



Handbook for Contractors with Lived Experience of Mental Illness/Substance Use and Their Supervisors

Consumer Involvement and Initiatives

Vancouver Mental Health and Substance Use Services

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Table of Contents

1.0 Purpose	5
2.0 Background	5
3.0 Introduction	6
4.0 Policy Guidelines Applicable to All Contractors and Supervisors Covered by this Handbook	6
Personal Relationships.....	7
Code of Ethics.....	8
Conflict of Interest.....	9
Respectful Workplace and Human Rights.....	11
Continuity of Care.....	12
Confidentiality.....	14
VCH Information Privacy and Confidentiality Policy.....	15
Complaints.....	24
5.0 Information for All Contractors and Supervisors Covered by this Handbook	25
Criminal Record Check Requirements.....	25
Contract Review.....	25
Discretionary Provision.....	26
T4A.....	26
Entering a Client’s Residence.....	27
Absence from work.....	27
Incident Reporting and Liability – Safety Learning System (SLS).....	27
Requirements for Placement.....	28
Requests for References.....	28
6.0 Information Applicable Only to Contractors and Contract Supervisors in the Peer Support Program	29
Petty Cash.....	29
Location of Services Received vs. Provided.....	29
Group Work.....	29
Roles and Responsibilities.....	30
Formal Backup for Peer Support Workers After Hours.....	30
Contract Guidelines.....	30
Allocation of Hours and Compensation.....	31
Client Cancellation and Billing.....	31
Minimum Payment.....	31
Payment for Educational Opportunities.....	31
Absence from Work.....	32
Account Codes for Peer Support Workers Funded by Central Office.....	32
Peer Support Program Payments and Income Assistance/Disability Benefits.....	33

Table of Contents Continued

7.0 Information for Management of the Peer Support Program	35
Peer Support Worker Contract Supervisor.....	35
Involved Staff's Responsibilities (staff whose clients seeks a PSW).....	35
Training.....	36
Record Keeping.....	36
Goals and Outcomes Sheet.....	36
Activity Log.....	37
8.0 Information Applicable Only to Contractors and Supervisors in the Consumer Initiative Fund Program	38
Project Manager Responsibilities.....	38
Reporting.....	38
Protocol for Cancelling Sessions of a Consumer Initiative Fund Project.....	38
Managing Unacceptable Behavior of Clients in a Consumer Initiative Fund Project.....	40
9.0 Information for Program Management of the Consumer Initiative Fund	42
Criteria and Procedures for Discontinuing Consumer Initiative Fund Projects.....	42
Appendix A – Contract Examples and Template form (see Attachments 1-4)	43
Appendix B – Additional Forms	44
Orientation Checklist.....	45
Confidentiality Statement.....	46
Emergency Contact Form.....	47
Goals and Outcomes Form.....	48
Activity Log Forms (see Attachments 5-6).....	50
Hybrid Record, File Order Plan.....	51
Contract Review.....	53
PWD Earnings Exemption Letter Sample.....	55
Peer Support Expenses Sheet.....	56
Peer Support Hours and Payment Sheet.....	57
Consumer Contractor Payment Sheet.....	58
Cheque Requisition Instructions.....	59
Cheque Requisition Form	60
SLS Reporting.....	61

1.0 Purpose

This Handbook has been compiled to provide information and support for contractors with lived experience of mental illness and their supervisors who are working in Vancouver Mental Health and Substance Use Services (VMHSU). The Handbook should be kept and used as a reference document.

Prior to taking up their duties, all new contractors with lived experience must receive an orientation which provides information about Vancouver Coastal Health (VCH) and VMHSU policies, guidelines, and procedures. An Orientation Checklist is provided in the Forms section of this Handbook; the Checklist should be used as a guide during the orientation process. This Handbook lists several of the most important policies and guidelines, but supervisors should ensure that all contractors are aware of all VCH and VMHSU policies and procedures that may be relevant to the contractor and his or her particular situation.

2.0 Background

The move to employ individuals with lived experience of mental illness as consumer contractors began in the early 1990s. In 1995 the Consumer Initiative Fund was initiated. The Consumer Initiative Fund program was designed to provide opportunities for individuals with lived experience of mental illness to compete for contracts to provide services to other individuals in the community who also have lived experience of mental illness. Following the development of the Consumer Initiative Fund program, the Peer Support Program began in 1997 to enable trained Peer Support Workers to offer support to achieve personal goals, learn new skills and link with community resources. From there, additional contractors with lived experience were hired into other positions in the mental health service.

It has long been recognized that individuals with similar experiences can offer unique opportunities for learning and recovery to others like themselves that those without those same experiences cannot offer. The use of individuals with lived experience as contractors is now part of all programs within VMHSU, whether in acute or community services. The Consumer Initiative Fund and the Peer Support Program are intended to provide youth, adults and older adults who have serious and/or persistent mental illness with opportunities to participate in programs run by peers and to achieve personal goals, learn new skills, and link with community resources.

3.0 Introduction

Contractors with lived experience who work for VMHSU perform a wide variety of activities. For the most part, the policies, procedures, forms and other information apply to all but there are some exceptions.

A clarification about the difference between Peer Support Workers and other contractors covered by this Handbook may be useful.

Peer Support Workers are individuals with lived experience of mental illness who have graduated from a Peer Support Worker Training Program. These individuals work on a contracted basis one to one with their peers, providing support to achieve personal goals, to learn new skills, and to link with community resources. Peer Support Worker Training is provided through VMHSU and other organizations. In VMHSU, Peer Support Workers do not do group work.

Non-Peer Support Worker contractors are individuals with lived experience of mental illness who work on a contracted basis, usually with their peers, and who may or may not be trained Peer Support Workers. Non-peer support contractors carry out a wide variety of activities and often engage in group work with their peers. Some examples include managing bursary funds for education and art programs, organizing a choir group, Wellness Recovery Action Plan (WRAP) facilitation, and assisting with the Why Weight for Wellness program, among other duties. These individuals bring varying types and levels of training to their work.

Many of these individuals work in the Consumer Initiative Fund program, but some do not. Contractors not working in Peer Support Worker positions or in the Consumer Initiative Fund and their supervisors are also covered by this Handbook and many sections are applicable to them.

4.0 Policy Guidelines Applicable to All Contractors and Supervisors Covered by this Handbook

Contractors and supervisors are advised that the following guidelines represent only those that are of greatest relevance to contractors and supervisors working in VMHSU. These guidelines are based on VCH policies and there are many other VCH policies that may be relevant to contractors working in mental health services. Contractors and supervisors are advised to review all VCH policies for their applicability to individual programs and circumstances.

VCH policies may be accessed online at http://vchconnect/policies_manuals/index.htm
Selected policies adapted for mental health services may be accessed online at <http://mentalhealth-policies.vch.ca>

Personal Relationships

Contractors working in mental health services work in a position of trust with vulnerable people. Although friendships can sometimes develop between contractors and those who are receiving services, this is discouraged. Accordingly, contact between contractors and clients must be limited solely to professional relationships. Contractors may not enter into a personal relationship with any client for at least one year after participation in the service has ended.

Sexual relationships between contractors and clients are unethical and are not allowed under any circumstances.

As with all mental health staff, contractors do not give out their personal contact information.

Contractors who find themselves in the same social milieu as a client or former client (e.g., at the same drop in centre, or at the same social gathering) will respect professional confidentiality. Unless it is scheduled as part of the service, the contractor will be friendly but not discuss anything that has been part of the professional relationship – e.g., any aspect of the client’s personal life – with either the client or anyone else during the social gathering or at any other time outside the professional relationship. Contractors, who find themselves in the same social milieu as a current client, will also report this situation to their supervisor.

Contractors are responsible for ensuring that others with whom they work, e.g., project assistants, are aware of this information and for ensuring adherence to it, to the best of their ability. Any contractor who becomes aware of, or suspects that there may be an instance of behaviour that violates this policy, is required to report this to their Contract Supervisor immediately.

Contractors who have questions or concerns about this policy or about how to behave toward a particular individual(s) are strongly encouraged to discuss this with their Contract Supervisor.

Reference: [VCH Policy #344 – Boundaries in Multiple Relationships](#): establishing professional relationships and maintaining appropriate boundaries when working with clients from small and/or marginalized communities in mental health.

Code of Ethics

In order to ensure the delivery of a high quality of care that respects the personal dignity and rights of clients and their families, VMHSU subscribes to a Code of Ethics as delineated in the following statements:

1. Services are provided with respect for human rights and dignity to all clients.
2. Contractors shall not be party to any type of policy or activity that denies equitable access to services or demeans the rights and / or dignity of any client or colleague because of their ethnic origin, race, sex, creed, age, socio-economic status, sexual orientation, political affiliation, language, physical or mental disability, or for any other reason.
3. Contractors shall safeguard client confidences within the constraints of the law and the policies of VMHSU.
4. As appropriate, contractors shall continue to study, apply, and advance knowledge; make relevant information available to clients, colleagues and the public; obtain consultation; and use the talents of other professionals in their work.
5. Contractors of VMHSU work in a position of trust with vulnerable people and therefore their relationship with VMHSU clients with whom they work as part of this contract must be limited to a business / professional relationship. Both sexual activities and sexual intimacy with a client with whom they work as part of this contract is unethical and against the policy of VMHSU.
6. Contractors shall ensure that outside interests do not jeopardize their professional service to VMHSU clients and staff. When working within their contract, contractors work on behalf of VCH.
7. Contractors shall maintain a high standard of practice.
8. Contractors shall at all times adhere to the ethical standards of the organization.

