

What is CSP?

CSP is a program led by Quinte Children’s Treatment Centre (QCTC) and offered by agencies across our region that are part of the Hastings Prince Edward Northumberland Network Partnership (HPEN). CSP engages families to ensure all services for their child/youth are coordinated and effective. Families are provided with a Service Planning Coordinator who helps coordinate services and who ensures that the focus is on the child/youth’s and family’s goals. CSP goes beyond typical inter-professional communication and collaboration. A primary goal for implementing CSP is to reduce the stress on families of children/youth with complex special needs and this is done by helping children/youth/families navigate systems, reducing the number of times a family needs to re-tell their story, ensuring everyone involved is focused on the family’s goals and on the child/youth as a whole, incorporating the child’s/youth’s/family’s strengths into service plans, and ensuring all people are working together as a team on goals that are set by and manageable for each individual family.

Who is CSP for?

CSP is for families who have children/youth up to age 18 (or age 21 if still in secondary school) with multiple/complex special needs. It is intended for children who access services from multiple sectors (e.g. children’s rehabilitation, developmental services, OAP, respite services).

Where can children/youth/families get CSP Support?

HPEN Network Partner agencies involved with the family such as:

- Algonquin & Lakeshore Catholic District School Board
- Central East LHIN
- Children’s Mental Health Services - HPE
- Community Living Belleville and Area
- Community Living Prince Edward
- Community Living Quinte West
- Community Living West Northumberland
- Conseil Des Ecoles Publiques de l’Est de l’Ontario
- Conseil des ecoles catholiques du Centre-Est
- Counselling Services of Belleville and District
- Family Space Quinte Inc.
- Five Counties Children’s Centre
- Hastings & Prince Edward District School Board
- Highland Shores Children’s Aid Society
- HKPR Preschool Speech Language
- Kawartha Pine Ridge District School Board
- Kinark Child & Family Services
- Northumberland Child Development Centre
- Pathways for Children and Youth
- Quinte Children’s Treatment Centre
- South East LHIN
- Therapeutic Family Care
- Trenton Military Family Resource Centre
- Tri-County Community Support Service

Step 1: Screen clients that should be considered for the CSP Program

Characteristics of CSP target Population		
Factors Considered		Description
Characteristics of child/youth with multiple/complex special needs:	Child/Youth requires intensive support in one or more areas: school, home and/or community	Intensive Support: Receives one-on-one, all day at school or 24/7 support. Eligible for or accesses respite funding / SSAH supports; has accessed case resolution. An example of intensive support might be nursing 6 hours a day in order to attend school.
	Child/Youth requires multiple specialized services or agencies due to the breadth of their needs	These may include but are not limited to: rehabilitation services , autism services, health services, developmental services, child protection services, respite support services, childcare services, education supports, mental health services, hospital services, pediatricians, specialists etc.
	Child/Youth experiences challenges related to multiple areas of their development , and require services from multiple sectors and professionals	These may include but are not limited to challenges with: physical development, communication development, intellectual development, emotional development, social and/or behavioral development etc.
	Child/Youth has a transition plan or transition planning is expected to begin within the next year	Some examples: to childcare, to school (entry, grade to grade, elementary to high school), to adult services etc.
Characteristics of family:	Requires assistance in seeking a diagnosis for child or youth	Example: Family interested in assistance in connecting with appropriate professionals and/or services to explore the possibility of a diagnosis(i.e. Developmental Pediatrician, Psychologist, Geneticist etc.).
	Family has more than one child that receives special needs services	Example of services that other child might be accessing: Physiotherapy, Occupational Therapy, Speech-Language Pathology, mental health supports, in home nursing care, behavior supports, resource support services in childcare or school etc.
	Other family/life issues	These may include: coping ability, health and wellbeing of other family members, literacy and/or language barriers etc.
External/Environmental Factors :	Limited family, social and community supports	Barriers to accessing service: e.g., lives in under-serviced area, has housing/financial/transportation/child-care concerns, limited family/social and community supports etc.

