

**Toward an  
“Every Door is the Right Door”  
Service System**

January 2013

# Preamble

The Mississauga Halton LHIN, local health service providers and community members are working together to improve access to an integrated, person-centered system that provides quality mental health and addiction care to all seeking services within the LHIN. The No Wrong Door Task Team was established to develop building blocks for improved access to MH&A services and the development of the No Wrong Door protocol.

## Vision and Purpose

**Vision:** A service system, which works collaboratively to enhance the mental health and wellbeing of people in the community, and ensure the right person is in the right service at the right time within the current and available mental health and addiction services.

**Purpose:** To contribute to the best possible outcomes for people and a healthier community through

- Developing a culture of collaboration
- Reviewing protocols and development of one shared multi-agency protocol with client and family input into process
- Formalizing referral pathways and processes
- Developing the agencies' capacity to share relevant information within the bounds of privacy legislation
- Creating an "Every Door is the Right Door" service system
- Respecting and valuing each other's practice

The No Wrong Door Task Team established 8 Principles, and they are:

1. We will maintain a culture of "welcoming".
2. We will employ common practices / standards for establishing client needs.
3. We will collaborate with other service providers to ensure seamless service provision.
4. We will share information when transition to another organization is required, while respecting individual rights to privacy.
5. We will create shared education opportunities for the benefit of the client.
6. We will clearly state our anticipated wait times.
7. We will clearly state our eligibility criteria.
8. We will create and maintain an environment that facilitates service resolution and expedites complaint handling.

Agencies were asked to complete questionnaires to share their practices and ideas related to these principles. Below is a summary of those themes.

## Index of No Wrong Door Protocol

Place your mouse over a heading in the index below press the CTRL key to go to that section to learn more about these principles.

1. [Creating a Welcoming Culture](#)
2. [Common practices and standards](#)
3. [Collaboration and Information Sharing](#)
4. [Sharing Information - Informed Consent](#)
5. [Shared Educational Opportunities](#)
6. [Wait Times](#)
7. [Eligibility Criteria](#)
8. [Service Resolution](#)

# 1. Creating a Welcoming Culture

*We will maintain a culture of “welcoming”.*

## **Themes and Welcoming Practices**

1. Communication
  - As much as possible, have calls answered ‘live’
  - Establish a policy regarding timely and responsive call back
  - With the client, establish communication processes that are meaningful for the client (for example, “How will reach you?”)
  - Ensure website is up to date and provides current contact information and how to communicate with the organization
2. Create welcoming space / environment
  - Maintain / install signage that minimizes stigma attached to those visiting the agency / service
  - Post diversity policy
  - Display information in multiple languages whenever possible
  - Create ‘Positive Space’ (using best practice information from [obtain correct title from Positive Space literature])
3. Be responsive to meeting clients in locations that are more comfortable for clients
4. Consider the language needs of the client being served and seek professional interpreting resources, when possible
5. Welcome drop in or walk in individuals (unregistered) and encourage them to engage with our programs/systems.
6. Orient clients to our organizations
  - Gear orientation to individual client needs
  - Provide site tours where appropriate
  - Provide clients with information that assists them to understand their rights and responsibilities (privacy policy, non-discrimination policy, attendance policy, and other relevant information)
7. Consider referrals that extend beyond the current LHIN boundaries, if appropriate for a client

# 2. Common Practices and Standards for Establishing Client Needs

*We will employ common practices / standards for establishing client needs.*

## **Client Screening**

### **Themes and Screening Practices**

1. Identify consumers of the mental health and addiction sectors efficiently and effectively using quick and accurate screening mechanisms

2. Determine eligibility, urgency and next steps, including transition to another program or service; prepare for assessment

## **Assessment**

### ***Themes and Common Practices***

1. Use common assessment tools, when appropriate, as identified by the mental health, addictions and problem gambling sectors, ensuring that the right tools are used for the right person at the right time. The currently recognized assessment tools are as follows:

- Mental Health sector - Ontario Common Assessment of Need (OCAN)
- Addiction sector - the ADAT suite of tools.
- Problem gambling sector utilizes a provincially approved suite of assessment resources.

Use of these tools will ensure that consistent information is shared, provide opportunity for common language and ease of sharing of information.

Research and good practice protocols have identified and validated other assessment tools, and will continue to identify and validate other assessment tools that may more appropriately take the place of these commonly used assessment tools used with specific clients and with specific models of care. When other tools are used, additional care should be taken to ensure that shared information is appropriately interpreted and well understood.