Contractors should note that violation of the Code of Ethics of the VMHSU may result in discipline procedures up to and including termination of contract.

Reference: VCH Standards of Conduct: http://vch-connect/policies_manuals/human_resources/conditions_and_practices/Documents/StandardsofConduct.pdf

Conflict of Interest

VMHSU has an excellent reputation for the provision of mental health treatment services to adults and older adults with a serious mental illness and to children, youth and their families with a serious mental health concern (or difficulty). As a contractor, you enjoy the benefits of this reputation and are obliged to uphold it in all your activities. If you are ever in doubt about whether an activity meets ethical standards or compromises the VMHSU reputation, please discuss it with your Contract Supervisor.

Potential conflicts of interest to be avoided are:

- A. **Political Activity** – Contractors engaged in political activity should be careful to ensure that s/he is not seen as representing VMHSU. Should a contractor in political office be faced with a decision that affects VMHSU, s/he should declare her/his conflict of interest and withdraw.
- B. **Private Professional Practice** – Contractors should not see private patients on VMHSU premises. Referring a VMHSU client to one's own private practice is a clear conflict of interest. If circumstances arise where this appears to be in the best interest of the client, the decision should be made by the Unit Manager, Team Director, Program Coordinator, or VMHSU staff.
- C. **Membership in Societies or on Boards or Other Organizations** – The contractor should take care to ensure that s/he is not seen as acting or speaking on behalf of the VMHSU unless formally authorized to do so.
- D. **Involvement with Advocacy Groups** – The contractor should not become associated with patient advocacy that is directed at the VMHSU.
- E. **Business** – If the contractor is engaged in any enterprise that is doing business, or intends to do business with VMHSU, the person should declare her/his interest to the Unit Manager, Team Director, or Program Coordinator. It is a conflict of interest for any contractor to be directly involved in an enterprise that profits from the clients of VMHSU.
- F. **Outside Employment** – VMHSU does not limit the activities of contractors during nonworking hours unless those activities interfere or are in conflict with the performance of his/her job, or create a conflict of interest.
- G. **Employment of Relatives** – VMHSU has no prohibition against hiring relatives. However, one general restriction has been established to help assure fair treatment of all. Close family members such as parents, children, siblings, spouses, in-laws and common-law or same-sex relationships will not be hired into or transferred into positions where they directly or indirectly supervise or are supervised by another close family member.

Reference: VCH Standards of Conduct: http://vch-connect/policies_manuals/human_resources/conditions_and_practices/Documents/StandardsofConduct.pdf

Respectful Workplace and Human Rights

A respectful and discrimination-free workplace is a priority for VCH. All persons associated with VCH are accountable for their own conduct and must conduct themselves in a civil, respectful, cooperative and non-discriminatory manner at the workplace and at work-related gatherings. This policy does not limit the rights of VCH to appropriately and in good faith manage the work performance of persons. VCH reserves the right to investigate incident(s), with or without the person's consent, where there are concerns about the alleged disrespectful conduct or discrimination and the impact of such conduct on maintaining a respectful workplace.

Disrespectful conduct is defined as including any harassing or bullying behaviour directed against another person that a reasonable person knows, or ought to know, would cause offence, humiliation, or intimidation.

Discrimination is defined as any comments or conduct that would constitute a breach of the BC Human Rights Code. The BC Human Rights Code contains protected categories including race; colour; ancestry; place of origin; religion; marital status; family status; physical or mental disability; sexual orientation; or age of that person. In addition, VCH considers gender identity as a protected category for the purposes of this section.

Persons who experience disrespectful conduct or discrimination are strongly encouraged to engage in a conversation with the other person(s) to clarify and resolve the concerns.

Where the person is unable to have the conversation directly with the other person(s), he/she should contact his or her supervisor as soon as possible. If needed, the supervisor will offer assistance such as: scheduling the conversation between both persons or attending the meeting as an observer.

Reference: VCH policy HR 3000, Respectful Workplace and Human Rights. http://vch-connect/policies_manuals/human_resources/conditions_and_practices/Documents/binary_36391.pdf

Continuity of Care

It is very important that contractors with lived experience, like other mental health professionals, know when and what to tell other involved staff about clients with whom they have worked. This sharing of information is called Continuity of Care. Continuity of Care is related to Confidentiality and these two Guidelines should be reviewed together.

When a client discloses information that may be hurtful to themselves or others, *involved staff* MUST be advised immediately. Some examples include, but are not limited to:

- A client tells you that he/she has or will stop taking his or her medications
- A client discloses that he or she is using or planning to use street drugs
- A client tells you that he or she plans to hurt him or herself or another person
- A client tells you that life is not worth living.

These are only examples. If a client is going to do something that could be damaging to him/herself or hurt others in any way, the contractor must advise *involved staff* at the program, and if a Consumer Initiative Fund program, the Coordinator of the Consumer Initiative Fund Program must be informed.

The contractor must disclose any relevant information to *involved staff*. Some examples of such information include:

- A client tells you she or he does not like her or his housing and is about to move
- A client tells you that someone else – a staff or another client - is treating him or her badly
- A client tells you that she or he is leaving the province for a period to time
- A client has moved into an apartment with another person, and that person might appear to be an angry person, or might behave illegally in some way, e.g., taking drugs.

The information may relate to anything in the client's life.

Involved staff may include:

- The client's Case Manager, or rehabilitation staff
- The Case Manager's alternate or other involved staff
- The contractor's Contract Supervisor, or in that person's absence
- Other mental health staff
- Residential care staff
- The Consumer Initiative Fund Program Coordinator, or
- The Senior Mental Health Worker or program leader.

Contractors CANNOT give client information to people outside the mental health staff, unless told to do so by an involved staff person. This is what confidentiality means.

Contractors MUST give information they receive from or about their clients to other involved staff – or, in their absence, any clinical staff – within the mental health service. This is what sharing of information or continuity of care means.

Confidentiality

The VMHSU recognizes the client's right of privacy in relation to his or her contact with the Service. In addition, whilst a client does not have the property right to his or her health records, he or she has the right to protection of all information contained therein.

Confidentiality is related to Continuity of Care and these two Guidelines should be reviewed together.

All information related to a client must be treated as confidential; this information may be written, verbal or in another form.

Confidentiality extends to everything learned in the exercise of duties in perpetuity.

Any misuse of client information shall be considered a breach of confidentiality and shall be reported to the Contract Supervisor. Disciplinary action will be taken up to and including termination of placement or contract.

To emphasize the seriousness of safeguarding client information, contractors will be required to sign the Confidentiality Statement. The Confidentiality Statement is included in the Forms section of this Handbook.

Reference: VCH Information Privacy and Confidentiality: http://vch-connect.vch.ca/programs/pp_occupational_therapy/education/student_practice_education/Documents/binary_24194.pdf

Vancouver Coastal Health Information Privacy & Confidentiality Policy

Information Privacy & Confidentiality

1. Introduction

Description

Vancouver Coastal Health Authority (“VCH”) has ethical and legal obligations to protect Personal Information about its Clients and Staff. VCH may also be obliged under contract or other circumstances to protect Confidential Information.

The purpose of this Information Privacy & Confidentiality Policy (“Policy”) is to establish the guiding principles and framework by which VCH and its Staff will comply with these obligations, demonstrate accountability for managing Personal Information and Confidential Information and maintain its trust-based relationship with Clients, Staff, business and healthcare partners (including Lower Mainland Consolidation parties) and the public.

Scope

This Policy applies to all Staff and all Personal Information and Confidential Information in the custody or control of VCH regardless of format and how it is stored or recorded.

2. Policy

2.1. Privacy legislation and Policies

VCH and its Staff are governed by the *B.C. Freedom of Information and Protection of Privacy Act* (“FIPPA”), the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and other legislation, professional codes of ethics and standards of practice.

VCH will comply with FIPPA when collecting, using and disclosing Personal Information.

All Staff must ensure that their practices in collecting, accessing, using or disclosing Personal Information and Confidential Information comply with this Policy as well as applicable laws, professional codes of practice and contractual obligations. These obligations for ensuring privacy and confidentiality continue after the employment, contract or other affiliation between VCH and its Staff comes to an end.

2.2. Confidentiality Undertaking

All Staff must complete the VCH Confidentiality Undertaking and Information Privacy Online course as required by the [Mandatory Education](#) Policy.

2.3. Collection of Personal Information

Staff may collect Personal Information as needed to operate VCH programs or activities and will not collect more Personal Information than is required to fulfill those purposes.

2.4. Direct Collection

Where possible, VCH will collect Personal Information directly from the individual the information is about

When Staff collects Personal Information directly from an individual, the individual should be informed of:

- the purpose for the collection;
- the legal authority for the collection; and
- the contact person if the individual has any questions about the collection.

VCH uses the [VCH Client Notification Sign](#) and other materials to inform Clients of the above. Notification Signs should be posted at all registration, intake and admission sites, including community centers and clinics.

2.5. Indirect Collection

Staff may collect Personal Information indirectly (from sources other than the Client):

- with the consent of the Client;

- where the information is required to provide health care and it is not possible to collect the information directly from the Client (Client consent is not required);
- where another public body is authorized to disclose the information to VCH; or
- as otherwise permitted by FIPPA

For example, where the Client is incapable of providing information or does not have the information, Staff may collect Personal Information necessary to provide care from another Health Authority, other health care providers, family members or friends.

