in the areas of psychosocial services and specialized rehabilitation and reintegration services.

²⁶ Québec, Ministère de la Santé et des Services sociaux, *Unis dans l'action. Offre de service 2007-2012. Programme-services Dépendances: Orientations relatives aux standards d'accès, de continuité, de qualité, d'efficacité et d'efficience* (Québec: Gouvernement du Québec, 2007), 13-14 [translation].

APPENDIX B

The student assistance process and the organization of services in the education network²⁷

The student assistance process includes all the interventions carried out by teachers, professionals, school administrators and the entire school staff in order to respond to a student's needs in collaboration with that student and his or her parents. These interventions are planned with the idea that the adaptation of education services should take place in the most natural environment possible before calling upon more specialized education services. The individualized education plan (IEP) is one of the best ways to respond to the student's needs in a concerted way. The active involvement of all the actors, including the student and his or her parents, is essential for any process to be effective. The student assistance process is situated within the context of a noncategorizing approach to the organization of services. It is emphasized in the orientation of MELS and is supported by different frameworks.

The *Education Act* (EA) focuses extensively on students with handicaps, social maladjustments and learning difficulties. It was amended in 1998 in order to grant greater autonomy to the schools. The reason the responsibilities and duties are assigned to the school is so that the decisions will be made as close as possible to where the action is taking place. The Act sets out the school principal's pedagogical and administrative functions and responsibilities. In addition, every school board must implement four complementary educational service programs, defined in the *Basic school regulation* and designed to promote the student's advancement in his or her different areas of learning. The program consists of support, school life, promotion, prevention and student assistance services. These services are interrelated and complement educational and special services. In addition, through the school's governing board, more power is granted to parents with regard to the organization of educational services in the school.

In 1999, the Ministère de l'Éducation adopted its new policy on special education entitled *Adapting Our Schools to the Needs of all Students*, which emphasizes success for all students and which places value on a school that is open to differences and seeks to respond to the needs of each of its students. Such an approach favours the adaptation of educational services to the needs and abilities of each student, thus assuring that all students have an equal opportunity to succeed and to fully and completely participate in community life.

Just like the EA, this policy has a major impact on the organization of educational services provided by school boards and schools. In this respect, a school board is obliged to adopt its own policy on the organization of services and to plan different ways of integrating or grouping students, whether in regular classes or in special schools or classes. This requires a proper assessment of the student's needs and abilities and the implementation of appropriate actions in order to ensure the student's success, whether he or she is experiencing occasional, more significant or permanent difficulties, whether he or she is considered to be at-risk, has special needs or is handicapped.

All interventions for students with special needs require all the various actors concerned to work as a team. The individualized education plan process takes place in this climate of collaboration and concertation.

²⁷ Sources: Ministère de l'Éducation, *Adapting our Schools to the Needs of all Students. A New Direction for Success. Policy on Special Education* (Québec: Gouvernement du Québec, 1999); Ministère de l'Éducation, du Loisir et du Sport, *Organization of Educational Services for At-Risk Students and Students With Handicaps, Social Maladjustments or Learning Difficulties* (Québec: Gouvernement du Québec, 2007).

As stipulated in the EA, the school principal is obliged to set up an IEP adapted to the needs of students with handicaps, social maladjustments or learning difficulties. When drawing up this IEP, it is important to take a long-term view of the student's schooling and to plan for transition times in order to ensure his or her success at school.

In certain cases, partners from the health and social services network may be invited to collaborate on the IEP in order to have an overall view of the student's situation. Sometimes, drawing up an IISP may be required, a joint process of planning and coordination of services and resources between the health and social services network and the education network.

As mentioned earlier, it is essential that all the actors involved with the student share a common understanding of his or her needs and the services available in order to enable him or her to pursue his or her schooling harmoniously and to ensure his or her success at school.

Sources:

Ministère de l'Éducation, *Adapting our Schools to the Needs of all Students. A New Direction for Success. Policy on Special Education* (Québec: Gouvernement du Québec, 1999).

