

Interlake Eastern Regional Health Authority (IERHA)

Manitoba Key Worker

Intake Policy: (Revised June 2015)

Purpose:

The Intake Policy is intended to assist the Key Workers to respond to requests for service and referrals to the MB Key Worker Program, as well as requests for presentations on FASD from the community.

Goal:

The goal of the Intake Policy is to ensure that families who are referred for service are given a clear understanding about what service will be provided to them as well as when services will be available. This also applies to requests for presentations on FASD.

Procedures:

a) Request for Presentations from the Community

As part of the mandate of the MB Key Worker Program, Key Workers have an opportunity to provide presentations on FASD as well as the Key Worker Program within their community of service. This could include presentations at schools, committees, CFS as well as other community organizations.

A core common presentation will be prepared by the Key Workers in order to provide consistency and common language within the *IERHA FASD Team and within the community. It can be tweaked for specific audiences. It will also include a set of frequently asked questions and responses to assist with the goal of providing consistency and common language.

1. When a request is made for a presentation, the request will be brought forward to the *FASD Key Worker Team (FASD KW Team) for discussion. Each request will be documented and be reviewed by the Team. In some cases the request for the presentation will be better met by the FASD Diagnostic Coordinators in the region, particularly if it is related to diagnostic services. A decision to assign the request for a presentation will be made by the FASD KW Team based on relevance to the goals of the Key Workers Program, availability of a Key Worker as well as the best match for the presentation. For example if a Key Worker is working in a particular community and that community is asking for the presentation, then she or he may be the best person on the team to deliver it.

If any difficulties arise in deciding who will provide a particular presentation these can be brought forward to the Public Health Manager of the IERHA.

b) Referral for Direct Services

1. When a referral is made either from the community or within the IERHA, the Key Worker responding to the referral will fill out the Manitoba FASD Key Worker Referral Form.
2. The referral will be brought forward to the FASD KW Team which meets once a month.
3. Each case will be assigned by the FASD KW Team based on the Key Workers caseload size and flexibility, the match of the skills and expertise of the Key Worker to the needs of the family, as well as fit in terms of geographic area and caseload demands.
4. *In cases where there is a potential for duplication of services, (ie. CLDS, CDS, Treatment foster care, etc.) the Key Worker will assess the suitability of the Key Worker Program with the family.*
5. The assigned Key Worker will meet with the family within 2 weeks of receiving the case to begin service.
6. The administrative support will assist in sending out appropriate resources.

c) Wait List

1. If each Key Worker caseload is full, the referral will be placed on a waiting list which will be managed by the FASD KW Team and administrative support.
2. After the family has been put on the wait list, a Key Worker will be assigned to schedule a one-time visit with the family to explain the program, as well as the wait list procedure to the family. In addition, the assigned Key Worker will provide the family with any relevant community resources (if there is a diagnosis of FASD, the resources can be FASD specific) that may be useful to them during the wait list period. There may also be an opportunity for the Key Worker to provide a one-time service to the family such a referral to relevant services, education on FASD, immediate strategies that may be helpful, etc. *(see Brief Intervention Service Form)*. Please note that the Key Worker who is assigned to meet with the wait listed family may not be the same as the Key Worker who will eventually be assigned to deliver program services.
3. If a youth is close to 21 and the program will not be able to provide service before the youth turns 21 because of the wait list, then the youth will be referred to other appropriate adult services in the community.
4. If a family moves out of the service region prior to accessing service and then moves back to the community, they would be able to resume their place on the wait list.

*The **FASD Key Worker Team** consists of the two Key Workers and the Clinical Supervisor.

*The **IERHA FASD Committee** consists of the Regional Director of Public Health, the Public Health Manager, the Key Workers, the FASD Diagnostic Coordinators and the Administrative Support Staff.