2.6. Accuracy of Personal Information

VCH and its Staff will take all reasonable steps to ensure the accuracy and completeness of any Personal Information VCH collects or records. Staff will exercise diligence to protect against errors due to carelessness or oversight.

Health Information Management (Health Records) is responsible for updating and maintaining the accuracy of health records of Clients. Staff should direct any Clients requesting correction or amendment of information in their medical records to Health Information Management.

2.7. Use of Personal Information

Staff may only access and use Personal Information for legitimate purposes based on a “need to know” in order to perform job functions and responsibilities.

Primary Use

VCH primarily collects Personal Information about Clients to provide health care services to Clients. Staff may use Personal Information for the provision of care to Clients and for administrative and other support functions related to direct care.

Secondary Use

Staff may use Personal Information for purposes related to the provision of care (“Secondary Purposes”) only if the purpose has a reasonable and direct connection to the provision of health care services and is required for an operating program of VCH. For example, Staff may use Client Personal Information for the following Secondary Purposes:

- program planning, evaluation and monitoring, including quality improvement; • system administration;
- privacy and security audits;
- medical education and training related to VCH programs;
- analysis, management and control of disease outbreaks and population health; and
- as otherwise authorized by FIPPA.

Client identifying information is not always required where information is used for Secondary Purposes. As a general rule, Staff should only use Personal Information that is necessary to achieve the Secondary Purposes. Where possible, personal identifiers (e.g. name, birth date, photograph, PHN, MRN, home address, postal code, personal telephone number, social insurance number, driver’s license number, employee ID number, and other identity numbers) should be removed from records and documents, such as statistical management reports or sample electronic health records used for system usage training.

Research

Staff may use Personal Information for research only in compliance with VCH policies and procedures related to research, including approval from the VCH Research Institute and the Information Privacy Office, and any Research Ethics Board conditions.

2.8. Disclosure of Personal Information

Set out below are examples where Personal Information may be disclosed. Staff may consult with the Information Privacy Office for questions about disclosure.

Disclosure for Continuity of Care

Staff may disclose Personal Information on a “need-to-know” basis to other health care providers or members of the care team, both within and outside VCH, including to family members who are providing care (i.e., within the “circle of care” or for “continuity of care”). Disclosures within the circle of care do not require consent, although Staff may wish to discuss such disclosures with the Client.

Disclosure for Safety Purposes

Staff may, without requiring Client consent, disclose Personal Information necessary to provide warning or to avert the risk:

- where compelling circumstances exist that affect the health or safety any person;
- to protect the public in circumstances where there is a risk of significant harm to the environment or to the health or safety of the public or a group of people; or

- to reduce the risk that anyone will be a victim of domestic violence, if Staff believe that domestic violence is reasonably likely to occur.

Staff should seek approval from a Staff member in charge, supervisor or manager. If in doubt Staff should consult with the Information Privacy Office or Client Relations and Risk Management in deciding whether to disclose information. Examples of compelling circumstances include:

- an intent expressed by the Client, which Staff believe, to cause serious harm to self or others, such as specific threats of assault or death; and
- a Client who is incapable of driving and indicates intention to drive.

Good-faith decision-making

VCH will not dismiss, suspend, demote, discipline or otherwise disadvantage a Staff member who, acting in good faith and upon a reasonable belief, discloses Personal Information necessary to provide warning or to avert risk where immediate action is required to prevent harm to any person's health or safety.

Disclosure to Law Enforcement

For disclosures of Personal Information to law enforcement (e.g., mandatory demands such as court orders or search warrants, requests by law enforcement, or VCH-initiated reporting to law enforcement) see the [Release of Information or Belongings to Law Enforcement](#) Policy.

Disclosure with Consent

Besides the disclosures described above and other disclosures authorized by FIPPA, Staff may disclose Personal Information with Client consent. Client consent should be in writing or may be documented by Staff on the health record.

Disclosures Outside of Canada

Staff will not access, transfer or store Personal Information outside of Canada, except with the consent of the individual the information is about or as otherwise permitted by FIPPA (e.g. while temporarily travelling outside Canada, or temporary access for systems support). Staff will consult the Information Privacy Office before implementing a program where Personal Information will be transferred, stored or accessed from outside of Canada.

Obligation to Report Foreign Demand

Staff who receive or learn of a foreign demand for the disclosure of Personal Information or about the unauthorized disclosure of Personal Information in response to a foreign demand must report it to Legal Services. "Foreign demands" include subpoenas, warrants, orders or requests from courts or agencies outside Canada.

Requirements for Third Party Access to Personal Information

Where Personal Information is shared with, accessed or stored by a third party vendor, contractor, agency or other organization, a written agreement or other legal documentation may be required. Staff must consult with Legal Services or the Information Privacy Office to determine what documentation is required. Examples where legal documentation may be required are as follows:

- access by a third party organization to VCH clinical information systems
- services provided by a vendor who will have access to Personal Information
- program that requires Personal Information to be shared with another agency

Personal Information may be disclosed to third parties for research only in compliance with VCH policies and procedures related to research, including approval from the VCH Research Institute and the Information Privacy Office, the requirement to sign an Information Sharing Agreement and Research Ethics Board approval.

Release of Information Requests

Health Records: Staff may provide Client with a copy of a document if it was completed with the Client present (e.g. client assessment, care plan). Staff may also provide Client with a copy of a single lab or radiology report if they request. If Client requests a copy of their entire health record or health records narrative in nature (e.g. progress notes, transcribed reports), please direct the request to Health Information Management (Health Records Department).

Corporate/Non-Health Records: Refer requests to the Freedom of Information Office. Employee Information

Requests for employee information from legal firms, financial institutions, insurance companies, credit bureaus, etc. should be directed to Employee Engagement/Payroll.

2.9. Safeguards

VCH must take reasonable security precautions to protect Personal Information and Confidential Information against unauthorized access, collection, use, disclosure or disposal. Personal Information must be protected by appropriate safeguards according to the sensitivity of the information, regardless of the format in which it is held.

Physical Measures and Safeguards

Staff will comply with VCH physical security requirements and will take all reasonable steps to protect Personal Information and Confidential Information against unauthorized access, collection, use, disclosure or disposal, including:

- keeping hard copies of files and records containing Personal Information or Confidential Information in a secure location, such as locked storage rooms or locked filing cabinets, with controls over distribution of keys or lock combinations;

- protecting mobile electronic devices and storage media containing Personal Information or Confidential Information against theft, loss or unauthorized access;
- using available security systems (e.g., locking offices when not in use, activating alarm systems);
- refraining from disclosing and discussing Personal Information or Confidential Information in public areas where third parties may overhear or view records containing Personal Information or Confidential Information;
- following VCH guidelines and procedures for the secure destruction or disposal of Personal Information or Confidential Information that is no longer required to ensure the Personal Information or Confidential Information is destroyed, erased or made anonymous;
- prohibiting removal of records containing Personal Information or Confidential Information from VCH premises except as necessary, and, in such cases ensuring they are kept in a secure location and not exposed to risk of loss, theft or unauthorized access.

Technical Measures and Safeguards

Staff will comply with VCH technical security requirements and will take all reasonable steps to maintain the integrity of electronic systems, including:

- protecting the integrity of passwords, user-id's and other security access measures; • logging-off computers when not in attendance;
- using encryption and password protection for mobile electronic devices and storage media.

2.10. Privacy Impact Assessment

A Privacy Impact Assessment (“PIA”) must be completed before implementing or significantly changing any program or system that requires the collection, use, disclosure or sharing of Personal Information.

Before undertaking any new initiative, program or activity that involves Personal Information, VCH departments must contact the Information Privacy Office to determine whether a PIA is required. Completion of a PIA is the responsibility of the department undertaking the program or activity, with support from the Information Privacy Office.

2.11. Privacy Training

VCH will ensure that Staff who manage, access or use Personal Information receive privacy and information management training when initially hired and as required on an ongoing basis. The Information Privacy Office will develop privacy education programs in conjunction with Employee Engagement and other operational areas to educate all Staff and users of Personal Information about VCH's privacy obligations.

2.12. Retention of Personal Information

VCH must retain for a minimum of one year Personal Information that is used to make a decision that directly affects the individual the information is about. Currently, VCH retains health records for longer periods to comply with Ministry of Health directives.

Staff and their respective departments must adhere to regional or departmental policies on the retention of records containing non-health-related Personal Information.

2.13. Whistleblower Protection

VCH will not dismiss, suspend, demote, discipline, harass or otherwise disadvantage a Staff member who, acting in good faith and upon a reasonable belief, has done or intends to do the following:

- make a report to the appropriate authority about a foreign demand for Personal Information;
- disclose to the BC Office of the Information and Privacy Commissioner that VCH or another individual has contravened FIPPA;
- do something required to avoid contravention of FIPPA or refuse to contravene FIPPA; or
- inform VCH about a breach of or violation of this Policy.

2.14. Challenging Compliance

The Information Privacy Office will investigate all complaints concerning compliance with this Policy, and, if a complaint is found to be justified, will take appropriate measures including amending policies and procedures where required. The complainant will be informed of the outcome of the investigation regarding the complaint.

2.15. Reporting Privacy Breaches

Staff must immediately report to the Information Privacy Office any actual or suspected breaches of privacy or violations of this Policy, including the theft or loss of Personal Information, devices or paper records. Privacy breaches will be dealt with in accordance with the [Reporting and Management of Information Privacy Breaches](#) Policy.

