IEMH Care Pathways – KFL&A

Date and Time	July 9th, 2025 1:00pm – 3:00pm
Location	Teams
Attendees	Rup Patel, Hadir Ashry, Karys Peterson-Katz, Anne Biggar, Colleen Fairholme, Susan Potvin, Laura Conboy, Vicki Casey, Anja Cahill, Elisa Palmer, Jamie Kring, Sarah Kring, Jennifer Barker, Helen Mabberly, Pam Kent
Regrets	Amanda Evaristo, Darlene Derbyshire, Heather Mitchell, Jennie Hill, Leigh Wood, Wendy Fisher

Agenda

1. Welcome and Update

2. Review and Discuss Pathways Map – Designed Draft
    a. Feedback from Activity Survey
        i. **Highlighted in yellow below are the action items**

3. Pathways Materials Discussion
    a. Family Friendly Materials
        i. Feedback from Activity Survey
        ii. **Highlighted in yellow below are the action items**
    b. Supplementary Document Information

4. Next Steps
    a. Pathways Materials
    b. ASQ Database

Map:

1. **Wondering if LARC is able to complete ASQs for families if they are not looking for childcare services? (From LARC)**
    a. Jennifer: Yes, their EarlyON they can accept anyone 0-6
2. **Change "administer" to "provided to"**

   a. Jennifer: “administer” feels like it is being done to the family, as opposed to being done by the family
   b. Keep the word administered
3. **In the first yellow box, the question whether ASQs have been administered in the past 6 months and if so, next box asks family for a copy and services and supports based on that. Six months is a long time for infants, and concerns may have emerged after that ASQ, which may not have identified any issues. Consider shortening the gap, or basing the last ASQ depending on age.**
   a. 3-6 months
4. **Could we consider changing "school student services" to "school-based supports"?**
   a. Laura: (last blue box) change to changing "school student services" to "school-based supports" as it has a different terminology in their school board
      i. Include Limestone’s acronym
   b. Elisa: school boards are not agencies, so could we change “services and supports” and “agencies” to “organizations”
5. **Should the flow chart start with the box "Are you or anyone at your agency able to administer the ASQs?" If yes, then you move along from left to right. If not, then you move downward. The two "yes" options flowing from "administer the ASQ" is a bit confusing.**
   a. Laura: her mistake as she started with the green “Administer the ASQs” when she walked through the map. Made sense when we walked through the map together
6. **If ASQ showed concerns, helpful to have a list of resources of where to send them for more in-depth support**
   a. Helen: she had gone down to the “Ask the family for a copy of the results and provide services and supports as appropriate” box and was a little thrown about the process stopping there. However, if we have a Supplementary Document, it could take care of that
   b. Susan: the word refer can mean something different depending on where you are. In healthcare, it is more prescriptive, but in other cases it is mistakenly applied to situations where you are making a recommendation
   c. Anne: last blue box, change “refer” to “connect”
   d. Susan: last blue box, “Provide a DSP and based on the identified concerns, connect the family to the following organizations, as appropriate:”
   e. In top right-hand corner, put in the full name of the DSP
   f. Anne: maybe we can include in the Supplementary Information document, that there be a contact section for agencies that wish to be added to the list of organizations
   g. Susan: Francophone school boards, etc., there are missing organizations that should be added to the list. Metis Nation of Ontario was another one

i. Laura:
    1. Contacts for French catholic board:
        a. Carole Turbide turbic@ecolecatholique.ca is the social worker that supports the schools
        b. Ann-Michelle McNulty mcnula@ecolecatholique.ca is the Mental Health Lead
    2. Contacts for the French public board:
        a. marie-eve.faucher@cepeo.on.ca is the social worker
        b. Chantelle Wade Chantal Wade chantal.wade@cepeo.on.ca is the Mental Health Lead

h. Helen: should we include all the original agencies that were a part of this work?
i. Susan and Anne: will reach out to the agencies to ask if they would like to be added to the final list of the agencies

7. **Banner**
    a. Move KFL&A to the right, and increase the title so it is the full title

Supplementary Information and Family-Friendly Materials:

8. **Where are you likely to seek help with your child's development or where to go for support (e.g. online search, agency websites, social media, a specific community practitioner, pediatrician, community bulletin boards, childcare educator, etc.)?**
    a. Online and social media
    b. Family doctor, Public Health (Parenting Line), childcare, EarlyON
9. **What information are you looking for or need (e.g., contact information, address, etc.)?**
    a. Address, information of what the agency offers/services, contact information
    b. Want to know what the referral process is like and how long the wait is.
    c. Options for reaching helpful and legitimate agency contacts through a method parent is comfortable with (e.g. depending on literacy levels, comfort on phone etc.) Is there a way to caution parents regarding unqualified and questionable supports?
10. **Please rank the 5 Family-Friendly Materials from 'MOST Preferred' to 'LEAST Preferred': (e.g., A participant looks at all 5 options. They prefer option 4 the most and option 1 the least. The others fall in the middle in terms of preference.**
    a. Based on the averages: 1, 2, 3, 5, 4
11. **What visuals would you like to incorporate (e.g., specific images, graphics, etc.)? Aesthetic? Color palette?**
    a. Would these be available in multiple languages? Or at least French?
        i. Hadir: community is responsible for translating

b. Add Indigenous families.

12. **What messaging would you like (e.g., questions, statements, etc.)?**
    a. Like the questions as the lead on the poster, so families know that this is where they get those answers
    b. Confusion around term "Kingston, Frontenac, Lennox & Addington care provider." It maybe implies a health care provider, but many families in our community do not have access to primary care.
        i. **Replace it with "Contact"**
    c. Wondering if "social and emotional development" and even just the word "development" may be high level for some parents. Might we have options that also include lower literacy language (e.g. how your child grows..."
13. **What additional information would a practitioner/community provider using the map require? This information can be included in the supplementary document.**
    a. Referral information for each place; how to contact, what will happen when they contact
    b. List of resources of where to send the client if the ASQ showed concerns
    c. If the ASQ shows no concerns, the action is to provide a DSP. Should we also be recommending (rather than referring) groups such as Early ONs that are intended for general public anyway?
    d. What were the presenting concerns to the initial agency? What brought the child to the initial agency? Should not the most recent ASQ deemed current depend on a standard recommended frequency of screening depending on age of child?
    e. Parent may not have the ASQ results with them; could we include the option of gaining consent to consult with the administering agency as an option of obtaining past ASQ?
    f. Perhaps a caveat that not all elementary schools are set up to administer the ASQ. In LDSB, we only have staff trained at 10 sites (but have 49 elementary schools). 4 out of 5 of our coordinators are trained, and can support those schools who don't have trained staff on site, but there are two families of schools that don't have anyone attached to them that are able to complete the screener. Hopefully this changes with time, but it is not a universal option in LDSB at this time.
    g. We will make a poll to ask the community for their preference, 1 page vs. longer version
14. **Feedback**
    a. Family Friendly Materials
        i. Modify the language about "school-age" Instead place 4-6 years old
        ii. Confirming:
            1. Liked: 1, 3, and 5
            2. Did not like: 4