Ministère de l'Éducation, du Loisir et du Sport, *Organization of Educational Services for At-Risk Students and Students With Handicaps, Social Maladjustments or Learning Difficulties* (Québec: Gouvernement du Québec, 2007).

APPENDIX C

Roles and responsibilities of the health and social services network and the education network with respect to the continuum of integrated services

The following table presents the roles and responsibilities shared by the partners from the health and social services network and the education network with respect to establishing a continuum of integrated services at the provincial, regional and local levels.

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROVINCIAL Ministère de la Santé et des Services sociaux Ministère de l'Éducation, du Loisir et du Sport |
| <ul style="list-style-type: none">➤ Provide leadership for the regional mechanisms of both networks in order to encourage optimal concertation, primarily by supporting them in implementing the continuum of integrated services.➤ Determine, promote and oversee the application of the ministerial orientations and the working plan concerning young people and their families in the three areas of intervention covered by the Agreement: promotion/prevention, adaptation and reintegration.➤ Share the responsibility for establishing, leading and operating the province-wide concertation mechanism and the coordinating committee with respect to the Agreement.➤ Monitor the development or strengthening of the continuum of integrated services and ensure consistency in the orientations and actions of both Ministères. |
| REGIONAL Health and social services agencies MELS Regional offices, in collaboration with the school boards |
| <ul style="list-style-type: none">➤ Provide leadership and support for the local concertation mechanisms in the implementation of the continuum of integrated services.➤ Lead and coordinate the Agreement's regional concertation mechanism.➤ Develop and regularly evaluate their regional action plan, making the necessary adjustments.➤ If necessary, put in place the means to rapidly resolve disputes.➤ Enter into agreements to ensure that services are available regionally, if not locally. |

LOCAL

Health and social services centres
and other organizations in the local network of services
School boards (schools)

- Provide leadership for the actors in their institutions in the implementation of the continuum of integrated services.
- Establish the means and conditions for a quality concertation, including the roles and responsibilities of the actors concerned.
- Implement the continuum of integrated services and service trajectories, and agree upon the access mechanisms.
- Ensure that the actors concerned are familiar with the access mechanisms.
- Put the necessary conditions in place for the active participation of parents and young people throughout the assistance process.
- Develop and regularly evaluate their joint local plan of action and make the necessary adjustments.
- Implement the means to rapidly resolve disputes and, if necessary, liaise with the regional level.
- Develop IISPs when required.
- In collaboration with the regional level, support the adoption of this framework on the continuum of integrated services in order to optimize its implementation.

APPENDIX D

Clinical snapshot 1

Joint procedure between a school board and a rehabilitation centre for individuals with intellectual impairments or pervasive developmental disorder (CRDITED)

The partners have previously met and agreed on the steps of this procedure.

| Intensive Behavioural Intervention (IBI) transition program – starting school | | | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------|
| Time of year | Steps | Responsible | | |
| | | CRDITED | School board | Parents |
| December/January preceding the start of school | Begin the required evaluations with a view to transferring information to the school with parental authorization. | X | | |
| January | CRDITED actor sends a letter to parents inviting them to the information evening | X | | |
| January | General information evening on starting school for parents of children with a pervasive developmental disorder (PDD) registered in the IBI program and accompanied by the CRDITED actor. During this meeting, the parents will be given a consent form authorizing the CRDITED to divulge information concerning their child (to the school administration and the special education consultant. Parents are given a kit with all the information. | X | X | |
| February | Enrolment of the child at the neighbourhood school. Transmission of relevant information and evaluation reports. | | | X |
| March | Meeting of parents, CRDITED actors, the school administration and the school team. The purpose of this meeting is to gather information on needs and additional information in order to identify the academic orientation and organization of services. | X | X | X |
| March/April | Possible opportunity for observation at the early childhood education centre (CPE) or during the IBI program by the school psychologist or education consultant, depending on the case and if required. Procedure for specifying the academic orientation and the organization of services in accordance with the student's abilities and needs. | | X | |
| May/June | Concertation meeting to plan the integration of a child who has benefitted from the IBI program at the request of the school administration. If it is necessary to develop an IISP, the CRDITED actors will convene the meeting. | X | X | X |
| May/June | School and class visit for the children and their parents (this can be handled in different ways depending on the child's needs and abilities). | | X | X |
| September | Possible opportunity for training the actors from the educational institution given by the resource person responsible for support services and expertise for children with PDD. | | X | |