2.16. Responsibilities

2.16.1. Chief Executive Officer / Senior Executive Team / Chief Privacy Officer

The Chief Executive Officer of VCH is the appointed head of VCH for the purposes of exercising the powers of the head and ensuring compliance with FIPPA. The authority of the head is delegated to the members of the Senior Executive Team and to the Chief Privacy Officer.

2.16.2. Information Privacy Office / Legal Services

The Information Privacy Office / Legal Services is responsible for:

- general oversight of privacy practices and policies within VCH;
- providing privacy education to Staff and promoting good privacy practices throughout the organization;
- responding to questions from Staff, Clients, and members of the public concerning collection, access, use and disclosure of Personal Information;
- investigating potential and actual breaches of this Policy brought to its attention and reporting breaches in accordance with VCH breach policies.

2.16.3. Employee Engagement

Employee Engagement is responsible for:

- in consultation with the Information Privacy Office, developing and maintaining policies in respect of disciplinary actions to be taken for Staff who have been determined to have breached this Policy;
- cooperating with and assisting in Information Privacy Office investigations into compliance with this Policy; and
- in consultation with the Information Privacy Office, ensuring that disciplinary action for a breach of this Policy or FIPPA is carried out in accordance with Employee Engagement policies.

2.16.4. Staff

All Staff who have access to Personal Information or Confidential Information are responsible for complying with this Policy and FIPPA. Staff are required to:

- ensure that access to and disclosure of Personal Information or Confidential Information is only made by or to authorized individuals;
- ensure that reasonable measures are taken to prevent any unauthorized access, disclosure, loss or theft of information;
- comply with terms of use and security requirements for electronic systems;
- report to the Information Privacy Office any actual or suspected breaches of privacy or this Policy and cooperate with the Information Privacy Office and Employee Engagement for the purposes of any investigation.

2.17. Compliance

Failure to comply with this Policy may result in disciplinary action including, but not limited to, the termination of employment, the termination of the contractual agreement, loss of computing privileges, loss of privileges as a student placement or volunteer role, prosecution and restitution for damages.

VCH will not take disciplinary action against a Staff member who, acting in good faith and upon a reasonable belief, discloses Personal Information necessary to provide warning or to avert risk where immediate action is required to prevent harm to any person's health or safety.

3. References

Tools, Forms and Guidelines

The Information Privacy Office [webpage](#) has a complete list of privacy-related policies, tools, forms and guidelines.

Keywords

Privacy, Breach, Confidentiality, Personal Information, Confidential Information, Freedom of Information and Protection of Privacy Act, FIPPA, Security, Lower Mainland Consolidation

Definitions

“**Clients**” means all people receiving care or services from VCH and includes patients and residents.

“**Confidential Information**” means all information, other than Personal Information, that is specifically identified as confidential or is reasonably understood to be of a confidential nature, that Staff receive or have access to through VCH or through other Lower Mainland Consolidation parties, including vendor contracts and other proprietary information that a Lower Mainland Consolidation party may have received from a third party.

“**FIPPA**” means the BC *Freedom of Information and Protection of Privacy Act*, as amended from time to time.

“**Lower Mainland Consolidation**” means the consolidation of certain corporate and clinical support functions amongst Vancouver Coastal Health Authority, Fraser Health Authority, Provincial Health Services Authority and Providence Health Care Society as more fully set out in a Master Services Agreement amongst the parties dated January 1, 2011.

“**Personal Information**” means any information about an identifiable individual, but does not include business contact information (e.g. individual’s title, business telephone number, business address, business email or facsimile number).

“**Staff**” means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers engaged by VCH.

Questions

Contact: Information Privacy Office at privacy@vch.ca

Complaints

Whenever a contractor has a complaint, the complainant should first attempt to resolve the matter with the other party or parties involved. If that does not resolve the situation, the contractor should speak to his or her Contract Supervisor who will work with the persons involved to resolve the problem. If this does not result in a resolution to the problem, the Contract Supervisor will follow the VCHA complaint process and the complaint will be documented and resolved per VCHA policy.

Reference: VCH Complaint Management Policy, CA_800. http://vch-connect/policies_manuals/clinical_administrative/crrm_policies/Documents/binary_20745.pdf

5.0 Information for All Contractors and Supervisors Covered by this Handbook

Criminal Record Check Requirements

VCH must receive a completed Criminal Record Check (CRC) from all applicants for contract positions that fall within the purview of this Handbook, including applicants for the Peer Support Worker Training Program. Legislation also requires that all CRC's be repeated every five (5) years.

The CRC must be completed and returned to the Coordinator, Consumer Involvement and Initiatives, for all contractors who have not been under contract with VCH within the previous twelve (12) months, and must be submitted **before** the contractor begins work. The CRC must be up to date, i.e., must have been obtained within the past year.

The criminal record check is to be done through the Ministry of Justice, not the police. It is valid for working with both adults and youth.

The Consumer Involvement and Initiatives program will cover the cost for Peer Support Workers and Consumer Contractors and will send the appropriate forms to the Ministry of Justice provided the appropriate sections on the form have been filled out by the contractor. Work sites can contact Consumer Involvement and Initiatives for information about procedure.

The Contractor will not commence work with children or vulnerable adults unless the results of a CRC show that the individual does not present a risk of physical or sexual abuse to children or a risk of physical, sexual or financial abuse to vulnerable adults. Decisions regarding this are made by the Ministry of Justice.

Contract Review

For contractors who are covered by this Handbook, the following will apply:

- During a contractor's first contract with a new site, with a new program, or when a new contract with different deliverables has been executed, a three-month contract review will be done and may be carried out sooner at the discretion of the Contract Supervisor. If any concerns are identified during the contract review, the contractor will have an opportunity to improve performance to meet contract deliverables prior to the end of the contract. For contracts of a year's duration, the contract review will be repeated at three month intervals, if concerns or issues have been identified.
- At each contract renewal (typically occurring at six month or 1 year intervals), a contract review will be conducted.

- Contract reviews may also be done as needed, determined by the Contract Supervisor.
- A contract review form is included in the Forms section of this Handbook.

Discretionary Provision

If a contractor becomes unable to fulfill contract requirements, she/he must notify the Contract Supervisor immediately and inform him/her about any appointments that have been booked, sessions or programs that have been scheduled, and his/her expected return date. At the discretion of the Contract Supervisor, discretionary provision may be provided. Discretionary provision is calculated at 1/12th of allotted work hours.

To come up with the total maximum value of a discretionary provision for a contract, multiply the number of hours per month by the number of month and divide by 12. Then multiply the number of hours by the hourly rate.

For example: for a 6 month contract of 20 hours per month with an hourly rate of \$12

$$(6 \times 20) / 12 = 10 \text{ hours}$$

$$10 \times \$12 \text{ per hour} = \$120$$

In this example, if the supervisor decided to offer the discretionary provision, the contractor could have up to ten hours of discretionary funding for this six month contract.

When a discretionary payment is approved, a letter will be sent indicating that the payment is for discretionary funding. Regular contract payments that would overlap with the time determined to be discretionary, will not be made.

T4A

Contractors with lived experience who work in mental health services will receive T4A statements for work done as a part of their contract if they earn more than \$500 in a calendar year from VCH. This includes contractors working in any mental health service of VCH, Peer Support Workers and contractors in the Consumer Initiative Fund program.

Entering a Client's Residence

A contractor is restricted from entering a client's residence unless it is part of the client's goals or there are special circumstances such as working with an older adult who is not physically mobile. In every case, the contractor must have permission from the Contract Supervisor before entering a client's residence and follow VCH policy and procedures.

Absence from Work

If a contractor becomes unable to fulfill his or her contract requirements, she/he must notify the Contract Supervisor immediately and inform the Contract Supervisor about any appointments or groups that have been scheduled. If needed, the Contract Supervisor will find a suitable substitute contractor to fill in for the original contractor. In this case, the substitute contractor will be paid for the service provided and the original contractor will not bill for the missed service.

Incident Reporting and Liability – Safety Learning System (SLS)

If a contractor is with a client when an incident occurs and there is harm to the client being served and/or to the contractor, the incident must be reported as soon as possible.

Harm to client:

When a client has been harmed, the staff member responsible for the client is to be informed and the staff member must report the event in the Safety Learning System (see example in the Forms section of this Handbook).

Harm to contractor:

Contractors are covered under WorkSafe BC under the VCH account. If the contractor has been injured the Contract Supervisor is to be informed and the Contract Supervisor must report the incident to the work site Manager, Manager, Consumer Involvement and Initiatives and to the Director, Client Relations and Risk Management. The contractor will call in to WorkSafe BC to report, and identify as a contractor. They will not need to call the Workplace Health Line.

Requirements for Placement

Before a contractor begins work with or around clients the following must be completed:

- a) **Orientation** All contractors are to receive a thorough orientation that covers the contents of this Handbook that apply to the particular situation the contractor will be working in and covers the topics included on the Orientation Checklist provided in the Forms section of this Handbook.
- b) **Criminal Record Check (CRC)** Any contractor working with clients must satisfactorily complete a CRC through the BC Ministry of Justice. Contract supervisors are required to check with Consumer Involvement and Initiatives to see if a current CRC is on file when contracting someone for the first time at their site.
- c) **Completion of All Required Forms** The forms to be completed are the Consumer and Peer Contractor Agreement Template (see Attachment 2), Confidentiality Statement, and Emergency Contact form. Copies of all three are to be kept at the work site and also sent to Consumer Involvement and Initiatives at Central Office.

See Appendix A for Agreement Instructions, Agreement Form and examples of Agreements.