Step 2: Discuss the CSP Program with the family

The referring agency initiates a conversation with the family/child/youth regarding the CSP program and provides them with the HPEN CSP rack card

Step 3: Have the family decide who they would like to Lead their CSP process

The CSP Program is a Client/family centered program. As such, the family should be supported in deciding who they would like to lead their CSP process. This CSP Lead might be:

- The worker at the referring agency or another team member from that agency
- A dedicated CSP worker from Quinte Children's Treatment Centre (QCTC)
- Another HPEN Network Partner agency already involved with the family

Step 4: Determine the CSP tier level

Our region has taken a tiered approach to CSP. Tier 1 and 2 require less intensive coordination whereas Tier 3 and 4 are of a higher intensity. The following chart can help determine the appropriate tier of service offered to a child/youth/family.

CSP Tier Level	Description of Tier
Tier 1 <i>*referral form to QCTC not required</i>	<ul style="list-style-type: none">• Internal Service Coordination• Involvement with a single agency or multiple programs/services within one agency
Tier 2	<ul style="list-style-type: none">• Low level community service coordination required.• Only a couple of agencies involved ie: CTC & Community living & HSCAS.• May need CSP meetings infrequently or once a year.• There is a need to have a Service Planning Coordinator as main contact for family and to facilitate communication between all team members.
Tier 3	<ul style="list-style-type: none">• Multiple agencies, childcare centre and/or school may be involved.• Complex factors at play with child, family and/or environment.• There is a need to have more frequent CSP meetings (twice a year or more).
Tier 4	<ul style="list-style-type: none">• Intense service coordination required.• Multiple agencies, multiple goals with a need to minimize number of goals and make them coordinated• Complex diagnoses and complex family circumstances• May anticipate going to, or in process of going to, Regional Service Resolution

Step 5: Complete the CSP Referral Forms:

The referring agency completes the CSP referral form and faxes it and the HPEN Consent Form to QCTC

- If the referring agency is asking that a dedicated CSP worker lead the CSP, then QCTC notifies the referring agency of their decision to admit to CSP caseload. If declined, the referral can be re-initiated at any point in time as circumstances change for the child/youth and family

The referring agency discusses confidentiality and completes HPEN CSP Consent forms with the family

Step 6: Complete & Submit the CSP Update Forms

If the referring agency plans to lead the CSP then please remember to complete and submit the CSP Update Form quarterly

Coordinated Service Planning (CSP) Referral Form

CONFIDENTIAL

Fax to 613-961-2529

Questions? Call 613-969-7400 x 2247

A. Child / Youth Information:		Date of Referral:	
Last Name:		First Name:	
Date of Birth (dd/mm/yyyy):		Sex: F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/>	
Diagnosis:			
Address:			
City:		Postal Code:	
Primary #:		Alternate #:	
School/Childcare:			
Grade:		IEP: Y <input type="checkbox"/> N <input type="checkbox"/>	
B. Family Information:			
Language spoken at home?		Is an interpreter required? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do the family identify as Indigenous, First Nations, Inuit, Metis? Y <input type="checkbox"/> N <input type="checkbox"/>			
Is a member of the family part of the military? Y <input type="checkbox"/> N <input type="checkbox"/>			
Parent / Guardian Name #1:			
Relationship to Child:			
Address (if different than Child/Youth):			
City:		Postal Code:	
Primary #:		Alternate #:	
Parent / Guardian Name #2:			
Relationship to Child:			
Address (if different than Child/Youth):			
City:		Postal Code:	
Primary #:		Alternate #:	
Child's Legal Guardian(s) or Decision Maker(s):			
Family email address: <i>*email can be used for MPOC survey. Email will not be used to communicate personal/confidential information.</i>			
C. Referral Source Information (if other than family):		Family is self-referring	
Name (Referring Individual):			
Contact Phone #:		Alternate #:	
Are you a Service Provider? Y <input type="checkbox"/> N <input type="checkbox"/>			

If Yes, Agency/Organization & Role:

If yes, have guardians consented to the referral? Y N

If Yes, who will lead the CSP?

If Yes, which CSP Tier is the family at? Choose an item.

D. Team Member information: (Who else is working with the child / youth? ie: doctor, school, child care, etc.):

Agency Name	Contact Name & Phone #

E. Reason for Referral:

Describe what you are hoping for from this service:

What are some of the strengths of the child/youth and family?

What is working well right now for this child/youth and family?

Anything else you want us to know?