Intensive Behavioural Intervention (IBI) transition program – starting school

| Time of the year | Steps | Responsible | | |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------|
| | | CRDITED | School board | Parents |
| September | Support for actors involved in the integration of the student using the means decided upon at the May/June meeting. Collaboration of a clinical specialist in PDD from the CRDITED, if necessary. | X | | |
| End of September | Preparation of the individualized education plan (IEP). | X | X | X |

APPENDIX D

Clinical snapshot 1

Joint procedure between two establishments for one clientele

A school board and a CRDITED have implemented a joint procedure for children receiving second-line services from CRDITED before they start preschool (transition).

The following steps were taken:

Autumn preceding that of the children starting school, period during which the joint procedure must be put in place

The special education consultant of the school board responsible for this clientele and the coordinator of the PDD program at the CRDITED meet in order to set up a procedure that will help facilitate the transition to preschool. The student and his or her needs are the focus of this discussion.

- They discuss the realities and needs of their organizations with respect to the transition to preschool, key dates and important operations, e.g. school registration, change of CRDITED program.
- They agree to hold an information evening for parents of children who are in the IBI program.
- They write the procedure together and submit it to each organization (see clinical snapshot 1 on the preceding page).
- They agree that, if an IISP is needed prior to the start of preschool, then the CRDITED will convene the meeting and be responsible for coordination.
- The school board informs its managers and professionals. The joint procedure (schedule and responsibilities) is given to them and is posted on the school board's intranet.
- The CRDITED informs all the actors concerned.
- The CRDITED evaluates the abilities and needs of the clientele targeted by the actors.
- At the CRDITED, upon the request of actors and with parental consent, the education consultant may observe the child in order to properly determine the child's abilities and needs with regard to schooling.
- At the CRDITED, the actors approach each parent individually and give him or her the invitation to the information evening.

At this step, the partners work together to set up the procedure, check the impact that it will have on each of the organizations and, if necessary, indicate the changes that will have to be made in their respective practices. Once the partners have agreed upon the joint procedure, it must be presented to the actors concerned in each of the organizations. The organizations must ensure that the procedure is known, applied and then evaluated.

If necessary, corrections can be made to the procedure. In addition, this same procedure will be used again and again over the coming years and may be adapted to other clienteles.

The following shows the procedure by month and specifies the roles and responsibilities of each organization as well as those of the parents:

January

School board and CRDITED: The special education consultant and the PDD program coordinator meet with the parents who are accompanied by the CRDITED actors who work with their children to present the procedure and specify everyone's responsibilities (school administration – CRDITED actor).

- ✓ Helpful practice: Parents are given a kit that contains all the information. The school board's education consultant gives his or her business card to the parents, explaining to them that their first line of contact is the school administration. Parents sign consent forms authorizing the communication of information.
- ✓ Helpful practice: The CRDITED actor knows the parents well and will support and guide them throughout this transition.

School board: The special education consultant informs the administration of the school concerned of the arrival of a new student with special needs, with the authorization by the parents to communicate this information (child's name, names and contact information of the parents, and the name and contact information of the CRDITED actor).

- ✓ Helpful practice: The information remains available even if there is a change in the school administration.

CRDITED: The actors' evaluations are made available to parents so they can enrol their children in school in February (priority is given to producing documents for children with special needs).

February

Parents: Parents inform the school administration of their child's special needs during enrolment and provide the relevant reports.