See Appendix B for examples of the Orientation Checklist, Confidentiality Statement, and Emergency Contact Form.

Requests for References

Contract Supervisors are increasingly being asked for references from contractors and trainees. A chart showing the appropriate action is included below.

Condition – if this:	Resolution – do this:
Application for PSW training	Two letters required: work or volunteer, plus personal
Departure from PSW training	At supervisor's discretion
Application for contract Required – call references	List of two/three references
Departure from contract	At supervisor's discretion

6.0 Information Applicable Only to Contractors and Contract Supervisors in the Peer Support Program

Petty Cash

Peer Support Workers can receive a small stipend, a flexible amount, to facilitate achieving clients' goals. This expense money is spent as determined by the client's goal and plan, and is not an entitlement. Other procedures may be used for Peer Support Workers funded from other sources.

The amount of the stipend will not exceed \$25.00 per month, and will be based on the client's goals.

Reimbursement of cash spent will require receipts and a cheque requisition. The PSW Expenses Form is used to account for these expenses. All receipts must be submitted to the Peer Support Worker's Contract Supervisor for reimbursement to occur. Only the first cheque requisition (usually \$25.00) can be ordered as a client services expense without receipts.

- For contracts funded by the Peer Support Office (Central Office), the account code is 75103005-4950120-625.
- **For contracts funded by the site, the site must use its own cost centre and site number and not 75103005.**

Location of Services Received vs. Provided

Peer Support Workers do not normally provide services at a team, unit or program where they currently receive services or where they have received services within the past year. However, at times, an exception to this rule may be considered. The Contract Supervisor and a Peer Support Worker applicant may choose to make an exception to this guideline.

Group Work

VMHSU intends peer support work to be limited to one-to-one work and not include group facilitation or co-facilitation. If group work is implemented it will not be covered under the peer support budget and needs to be described as non-peer support in a separate letter of agreement. Please note that a Peer Support Worker can attend a group with a client to assist the individual to meet his or her goals.

Roles and Responsibilities

- provide support to clients of VMHSU,
- meet one-to-one with assigned clients, generally away from VMHSU programs,
- actively assist clients to achieve specific agreed-upon clinical and rehabilitation goals, and
- complete the required paperwork (see Forms section) regarding their meetings with clients.

Formal Back-up for Peer Support Workers After Hours – Evenings and Weekends

In some cases, Peer Support Workers can work after hours, on weekends and evenings. After hours work must be approved by the Contract Supervisor on a case-by-case basis, provided that:

- The Peer Support Worker, Contract Supervisor and client are in agreement that the after-hours work constitutes part of the client's goal and cannot be accomplished during regular office hours.
- The client is stable.
- There is general support organized by the Contract Supervisor for the Peer Support Worker from among the client's resources, for example, community, home, staff, and family member.
- In the event of an emergency, Mental Health Emergency Services has agreed to be a back-up for Peer Support Workers on evenings and weekends.
- In the event of an emergency, the Peer Support Worker will contact Mental Health Emergency Services by phone and identify him or herself as a Peer Support Worker and Mental Health Emergency Services will provide consultation, support and intervention if required.

Contract Guidelines

A basic Peer Support Worker contract is for a six month period for 20 hours per month. The program expects that the Peer Support Worker will work twenty hours per month but this can vary as needed over the six months. Contract variations may be designed (e.g., two Peer Support Workers with ten hours a month each) to fit specific program needs but they must be approved by the Contract Supervisor and will be based upon demand and budget availability, including possible use of program resources.

If a Peer Support Worker has completed two or more successful six-month contracts, is working well at a program and the program wishes to consider a full-year contract or a contract with a different number of hours, this can also be discussed between the Peer Support Worker and the Contract Supervisor.

Allocation of Hours and Compensation

The Contract Supervisor takes responsibility for keeping the Peer Support Worker active and has the final say on how many hours of a contract go to a specific client. The Peer Support Worker records and submits hours worked, payroll sheets and expense forms to the Contract Supervisor for processing.

The necessary twenty hours per month can be spread out over the full six-month contract with hours being banked forward or backward as necessary. If the hours vary so that ten or more hours are “owed” one way or the other, the Contract Supervisor may wish to talk to the Peer Support Coordinator, the Peer Support Worker and/or Case Manager regarding this. Work hours also include site introduction time and training at the beginning of the first Peer Support Worker contract and monthly meetings with program staff and other Peer Support Workers, and monthly Peer Support Educational Meetings with other Peer Support Workers and the Peer Support Coordinator.

Client Cancellation and Billing

In cases where a client cancels and is able to give 24 hours’ notice of the cancellation, the Peer Support Worker does not bill for hours. However, if the client cancels within the 24 hours prior to the scheduled time, the Peer Support Worker will bill for 2 hours.

Minimum Payment

Peer Support Workers are to be paid for a minimum of two hours when with a client and a minimum of two hours if asked to travel to work for the purpose of attending a meeting.

Payment for Educational Opportunities

Peer Support Workers are to be paid for attending the monthly Peer Support Educational Meetings organized by the Peer Support Office. Peer Support Workers may be informed about additional workshops and conferences that can be attended on a voluntary basis, but will not be paid for these unless a workshop or conference is being held in lieu of the monthly Peer Support Educational Meetings. This is intended to keep the ratio of paid education time to work time for Peer Support Workers consistent with the ratio for other kinds of workers. However, if a Contract Supervisor sees a need for a Peer Support Worker to receive education in a particular area and specifically requests that the Peer Support Worker obtain this education, the Peer Support Worker will be paid for the time spent receiving the education.

Absence from Work

If a Peer Support Worker becomes unable to fulfill his or her contract requirements, she/he must notify the Contract Supervisor immediately and inform the Contract Supervisor about any appointments that have been booked. If it would seriously impact the number of hours worked, further negotiation will be the responsibility of the involved staff and the Peer Support Coordinator. If it is to be a lengthy leave and the involved staff feel that it is of importance that the program be able to provide peer support during that time, negotiations for a substitute or replacement posting will take place between the involved staff, the Peer Support Worker and the Peer Support Coordinator.

Discretionary funding may be provided to Peer Support Workers at the discretion of the Contract Supervisor. See the Discretionary Provision guideline provided earlier in this Handbook. As per that section, the amount available is 1/12th of the allotted hours in a contract. For example, for a 6 month contract of 20 hours per month, the PSW could request up to 10 hours of discretionary provision. The formula for calculating appears on pages 7-8.

Account Codes for Peer Support Workers Funded by Central Office

Account codes for the Hours and Payment Sheet, when the Peer Support Worker is funded by the Peer Support Office (central office) are: 75103005-625-8601505.

Account codes for the Peer Support Worker Expenses Form, when the Peer Support Worker is funded by the Peer Support Office (central office) are: 75103005-625-4951020.

- **For contracts funded by a site, the site must use its own cost centre and site number and not 75103005.**

Peer Support Program Payments and Income Assistance/Disability Benefits

In May 2005, the provincial income assistance and disability legislation was amended by introducing a new section regarding the payments made to mental health consumers by a health authority or its contractor. This change was a direct result of a successful appeal in a case of a client whose disability benefit had been denied due to peer support payments received from a mental health agency.

Under the Schedule B Section 1 of the EA Regulation and EA for PWD Regulation, those payments are listed as one of the income exemptions. This section states that “payments made by a health authority or a contractor of a health authority to a recipient, who is a *“person with a mental disorder” as defined in section 1 of the Mental Health Act, for the purpose of supporting the recipient in participating in a volunteer program or in a mental health or addictions rehabilitation program is exempt from the net income calculation for the purposes of determining eligibility for an amount of income/disability benefits assistance”*.”

As with many other parts of legislation, the Ministry of Health policy provides additional information regarding those payments. According to this policy the types of cases listed below are not considered income for provincial disability benefits purposes and are fully exempt from provincial disability benefit earnings caps. Note: this is not related to income tax.

For example, at the time of writing, a person on provincial disability benefits can earn up to \$9,600 per year before income reduces their monthly provincial disability cheque. If the contract is eligible for the earnings exemption, they can earn an unlimited amount and not have it reduce their disability benefits cheque. As per the list below, Peer Support contracts are eligible for this exemption.

The Ministry identifies the following as eligible:

- 1) payments to participate in Therapeutic Volunteer Programs,
- 2) payments for the costs of fees for participating in recreation and leisure activities,
- 3) payments to cover the cost of participation as a presenter or participant in training and education seminars and conferences, public lectures on mental health/addictions treatment and management, and other related topics,

- 4) payments for formal or informal peer support, in accordance with the Ministry of Health Peer Support Manual (see Peer Support Coordinator for information),
- or
- 5) payments to cover the cost of travel, meals and honoraria for clients who are invited to participate in discussions with health authorities, or who present information regarding the planning, delivery or evaluation of mental health and addictions services.

Additional information can be found in the Ministry of Health Peer Support Manual (2001). The full Manual can be accessed on line at the Ministry website at: http://www.health.gov.bc.ca/library/publications/year/2001/MHA_Peer_Support_Manual.pdf.

Please also see the Peer Support Worker Payments Letter of Exemption in the Forms section of this Handbook.

7.0 Information for Management of the Peer Support Program

Peer Support Worker Contract Supervisor

Anyone with supervisory tasks in his/her job description can be a Contract Supervisor. The Contract Supervisor provides direct placement support to the Peer Support Worker and negotiates the Peer Support Worker's contract.

