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**KIDS Team Presentation Protocol**

All cases must be addressed through a community meeting prior to being brought before the KIDS Team Committee. The family is required to be in agreement for the case to be brought before the KIDS Team Committee. The most recent community meeting notes must be included in the Presentation Form.

When a family requests a KIDS Team Committee Meeting; it is the understanding of KIDS Team that implied consent is given at the time of the request.

A presentation report written by the Service Coordinator is provided to the KIDS Team Committee members.

The Service Coordinator is responsible for inviting any guests that may assist in providing information to the KIDS Team Committee. Service Coordinators are strongly encouraged to invite guests who can assist in providing information that will serve to clarify the child/youth needs. All parents or legal guardians must attend the KIDS Team meeting. If the Service Coordinator and parents are able to provide detailed information concerning all services the child/youth are accessing, then it is not mandatory for additional service providers to attend.

The KIDS Team Committee must endorse any residential placements. The purpose of a KIDS Team meeting is for planning, facilitating access to community resources that are considered beneficial for the child/family to access, and making recommendations regarding the child/youth’s needs..

A Community Service Plan and recommendations resulting from the presentation will be provided in writing to community partners and parents/legal guardians.

Please note the KIDS Team Service Coordinator will not schedule a KIDS Team meeting until all the pertinent information has been collected.

The Service Coordinator will begin each KIDS Team Committee Meeting by providing a verbal summary of the facts and circumstances that brought the case to the table. KIDS Team Committee members will then direct questions to the Service Coordinator, family members, and/or invited guests.



# KIDS Team: Presentation Form

**Date of KIDS Team Committee Meeting**:

**Date Form Completed (D/M/Y)**:

**Referral Source**:

**Child/Youth’s Name**:

**Gender**:

**Age**: **Date of Birth (D/M/Y)**:

**Parent(s) Name**:

**Siblings’ Names/Ages**:

**School**: **Grade**:

**Service Coordinator Name**:

**Guests Invited**:

**Previous KIDS Team Meeting Date(s)& Purpose**:

**Reason for Review**: 🗖 New 🗖 Follow-up 🗖 Placement Review 🗖 Residential 🗖 Funding 🗖 Other

**Level of Risk**: (obtained from completing the KIDS Team Risk/Need Assessment Tool)

Low (0-24) 🗖 Moderate (25-49) 🗖 High (50-74) 🗖 Very High (75-104) 🗖

**Previous Community Meeting Date(s)**:

**Actions/Recommendations Resulting from the Community Meeting(s)**:

Please attach notes from the Community Meeting(s) or previous Community Service Plan(s). Contact the KIDS Team Department if you require further information for this section.

1. **Background Information/Current Situation**:
2. **Home/Family Circumstances**:
3. **School** (describe any current issues &resources the child has access to):
4. **Medical**(include any documentation, diagnosis, disabilities & prescribed medications):
5. **Peer Relations**:
6. **Criminal Activity**:

**Service History** (check all previous & current services or supports; include necessary information):

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| --- | --- | --- | --- |
| **Agency** | **Past** | **Current** | **Date of Involvement, Goals, Outcome** |
| Chatham-Kent Children Services: CAS |  |  |  |
| Chatham-Kent Children Services: Mental Health CKCS |  |  |  |
| St. Clair Catholic District School Board |  |  |  |
| Lambton Kent District School Board |  |  |  |
| Erie St. Clair Community Care Access Centre (CCAC) |  |  |  |
| Chatham-Kent Health Alliance |  |  |  |
| Chatham-Kent Health Alliance Mental Health & Addictions Program/Chatham-Kent Mental Health ACCESS Committee |  |  |  |
| Western Area Youth Services (WAYS) |  |  |  |
| Rain & Shine Behavioural Counselling Ltd. |  |  |  |
| Community Living Wallaceburg |  |  |  |
| Community Living Chatham-Kent |  |  |  |
| Youth Justice Services (Probation) |  |  |  |
| Special Services At Home Program/ACSD |  |  |  |
| Family Service Kent |  |  |  |
| Children’s Treatment Centre of Chatham-Kent |  |  |  |
| Child Parent Resource Institute (CPRI) |  |  |  |
| St. Joseph’s Health Care London Regional Mental Health Care |  |  |  |
| Maryvale Adolescent & Family Services |  |  |  |
| Windsor Regional Children’s Centre (WRCC) |  |  |  |
| **Add any additional agencies/programs/services below** |  |  |  |
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**Summary of Identified Risks/Needs**:

**Outstanding Issues**:

**Proposed Plan/Resolution** (must address the child/youth’s treatment options, services, and/or supports; education; community risks/needs; and living situation):

**If the committee recommends residential referral, list the purpose, goals and outcomes for the child/youth/family during the residential placement**:

**🗖***Assessment* (circle): Psychological or Psychiatric **🗖***Medication Review* **🗖***Diagnosis Clarification*

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| **All community partners are in agreement to proceed to KIDS Team for a meeting.****🗖** YES **🗖** NO**All most recent planning notes, assessment(s) and reports that will assist with planning have been forwarded to the KIDS Team department at the same time as the presentation form.****🗖** YES **🗖** NO |

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Service Coordinator/Presenter Date

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| --- |
| **Please return this completed Presentation Form to KIDS Team at Family Service Kent** **at least 5 days before the scheduled KIDS Team Committee Meeting**. |