March or April

School board: The school administration meets with the parents to gather the information on the student's needs.

May

School board: The school administration meets the parents and CRDITED actors to plan the student's integration.

CRDITED: The actors call a meeting to develop an IISP, if necessary.

May or June

School board: School and class visit for the child and his or her parents (this can be handled in different ways depending on the child's needs and abilities).

September

School board: Possible opportunity for the school staff to receive training from the resource-person responsible for support services and expertise for children with PDD.

CRDITED: Support for actors involved in the student's integration using the means decided upon at the May/June meeting.

CRDITED: Collaboration of a clinical specialist in PDD, if necessary.

School board: Preparation of the individualized education plan.

APPENDIX D

Clinical snapshot 2

Situation: After separating from her spouse, a mother comes to the Accueil-Analyse-Orientation-Référence (AAOR) service of the CSSS. She is worried about her 12-year-old son who is reacting to this separation. The woman was a victim of psychological violence, and the child had often witnessed this violence. The boy does not understand why his mother left his father and wants them to get back together. He sees his father every second weekend and, when he returns from these visits, he behaves arrogantly toward his mother.

At the CSSS:

- The woman and her son come to the AAOR service of the CSSS.
- A social worker meets with them. After collecting information and analyzing the family situation, he meets alone with the son.
- The son says that he is angry with his mother and does not understand the reason for the separation. He also talks about his lack of motivation at school.
- The case is referred to the Famille-Enfance-Jeunesse program.
- A social worker is assigned to the case.

Roles of the social worker:

- to gather additional information from the son and the mother to more fully document the family situation and the school situation
- to make the mother and son aware of the importance of putting support measures in place at school
- with the mother's authorization, to transmit the relevant information to the school principal
- to communicate with the school principal and transmit the relevant information so the principal can put the required services in place
- to develop an IP soon

At the school:

Helpful practice: Only one person speaks for the school

The school principal:

- puts support measures in place with the cooperation of the actors involved with the son
- uses the services of an actor with whom the son has developed a relationship during the organization of an extracurricular activity (this person can help the son if he has a problem)
- informs the social worker at the CSSS about the measures taken and other services provided by the school

At the CSSS:

- continue the psychosocial follow-up
- develop the IP with the mother and son

After a month:

- Some teachers notice that the son is showing symptoms of anxiety (early detection): he is withdrawn, less on the ball, seems worried, etc. They inform the principal.
- The school's actor has also informed the principal of the changes he has observed in the son.

Helpful practice: Concertation

The school principal:

- contacts the social worker at the CSSS, updates him on how the situation is evolving and informs him that, based on the information shared by the teachers and actor, he has decided to develop an individualized education plan (IEP)
- invites and encourages the mother and son to get involved in drawing up the IEP and looking for solutions; the social worker from the CSSS will be present during the development of this IEP

Following the first IEP meeting, it becomes obvious that the son's symptoms of anxiety and depression are worrisome and that his mental health should be assessed.

Helpful practice: Collaboration

- The social worker from the CSSS and the school principal explain the suggested process to the son and his mother, insisting that this assessment is important to ensure that they receive the proper services.
- The social worker from the CSSS accompanies the son and mother to the youth mental health service access point and introduces the son to the psychologist.
- Conclusion of the assessment: situational stress, need for psychosocial support and follow-up but not specifically in mental health. The existing support measures continue with particular emphasis being placed on stress, mainly by suggesting to the son that he sign up for a sports activity.
- The psychosocial follow-up continues at the CSSS.

The son agrees to sign up for a sports activity at school.

The situation remains very precarious. In addition, signs of the onset of adolescence are starting to appear.

Three months later:

The son starts adopting new behaviours that may be related to adolescence. He becomes insolent, sometimes refuses to obey authority, etc. The school team and social worker from the CSSS work together, and the latter contacts the mother. She says that she is having the same problems at home, especially when the son comes back from visits with his father.