Contract Supervisor tasks:

- plan the Peer Support Worker caseload
- fill in contract template form and send to CI&I office
- arrange to sign each Letter of Agreement, emergency contact form, and hours and payment sheet with a Peer Support Worker
- provide program orientation, including an orientation to safety guidelines
- provide a place to do and store paperwork, and
- host a monthly supervision meeting with all Peer Support Workers at his/her program.

These monthly meetings may also involve other staff and will:

- provide support,
- allow an opportunity for supervision and consultation, and
- assist with any debriefing situations that might arise.

Peer Support Workers, Contract Supervisors, mentors and other staff may also meet individually as necessary regarding specific placement with clients. These placements are reviewed every six months, and typically do not extend beyond two years.

Involved Staff's Responsibilities (staff whose client seeks a Peer Support Worker)

Involved staff will:

- discuss the possibility of involving a Peer Support Worker with his or her client
- help the client to set goals
- introduce the client to the Peer Support Worker
- ensure that the supportive relationship, goal setting, progress, and completion process is effective
- provide all relevant and requested client information verbally to the involved Peer Support Worker
- assist the client and the Peer Support Worker as needed

- attend the monthly program meeting between the Peer Support Workers and their Contract Supervisor as needed.

Training

Training is provided by the Peer Support Coordinator. Individuals with a mental health history self-refer to the training. Acceptance into the training is a competitive process.

The requirements for an application are:

- application form
- resume
- two letters of reference (not from a family member and preferably not from a service provider)
- Criminal Record Check will be required before a Peer Support Trainee begins a practicum.

The Peer Support Worker Training Program provides a minimum of 72 hours of classroom education followed by 36 hours of supervised practicum. Peer Support Worker Trainees must successfully complete the examinations and practicum in order to achieve the Peer Support Worker certificate.

The practicum is overseen by the Contract Supervisor/mentor at the placement site. Questionnaires and evaluations regarding the success of the practicum are completed by all parties. It is the Contract Supervisor/mentor who determines whether or not a practicum is successful. This information and decision are discussed with the Trainee and forwarded to the Peer Support Coordinator, who reviews it, and may also meet with the Trainee as needed.

Record Keeping

Goals and Outcomes Sheet.

- This is completed in consultation with the Contract Supervisor or mentor and is kept at the program. Clients are identified by initials only in the Goals and Outcomes Sheet.
- The Peer Support Worker gives the original to the Case Manager or other clinician for the hybrid chart.
- The Peer Support Worker also keeps a photocopy for his or her own. peer support files for easy access.

- When the Peer Support Worker finishes work with a client or has determined the outcomes of their initial goal(s), the peer support copy, with the completed outcomes replaces the original goals and outcomes sheet in the hybrid chart.
- The second copy is destroyed so that there is no longer a copy in the peer support file.
- New records are created for subsequent goals and stored as described previously.
- Peer Support Worker documentation does not go into PARIS. Staff may wish to communicate with Peer Support Workers and write their own notes for PARIS.

Activity Log

- After each visit with his/her client, a Peer Support Worker completes the Activity Log, and updates the Goals and Outcomes Sheet as needed.
- These Peer Support Worker files are available to all involved staff.
- Clients are to be identified by initials only in Activity Logs.
- When the Peer Support Worker completely fills a full Activity Log sheet, he/she gives the original to the Case Manager or other clinician for the hybrid chart.
- He or she also keeps a photocopy in the peer support files for his or her own easy access.
- When the Peer Support Worker finishes work with a client or has determined the outcomes of their initial goal(s) the peer support copy is destroyed as originals are already in the hybrid chart.
- New records are created for subsequent goals and stored as described previously.
- Peer Support Worker documentation does not go into PARIS. Staff may wish to communicate with Peer Support Workers and write their own notes for PARIS.

8.0 Information Applicable Only to Contractors and Supervisors in the Consumer Initiative Fund Program

Project Manager Responsibilities

- Meet with the Program Coordinator at the beginning of the fiscal year to update and sign the project contract;
- Oversee all aspects of the project, ensuring that it runs smoothly and fulfills its mandate and deliverables;
- Monitor the project budget to ensure that spending is on target;
- In accordance with contract deliverables make payments for services and supplies as needed, complete all necessary reimbursement requests and financial reports;
- Complete and submit all other reports as required;
- Organize and oversee all activities/events/courses/bursaries of the project;
- Attend all required Consumer Initiative Fund meetings/workshops;
- Maintain regular contact with the assigned Committee Liaison to keep the Liaison informed of progress and problems;
- Adhere to VCH policies and procedures;
- Together with the Committee Liaison and the Program Coordinator, make decisions regarding problems that arise, following established procedures and protocols.

Reporting

- The Project Manager reports to the Consumer Initiative Fund Liaison Committee via the assigned Committee Liaison.

Protocol for Cancelling Sessions of a Consumer Initiative Fund Project

If the Project Manager or Assistant Project Manager of a Consumer Initiative Fund Program becomes ill or unable to provide the service agreed to in the Letter of Agreement with Consumer Initiative Fund, the Project Manager or Assistant will:

- Inform the Consumer Initiative Fund Program Coordinator.

If the Project Manager or Assistant is unable to continue the project alone, or if there is only a Project Manager and that person has become ill, the following procedure will be followed:

- Once the Consumer Initiative Fund Program Coordinator becomes aware that there are problems or potential problems in a Consumer Initiative Fund project, the Program Coordinator will:
- Speak with the individual who has brought the information to the Consumer Initiative Fund's attention;
- Contact the Project Manager, Assistant Project Manager, or facility where the project is held to obtain additional information and clarify the situation or problem;
- Make a determination about the feasibility of continuing the project.

If the project can be continued using existing project staff without placing an undue burden on them, the project can continue until its continuation causes a burden on remaining staff;

- Once the Program Coordinator determines that the project should be cancelled in the short run or discontinued permanently:
 - the facility where the project takes place will be notified
 - participants who attend regularly will be notified if contact details are available
 - signs will be posted at the facility to inform participants who may not attend regularly or who have not provided contact details
- Regular payments for services under the Letter of Agreement will be stopped as of the date of the suspension or cancellation determination made by the Program Coordinator;
- One month discretionary funding for Fees may be provided to appropriate individuals, e.g., Project Manager, Assistant Project Manager, etc. by the Consumer Initiative Fund office, at the discretion of the Program Coordinator. See the Discretionary Provision guideline cited earlier in this Handbook.
- The project will be flagged to ensure that continued payments are not made until such time that the project begins operating.

Managing Unacceptable Behaviour of Clients in a Consumer Initiative Fund Project

The following guidelines apply to conflicts that may arise in the discharge of Project Manager responsibilities. We encourage all Project Managers and Committee members to participate with an open mind and a willingness to resolve differences.

This document is a management tool. If the project is based in an agency, the rules of the agency must be followed first and agency staff must be informed of inappropriate conduct.

NOTE: At any time during these procedures, there is always the option of arranging a mediation that would involve the CIF Program Coordinator, the Project Manager, the Committee Liaison, the complainant and a representative from the agency of the facility in which the project is located.

Unacceptable behaviours include:

- Inadequate anger management, disrespectful, rude, or aggressive behaviour
- Fraud or theft
- Racist, sexist or abusive behaviour
- Verbal, physical or sexual harassment
- Failure to take appropriate action in the face of conflict of interest
- Evidence of alcohol or illegal drug use during meetings, project events or workshops
- Very offensive hygiene
- Breaching confidentiality

Procedures to be followed by the Project Manager, or Assistant Project Manager in the absence of the Project Manager:

- 1st Occurrence: Verbal warning issued at the discretion of the Project Manager. This should be done respectfully and as privately as possible. The Project Manager should document the details confidentially.
- 2nd Occurrence: Verbal request, issued at the discretion of the Project Manager, for the participant to leave the project for the day/event. The incident should be reported to the Committee Liaison.

- 3rd Occurrence: 1 month absence from the project activity. The Project Manager has the discretion to issue this in conjunction with the Committee Liaison and the CIF Coordinator.
- Mediation: This can be requested by the Project Manager or the participant and can take place after the 1 month absence period. Process will be facilitated by the CIF Coordinator, the CIF Committee, and agency staff as required.
- 3 month absence: The determination to issue a 3 month absence will be made by the Project Manager, Committee Liaison and CIF Coordinator and a representative from any agency involved in the process.
- Long term absence: To be determined by the CIF Program Coordinator, and the Coordinator, Consumer Involvement and Initiatives at Central Office in consultation with the Project Manager and the CIF Committee.

9.0 Information for Program Management of the Consumer Initiative Fund

Criteria and Procedures for Discontinuing Consumer Initiative Fund Projects

- Project routinely has very few or no participants;
- Lack of adequate project resources including any of the following:
 - a. Inability to locate appropriate leadership for the project, either in the form of Project Manager or Project Assistant
 - b. Unavailability of suitable space/location to operate the project
 - c. Unavailability of project leadership, either due to illness, repeated or long term absence(s), or lack of continued interest
 - d. Performance issues with project leadership, necessitating cancellation of project either for a long period of time or during repeated episodes
 - e. Other problems/issues that make continuation of the project too resource intensive, infeasible, or undesirable;
- Lack of overall Consumer Initiative Fund resources;
- Determination by the CIF Program Coordinator and the Coordinator, Consumer Involvement and Initiatives at Central Office in consultation with the Project Manager and the CIF Committee that the project should be discontinued.

Appendix A – Contract Examples and Template form

Consumer and Peer Contract template form and Contract examples are included as separate attachments.