2. Share and receive assessment information from other agencies

## **Seeking Feedback from Clients**

### ***Themes and Common Practices***

1. Use annual client satisfaction surveys to identify client needs from both an organization and a system perspective
2. Seek information from other sources regarding need (i.e. Connex Ontario, meetings and focus groups with internal and external stakeholders)

# **3. Collaboration and Information Sharing**

*We will collaborate with other service providers to ensure seamless service provision.*

### ***Themes and Common Practices***

1. Partnerships  
Build partnership agreements and relationships that:
  - facilitate active engagement in collaborating and sharing information
  - facilitate coordinated care
  - ensure smooth transition
  - identifies and manages potential gaps in care

2. System Navigators  
Find the most appropriate ‘right door’ available for the client, if the client is not at the right door or has additional needs, and ensure a smooth transition to that service, if one is available. If appropriate, direct the case to a service resolution table for collaborative solutions.
3. Referral  
Include sufficient and appropriate information when referring clients to other services to ensure the most efficient and effective transition. Avoid duplicating efforts to obtain information. Ensure a timely response.

## 4. Sharing Information – Informed Consent

*We will share information when transition to another organization is required, while respecting individual rights to privacy.*

### **Themes and Common Practices**

1. Inform clients of their Privacy Rights and the limitations and positive or negative consequences of giving, withholding or withdrawing Consent. *CCIM Common Privacy Framework Consent Management Guide* provides the following recommendations for agencies:
  - The HSP will have a clearly stated policy for sharing and disclosing Personal Health Information (PHI)
  - The HSP will document the consent through a Consent to Release Form (PHIPA Form) that reflect partnerships
  - Staff are trained on PHIPA and that staff have access to training and technologies required as electronic record sharing initiatives evolve.
2. Inform clients in the process of obtaining consent of the following:
  - What Personal Health Information (PHI) will be collected, used and disclosed;
  - How PHI will be collected, used and disclosed;
  - That PHI may be disclosed to other HSPs; and
  - For what purpose will PHI be collected, used and disclosed.
3. Translate into other languages of critical information related to informed consent.
4. Test for understanding for the terms of the consent granted.
5. Ensure that “hand offs” are smooth and efficient by:
  - Sharing information in a timely way to ensure that there is no duplication,
  - Involving the client in the transition process as much as possible
  - Adjusting the level of staff involvement during the transition based on individual client needs
  - Planning involves continuity of client care (no breaks in service)

# 5. Shared Educational Opportunities

*We will create shared education opportunities for the benefit of the client.*

## Creating a Foundation for a Learning Environment

### *Themes and Common Practices*

1. Create minimum orientation training standards for new hires.
2. Create individual learning plans for all staff members and consider the needs and professional development goals of the employee.
3. Encourage participation in committees and networks and develop a process to transfer informal learning to other staff members.

## Sharing Educational Opportunities

### *Themes and Common Practices*

1. Schedule and maintain regular LHIN wide training sessions for mandatory training, for example:
  - Health and Safety
  - Workplace harassment
  - ASIST
  - CPI, CPR, etc.
2. Create educational workshops to communicate system wide protocols and initiatives (example, No Wrong Door Framework, OHRS, etc.)
3. Invite cross training opportunities through job shadowing, secondments, short term placements, in-services, etc.
4. Extend Invitations to attend training events but ensure that the training is relevant to the participants learning needs (for example basic, intermediate and advance levels)
5. Create knowledge exchange opportunities and libraries such as lunch and learns, e-learning modules, recordings of trainings, sharing of hard trainings
6. Build knowledge of resources within the Community (example visiting other agencies)

# 6. Wait Times

*We will clearly state our anticipated wait times.*

## Informing the Community about Wait Times

### *Themes and Common Practices*

1. Communicate the expectations of ongoing contact during wait periods:
  - When clients can expect calls to be returned
  - When client can expect service to be initiated
  - When clients can expect an assessment
  - When referrals are made, when client can expect to be connected to referral destination
2. Publish actual and expected wait times through:
  - Websites

- Connex
- Voice message greetings

## Managing Wait Times

### *Themes and Common Practices*

1. Track and analyze wait times and:
  - Attempt to determine causes of longer than expected wait times
  - Identify system gaps and pressures
  - Review processes and improve accessibility to services
  - identify systemic barriers and to determine possible solutions
  - Communicate pressures to decision makers

## 7. Eligibility Criteria

*We will clearly state our eligibility criteria.*

### *Themes and Common Practices*

1. Establish eligibility criteria that make sense for the services within current environment and within the funding/ investment mandate.
2. Identify opportunities for fast track referrals and exceptions to the criteria
3. Communicate eligibility criteria, fast track referrals and exceptions, clearly on:
  - websites
  - brochures
  - information packages
  - In-service presentations
4. Tracking, as a system, the number of clients that were declined access to services and the reason for service refusal in order to identify system gaps.

## 8. Service Resolution

*We will create and maintain an environment that facilitates service resolution and expedites complaint handling.*

### *Themes and Common Practices*

1. Develop and communicate a clear complaint process. This includes how complains will be managed, documented, timelines and evaluation.
2. Ensure that clients know their rights and responsibilities. For example:
  - service expectations
  - privacy
  - Human rights, etc.
  - participation
3. Ensure that all clients or potential clients are aware of how to make a complaint.
4. Seek case conferencing opportunities to coordinate care and to resolve complex service issues.
5. Request a coordinated service resolution session when attempts to resolve complex service issues have been unsuccessful.