When the social worker from the CSSS contacted the father, the latter refused to meet with him, saying that he was not available at all during the week.

Helpful practice: Partnership

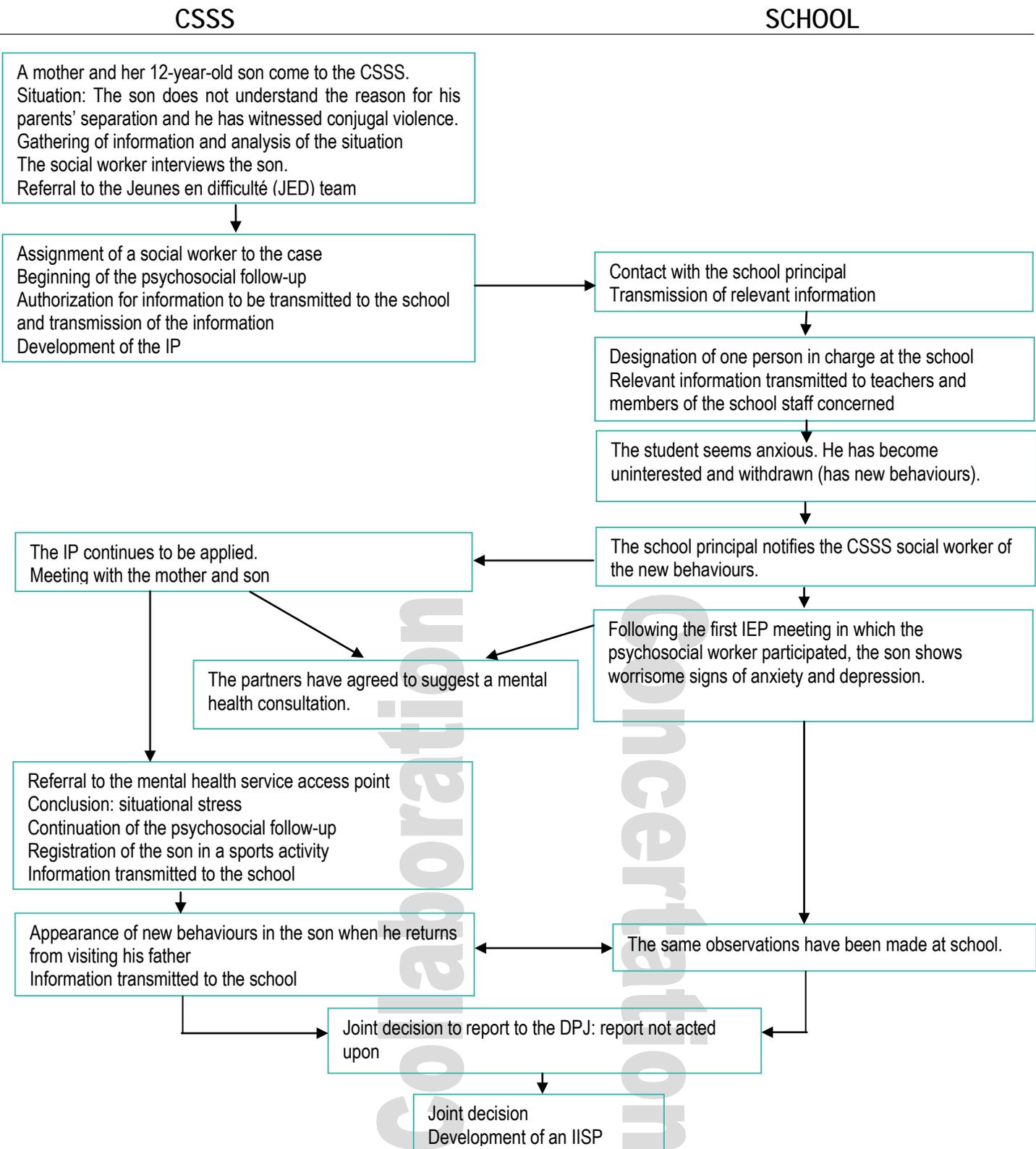
After an agreement between the CSSS and the school team:

- A joint report is made to the Direction de la protection de la jeunesse (youth protection) but it is not acted upon for the moment.
- It is agreed that, to ensure the continuity of the services, the preparation of an IISP has become necessary, especially within the context of the transition from elementary to secondary school as the son is in Elementary 6.
- To support the son at school, and to avoid matters getting any worse and the son being suspended, the members of the school team concerned will participate in drawing up the IISP.

APPENDIX D

Clinical snapshot 2

Gateway: Accueil – Analyse – Orientation – Référence (AAOR) CSSS



APPENDIX E

Reflection checklist

MANAGERS

Managers must ensure the continuity of services provided to young people and their families, not only within their own institutions but also among the establishments of the two networks. Furthermore, in order to better support the actors in their work, managers should know where there is a risk that services might break down.

Managers are responsible for keeping actors mobilized to ensure the continuity of services, primarily through the transmission of information between the partners. Finally, managers must know the existing access mechanisms and share this knowledge with the actors concerned. This makes it more likely that the continuity of services will run smoothly.

AS A MANAGER

Do I know the access mechanisms to the services of the different establishments of the two networks (e.g. mental health service point)?

Do I make sure that the actors concerned know the access mechanisms and use them properly?

Do I make sure that my organization and the partners have set up procedures that enable them to work together with shared clientele?

Can I be sure that these procedures are applied by the actors concerned?

Do I encourage the use of the IISP as a tool for concertation among the partners?

Do I let the actors concerned know that there is a form authorizing the communication of personal information for a joint process to develop an IISP?

Do I let the actors concerned know that there is a pamphlet designed for parents and young people that explains the IISP process?

Do I support the actors concerned in identifying complex situations requiring an IISP?

Do I inform my partners of temporary measures put in place, especially when resources are not available?

Do I make sure that there is a clearly defined sharing of roles and responsibilities between the two networks?

Do I monitor the means put in place by the actors to encourage active participation by the young person and his or her parents?

Do I exercise my leadership with respect to the MELS-MSSS Agreement in order to optimize the continuum of integrated services?

ACTORS

The actors in both networks are responsible for guiding the young person through the existing continuum of services. They must be aware of the importance of transitions in a young person's life and be able to identify the characteristics of certain more vulnerable or at-risk clientele. Being proactive is essential: the partners

must constantly share information while respecting the rules of confidentiality so that they can intervene as soon as possible and in a way that is adapted to the actual needs of the young person.

Actors must also work with the parents as partners in order to optimize the services provided by the two networks. Reassuring the parents and acknowledging their competencies are winning strategies for obtaining their collaboration and their consent to the sharing of information among the partners concerned.

AS AN ACTOR

Do I remain sensitive to and watchful for the manifestation or appearance of changes in the young person?

Do I view all new situations in which the young person finds himself or herself (e.g. a recent move, family breakdown, a difficulty being experienced by one of the parents) as being important?

Do I think to inform the parent and the partners about the changes observed and discuss these changes with them?

Do I take the risk and protection factors into account with I intervene with a young person?

Do I make sure to obtain the parents' free and informed consent to share information and to intervene in the best interests of the young person and his or her parents?

Do I support and accompany the parent during transitions so that he or she can give the required information to new partners?

Do I transmit the relevant information to the young person and his or her parents?

Do I set up the required conditions so that the young person and his or her parents participate actively in the process?

Do I know the characteristics of the service access mechanisms (e.g. mental health service point) well enough to use these mechanisms properly?

Do I apply the joint procedures implemented for shared clientele?

Can I identify the complex situations that require the preparation of an IISP?

Do I know that there is a form authorizing the communication of personal information for a joint process to develop an IISP?

Do I put the means in place to encourage active participation by the young person and his or her parents?

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