Attachment 1 – Peer Contract Process instructions

Attachment 2 - Consumer and Peer Contract template form

Attachment 3 - Example Peer Support Worker Services Agreement

Attachment 4 - Example Consumer/Peer Contractor Services Agreement

Appendix B – Forms

The following forms are contained in this Appendix:

Orientation Checklist
Confidentiality Statement
Emergency Contact Form
Peer Support Program Goals and Outcomes
Peer Support Program Activity Log
File Order Plan for Clients with Peer Support Workers
Contract Review
Peer Support Worker Payment Exemption Letter
Peer Support Worker Expenses Form
Peer Support Worker Hours and Payment Sheet
Consumer Contractor Hours and Payment Sheet
Cheque Requisition Instructions
Cheque Requisition Form
SLS Event Reporting Example

ORIENTATION CHECKLIST FOR CONTRACTORS WITH LIVED EXPERIENCE WORKING IN MENTAL HEALTH SERVICES

- a) Discuss or review:
- o confidentiality - ensure that Confidentiality Statement is completed
 - o emergency contacts - ensure that Emergency Contact form is completed
 - o continuity of care
 - o orientation to recovery
 - o sharing of information
 - o ethics and personal relationships
 - o complaints
 - o respectful workplace behavior and policy
 - o safety guidelines of the program the contractor will be working with, including working alone and
 - o entering a client's residence
 - o liability and event reporting
 - o supervision
 - o earnings exemption letter (for Peer Support Workers only)
 - o paperwork, and
 - o professional boundaries, e.g.:
 - no therapy; support or program activities only
 - all job duties completed within hours assigned
 - do not meet a client outside of office hours
 - policies regarding ethics and personal relationships with clients, etc.
- b) Complete the Letter of Agreement, discussing such items as:
- o contract provisions regarding discretionary provision
 - o absence from duties
 - o notice of a cancelled appointment (for Peer Support Workers only)
 - o contract deliverables
 - o program supervisory structures
 - o mentor arrangement if applicable
 - o hours and payment sheet, petty cash where applicable, submission procedures
- c) Orient the contractor to:
- o the program mandate
 - o different program members and their roles/responsibilities
 - o expectations regarding meeting times with staff of the program
 - o the program environment
 - o for Peer Support Workers, the monthly educational meeting with the Coordinator, Peer Support Program.

Signature, Contractor
Date Completed

Signature, Contract Supervisor

CONFIDENTIALITY STATEMENT
Contractors with Lived Experience Working in
Mental Health and Substance Use Services

- I have read the VCH Policy on Confidentiality.
- I understand and agree that in the performance of my duties as a contractor with VCH, I must hold client and administrative information in confidence.
- Further, I understand that intentional or involuntary violation of this confidentiality may result in termination of my placement.

Date	Name (Please print)
-------------	----------------------------

Signature: Contractor

Date	Name (Please print)
-------------	----------------------------

Team/Unit/Program

Position

Witness Signature

Copy to: Contract Supervisor Copy to: Consumer Involvement and Initiatives, Central Office



EMERGENCY CONTACT FORM

Name of Contractor: _____

Name of Emergency Contact (required): _____

Relationship to Contractor (required): _____

Phone Number(s) (required): _____

Other Contact Information (e.g., e-mail address) (optional):

I consent to having Vancouver Mental Health and Substance Use Services contact the above mentioned emergency contact in the event of an emergency or concern for my well-being.

Signature: _____ Date: _____

Print name: _____

Witnessed by:

Signature: _____ Date: _____

Print name: _____

Copy to: Contract Supervisor,

Copy to: Consumer Involvement and Initiatives, Central Office

PEER SUPPORT PROGRAM GOALS & OUTCOMES

CLIENT NAME	D.O.B. (yr.mo.dy.)
PEER SUPPORT WORKER	THERAPIST

GOAL(S) <small>(Therapist/rehab staff's reason for referral to PSW)</small>	DATE:

OBJECTIVES AND PLAN <small>(Therapist/rehab staff and PSW)</small>	DATE:
	A.
	B.
	C.

CLIENT'S SIGNATURE

**PEER SUPPORT PROGRAM
GOALS & OUTCOME SHEET**

OUTCOME/SUMMARY

OUTCOME <small>(Notes by PSW – was the goal achieved, accomplishments, strengths and areas of difficulty)</small>	DATE:

RECOMMENDATIONS (OPTIONAL)	

OUTCOME SCALE	OBJECTIVES	(1) Not Much Progress	(2) Satisfactorily Achieved	(3) Exceeded Expectations
	A			
B				
C				

PEER SUPPORT WORKER SIGNATURE

THERAPIST'S/REHAB STAFF SIGNATURE

Activity Logs:

For the time being, please see attached forms:

Attachment 5 - Activity log - two entries per page

Attachment 6 - Activity log - four entries per page

(These fillable PDF forms will also be posted on the intranet at a future date)

Vancouver Community Mental Health Services
Hybrid Record – File Order Plan
MENTAL HEALTH TEAM

📁 Indicates the use of a divider tabs which are removed when the client's record is closed

◇ Indicates the use of a Greensleeve (green page protector) to house Advance Care Planning Documents. The Greensleeve with its contents will be brought forward to each new case episode.

File all documents in reverse chronological order within each tab, having the most recent reports on top.

Forms can be interfiled within each tab unless otherwise indicated.

Do NOT file Unusual Occurrence reports, Safety Learning System (SLS) reports or the Internal Audit, Part 2 (Administrative Review) on the client's record.

FIRST ACCO - LEFT SIDE

◇ **Advance Care Planning (ACP) Documents**

Housed in a **Greensleeve** (transparent green page protector) Will be brought forward to each new care episode.

📁 **Release of Information**

Information Released From Record Log (*Must be placed as the first form in the tab*)
Authorization for Release of Information

Fax Cover Letters
Amendment Letters from Clients

📁 **External Service Provider Reports**

Hospital Discharge Summaries
Consultations
Community Reports (e.g. Mood Clinic)
Copies of Non-MHT Reports (e.g. CCD, GVS, AOS, SAFER)
Coroners Judgment of Inquiry
Nutritionist Summary and Report
Monthly Summaries (eg. Coast)
Language Program Reports

📁 **Legal Orders/Client Contracts**

Probation
Restraint
Coroner's Order To Seize
Guardianship
Subpoena
Committeeship
Ulysses Agreements

📁 **Previous Information** (Yellow Tab)

Documentation from previous referrals

SECOND ACCO - CENTRE RIGHT

📁 **Medications** (*Do NOT interfile these forms. Documents are listed top down.*)

Medication Orders/Profile (currently in use)
Medication Reconciliation (currently in use)
Medication Orders/Profile (older forms)
Medication Reconciliation (older forms)
Prescription Sheet
Medication Administration
Pharmanet Profile

📁 **Metabolic Monitoring Tool/Smoking Cessation**

Metabolic Monitoring Tool
Tobacco Dependence Clinic Client Assessment Form
Tobacco Dependence Clinic Flow Sheet
Tobacco Use Monitoring Tool

📁 **Lab Results/Diagnostic Tests** (*Do NOT interfile these forms. Documents are listed top down.*)

Serum/Lithium Levels
Clozapine Monitoring
Lab Reports and Requisitions
Due to large volume of documents, lab results such as Clozapine Monitoring may be placed in a separate volume.
EKG
ECT Results (no consults)
Weight Chart
BP/Vital Signs

📁 **Medication Correspondence**

Clozapine Correspondence Letters
Communication Sheet for Maintenance ECT
Plan G Forms
Reference Based Pricing-Special Authority
Health & Welfare Report of an Adverse Drug Reaction
Physicians Release For Client's Self Administration of Medication
Medication Requisition for Frequent Dispensing
Pharmacy Request for Refills
Health Registry Information

📁 **Previous Information** (Green Tab)

Documentation from previous referrals

THIRD ACCO – CENTRE LEFT

VCMHS Clinical Documents

BCFPI: Brief Child & Family Phone
Interview/CYMH Prioritization Tool
Client Self-Appraisal of Needs & Interests
Admission Information
Peer Support Program Goals & Outcome Sheet
Peer Support Program Activity Log
Rehab Services Tests (e.g. *Client Vocational Profile, Screening Tool for Living Skills*)
Group Referrals (e.g. *Butt Out Group Referral*)
Psychological Tests
MHES Assessment Summaries
Venture Reports (*Medication Order, Administration Sheets, Contracts*)

Rating Scales

Mini Mental Status
Aptitude Tests
Depression Tests
Is Your Client At Risk For A Fall?
Mental Health Team Transition Review Process
LOCUS Score

PARIS Convenience Copies

All printed PARIS Convenience Copies are to be removed when the client is closed.

Previous Information (Pink Tab)

Documentation from previous referrals

File Order Plan –Revised October 22, 2013

FOURTH ACCO - RIGHT SIDE

Extended Leave/Mental Health Act Forms

Extended Leave Tracking Form (***Must be placed as the first form in the tab***)

May be placed on the outside cover in a vinyl pocket with no client identification visible. Fold over the demographic section of the form or file the form face down.

Mental Health Act Forms (Form 6, 13, 17, 18 etc.)

Medical Certificate (Form 4)

Client Consent Forms

(e.g. Consent to Access Pharmanet. Consent to Photography, Audiotaping, & Videotaping)

General VCMHS Correspondence

GP Form Letters
Medical Background Information
Bus Pass Form Letter
Persons with Persistent Multiple Barriers (PPMB) Form
Community Volunteer Supplement Request
Consumer Initiative Fund Request
Miscellaneous (e.g. *Newspaper Clippings, Internet Research*)
Disability Insurance Claim Forms
Pension Plan Forms
Medical Equipment Request
Referral forms sent to external agencies

Client Created Documents

Client Letters
Artwork
Stories
Business cards
Client emails
Family letters

Previous Information (Red Tab)

Documentation from previous referrals



CONTRACT REVIEW

Time Frame: _____
Contractor: _____

Review Date: _____
Program: _____

This Contract Review is part of your ongoing process of review, continual feedback and improvement. It provides you with an opportunity to receive and give feedback to/from your Contract Supervisor on your contract performance in relation to program principles and goals. The review allows you and your Contract Supervisor to recognize and enhance your roles, responsibilities and deliverables and to plan performance enhancement.

ROLES, RESPONSIBILITIES AND DELIVERABLES AS SET OUT IN THE CONTRACT	Does not meet contract expectations	Meets contract Expectations	Exceeds contract Expectations
COMMUNICATION SKILLS			
Communicates and interacts positively and effectively			
Verbal and written communication is clear			
Listens actively to others			
WORK HABITS			
Manages time productively			
Punctual for visits and meetings			
Works well independently			
All contract deliverables performed within Hours assigned			
Completes required paperwork effectively and in a timely manner			
PEER SUPPORT WORKERS ONLY:			
Meets 1:1 with assigned clients assisting them to achieve agreed-upon goals			
Abides by Guidelines Specific to Peer Support Workers			

Continued on next page

ALL CONTRACTORS:

RELATIONSHIPS			
Provides support to clients			
Relates to others in a positive way			
Abides by appropriate codes of conduct <input type="checkbox"/> Personal Relationships <input type="checkbox"/> Code of Ethics <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Entering a Client’s Residence <input type="checkbox"/> Continuity of Care <input type="checkbox"/> Confidentiality			
WORKS COLLABORATIVELY WITH THE INTERDISCIPLINARY TEAM			
JUDGMENT			
Makes decisions based on full analysis of the issue and in full compliance with procedures and regulations			
Acts in the interest of the client(s), resolves conflict responsibly and reports back as appropriate.			
DELIVERABLES			
Was the service delivered according to contract?			

Summary of Contract Review (by Contract Supervisor)

Contractor Comments:

Please include comments on your performance. Include ideas on how your Contract Supervisor can help facilitate your success in the contract.

____ I have read and accept this Contract Review ____ I have read and disagree with this Contract Review

Contract Supervisor’s Name: _____ Contractor’s Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Peer Support Worker Payment Exemption Letter – This letter should be completed by the Contract Supervisor and taken by Peer Support Workers to the local office of the Ministry of Housing and Social Development

Date

Ministry of Social Development
Address
Vancouver, BC
Postal Code

SIN:

RE: Peer Support Worker Payments

To Whom It May Concern:

Further to the note sent out to all line staff from John Pitcairn, Community Relations and Service Quality Manager, Employment Initiatives Branch, Ministry of Employment and Income Assistance, stating that PEER SUPPORT income is entirely exempt and is therefore above and beyond what is now the \$9,600 per year earned income allowance, I am writing to advise you that the payments (name here) receives from Vancouver Mental Health and Substance Use Services, Vancouver Coastal Health, are in line with the criteria set forth in the “BC Employment and Assistance Manual”, with regards to “Fully Exempt Income”.

The Income Type that (name here) receives from us falls solely under the clause in the Ministry of Employment and Income Assistance Manual:

- ***“Payments to a person with a mental disorder who provides formal or informal peer support, in accordance with the Ministry of Health Peer Support Manual.”***

If you require any further clarification or documentation in regards to this please do not hesitate to contact us at:
_____ (Add phone number)

Best Regards,

Title of Program Supervisor

VANCOUVER MENTAL HEALTH & SUBSTANCE USE SERVICES

**CONSUMER CONTRACTOR PAYMENT
(Form #1)**

TEAM/UNIT: _____ DATE: _____

CONTRACT TITLE: _____

CONSUMER CONTRACTOR: _____

A cheque is required in the amount of \$ _____ G/L _____

Payable to: _____

Sent to: _____

_____ hours @ \$ _____ /Hr = _____

Dates of Service	# of Hours	Dates of Service	# of Hours

Signature of Contractor

Signature of Team/Unit Manager

Date

Forward to Accounts Payable Department with completed Cheque Requisition

CHEQUE REQUISITION INSTRUCTIONS

INSTRUCTIONS FOR ALL CONTRACTORS WITH LIVED EXPERIENCE

In order to ensure that contractor **expenses** are differentiated from contractor **income** (and for Peer Support Workers to ensure that peer support income is identified as peer support and therefore exempt from provincial disability earnings caps) on the statements accompanying cheques that contractors receive, please use the following procedure when completing cheque requisition forms:

1. On the top right corner of the form fill in the invoice # box using the following formula:

Non Peer Support Workers use: CC-XX-ABC-2008-10-06

Peer Support Workers use: PSW-XX-ABC-2008-10-06

First 2 or 3 letters: CC for non Peer Support Workers; PSW for Peer Support Workers

Next 2 letters: contractor's initials

Next 3 letters: first 3 letters of the team, unit or program name

Next 4 numbers: Year

Next 2 numbers: Month

Last 2 numbers: Day

Examples:

CC-RM-KIT-2008-11-03

CC-DS-SOU-2008-11-30

PSW-RM-KIT-2008-11-03

PSW-DS-SOU-2008-11-03

2. General Information:

Requesting Department - Identify the cost center funding the payment

Requestor's Name - Contact person who completed the form and to whom queries should be addressed

Phone # - Requestor's phone number

3. Complete the contractor's name and address, and include their SIN# if this is an initial payment.

4. Under detailed description, use one or both of the following descriptors (on separate lines if using both):

Consumer Rehab Grant – Income

Consumer Rehab Grant – Expenses

5. Accounting Information: Will be filled in by Business Unit or Contract Supervisor

6. Indicate mailing instructions

7. Be sure the form is signed by someone with signing authority



OFFICE USE ONLY:
VENDOR # : _____

INVOICE # : _____

EMPLOYEE ID : _____
(mandatory for employees)

Cheque Requisition

Requesting Department : _____ Date : _____
(MM/DD/YYYY)

Requestor's Name : _____ Requestor's Phone # : _____

Specify Business Unit : _____
(5 Digit)

Payable To: _____
Surname, First Name

Remit To Home Address: _____

City Province

Country Postal / Zip Code

Detailed Description	Fund <small>(2 Digit)</small>	Account <small>(7 Digit)</small>	Department <small>(6 Digit)</small>	Site <small>(3 Digit)</small>	Project ID <small>(6 Digit)</small>	Sub Project # <small>(7 Digit)</small>	Amount <small>(\$)</small>
Total Requested :	SUBMIT <u>ALL</u> REQUESTS WITH ORIGINAL INVOICES/DOCUMENTS						\$

Mailing Instructions: Mail Other _____
If Other, Please Specify

I, the undersigned employee/contractor, certify that the expenditure for which I am requesting reimbursement or payment was incurred for official Vancouver Coastal Health business purposes.

Requested By: (signature) _____

Authorized By: _____
PLEASE PRINT NAME: _____

Countersigned By: _____
(if necessary)
PLEASE PRINT NAME: _____

00055160, FormA-56, Rev 11-04

Download this form as a typable document at: <http://vch-connect/programs/FinancialServices/FormsandSchedules/Pages/default.aspx>

Vancouver - Community Mental Health Services SLS event reporting – Contractors with Lived Experience

A. Harm resulting in emotional or physical harm to the client or the client experiences a theft or property damage

If a contractor with lived experience is with a client when an incident occurs, and the client's harm is emotional or physical or the client experiences theft or damage of their property:

- Incident must be reported as soon as possible to the staff member responsible for the client and the Contract Supervisor
- Incident must be reported in SLS by the staff member responsible for the client or the Contract Supervisor

Site – Choose the facility where staff member who is responsible for the client works

WHERE was the event discovered?	
* HSDA or Division ?	Vancouver Community
* Site ?	Midtown Mental Health Team
* Type of location ?	Off site
* Specific location ?	Public Space

Description of the Event – Include in the detailed description that the client was accompanied by “contractor with lived experience”

People notified – include the people that the contractor with lived experience has notified

WHAT happened?	
* Description of event ? Enter facts and relevant information. Avoid opinion, blame and speculation. Use roles (e.g. doctor, nurse, patient), not names. Include any actions taken immediately following the event.	Client tripped and fell on the sidewalk in front of a coffee shop. Client was accompanied by contractor with lived experience, on a planned outing. Client fell on his right knee, but was able to get up on his own and go into the coffee shop. The contractor with lived experience assisted the client to contact a family member to pick him up and take him to a walk in clinic. Client's sister arrived in 20 minutes and took the client by car to a clinic
* People notified ? If no notifications were necessary, enter "No one". Indicate the time, method and name of person(s) notified.	Contractor with lived experience 20Mar2011 15:20 - contacted Suzie Q client's sister 20Mar2011 16:00 - call to John Doe, MH CM

About you – Your Program: choose Mental Health Rehabilitation

* Your program	Mental Health - Rehabilitation
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- B. If the contractor with lived experience is injured while carrying out his or her duties, the Contract Supervisor will contact the Director Client Relations & Risk Management and the **Manager, Consumer Involvement and Initiatives**.
No employee event report is to be filed.

