Infant and Early Mental Health Promotion | SickKids

IEMH Care Pathways KFL&A In-Person Meeting Agenda

Date	October 1, 2024
Time	9am – 2pm EST
Location	KFL&A Public Health; 221 Portsmouth Avenue; Kingston, Ontario K7M 1V5

Time	Subject	Speaker
9:00am – 9:20am	Registration Morning Refreshments	
9:20am – 9:30am	Welcome and Land Acknowledgement	Dr. Chaya Kulkarni
9:30am – 9:40am	Recap of the Last Meeting and Updates	Hadir Ashry
9:40am –10:00am	Present Preliminary Draft of the Aspirational Pathways	Hadir Ashry
10:00am - 10:30am	Group Activity: Agency Roles and Responsibilities • Agencies answer questions to clarify their roles and responsibilities on the Pathways	Hadir Ashry
10:30am – 10:45am	Break	
10:45am – 12:00pm	Group Activity/Discussion • Go over each role in the map and ensure agencies reflected on the map are where they should be and discuss the process of intake and referrals for the Central Hub agencies and referral agencies access/requirements	Dr. Chaya Kulkarni Hadir Ashry
12:00pm – 1:00pm	Lunch	

1:00pm – 1:35pm	Group Discussion
	• (15 minutes for table group to review & each table provides feedback if additional input is required- 20 min)
	• Aspirational Pathways
	  ○ What to remove/modify
	  ○ Correct Agency Names
	  ○ Layout / Design
	• ASQ & DSP Training
	  ○ Virtual Vs In-Person
	• Questions & Answers
		Hadir Ashry

1:35pm –1:45pm	Introduce the Supplementary Document	Rup Patel
1:45pm – 2:00pm	Next Steps Closing Remarks	Hadir Ashry Dr. Chaya Kulkarni

Meeting Minutes
Meeting Opened by Dr. Chaya Kulkarni at 9:25am

Introductions:

- Emile: Public Health Nurse in the Schools
- Melissa Roberts: Maltby Manager, in-take and access manager
- Jennie Hill: ONWA
- Karen Dunlop, Resources for Children
- Pam: HPEC Early Years Manager
- Karen: Director of clinical programs and services at Maltby
- Darlene Derbyshire: Manager at KidsInclusive, supports service navigation time
- Helen: Kingston Community Health Programs
- Anne Biggar, program manager at Maltby Centre
- Anja Cahill: Public Health Nurse, works in HBHC
- Susan Potvin, program manager of HBHC and nurse family home visiting program
- Nicole Racine: professor at University of Ottawa, chair of child youth mental health at CHEO
- Bridget Glasglow, ACES portfolio
- Cheryl Bouchard-Howe, ALCDSB
- Tracy Kennedy, director of services at FACSFLA
- Kim Miller, manager at FACSFLA
- Colleen, director of Kingston Military Resource Centre
- Vicki Casey, Great Start for Families
- Louise: Director of Rural Frontenac Services
- James Reynolds, we know who he is
- Amanda Posadowski, KFLA PH

Recap from last meeting:

- Understand Pathways, how we are going to form it, current service mapping through the JamBoard, make a current service map
- Hadir connected to get further input and feedback and disseminated the current map to everyone
- Sent out a survey for the aspirational pathways: “what we want to see in the community”
- No questions from the group

0-3.9 Aspirational IEMH Care Pathways Draft:

- Question about the Maltby Box at the bottom from Chaya:
    - “Is that because you are also doing ASQs and DSPs?”
        - Anne Biggar says yes, they do that, but they don’t have the resources to do screening for non-mental health related concerns
            - If anyone is flagged with a mental health concern, they should be sent to Maltby
    - Chaya suggests we put them in the box with everyone else but that we just clearly outline that it’s for mental health/behavioural concerns
        - Replace ‘For mental health concerns’ with ‘Mental health and/or behavioral concerns’

- James asks if there's any interconnectedness between the organizations in the central hub
    - Chaya: they need to be very familiar with the referral agencies because families will rely on the central hub to send them to the right place
- Pam is confused about the middle bubble, as she thinks there are pieces missing
    - Chaya clarifies that an organization could technically be in all three bubbles
- Darlene (KidsInclusive) explains that this is the philosophy of SmartStart Hub but they are not doing the ASQ and DSP with each child-some of them only take on their own clients
    - Chaya says that maybe that means they're not in the middle, we can move them to the orange bubble
    - Chaya asks: "How will your team know it's a mental health issue when most people have not had comprehensive training on IEMH?"
    - Have to keep in mind that it's aspirational, specific things might not be perfectly in place right now but it's what we want to build
    - Maltby is a formal partner of the SmartStart Hub
- Darlene (KidsInclusive) asks what the difference is between "No Requirements or Referral Required" or "Referral Required", since SmartStart Hub is "Referral Required, depending on service"
    - Chaya suggests we just change the title to "No Referral Required"
- Chaya explains what the ASQ-3, ASQ:SE2 and DSP
    - Walks through an example, explains it's parent-report, short and quick
    - Walks through Hand-in-Hand, explains it's in the child's voice
- If they are in the blue bubble, Chaya is saying there needs to be an equitable and predictable response
    - They would have to be agreeing to do the ASQ, DSP, and follow-up/check-in
- Darlene (SmartStart Hub) says the ASQ is not good for profound developmental concerns
    - But likes that you don't need to pull into the age for the DSP
- In HPEC, public school board, communication assistants are being trained on ASQ/DSPs
- Chaya explains that the people that will be trained are in the blue bubble, in the middle of the aspirational map
- Melissa Roberts: says it seems web-based and asks if it has been integrated into a health system, online care system
- Tracy Kennedy: wondering about how child welfare is reconciling the "holding" the family (aka having longer periods of involvement than families would want them to have, and moving beyond their protection mandate)
    - Chaya asks for clarity about what 'moving beyond the protection mandate' means
    - Chaya suggests they talk to colleagues at Maltby and Public Health, explaining that there would be a warm handover to one of those agencies to keep supporting the family
    - If there isn't a champion behind the implementation, it 'doesn't stick'
    - Chaya suggests that every child from FACSFLA should also be supported by Maltby
- Maltby Centre: "The challenge is that dependent on how long the waitlist is, how long you are the champion for someone who is not necessarily the best fit"
    - For example, Maltby is not trained for behavioural challenges, so they are supposed to support until KidsInclusive gets them off the waitlist
    - "How do we make sure we can support when we're not trained to support?"

    - This is how we figure out where KidsInclusive can help – maybe they do the DSPs?
- Susan Potvin (Public Health): it's important that we have a strong connection with each other and do a lot of communicating and collaborating
- Funding is a barrier to building capacity
    - Chaya suggests if there is something they can do with partners, "we can't hold this family, they keep coming to us but we really want to move them to you because you have the capacity to hold this file"
- Susan Potvin (Public Health): we move away from the indiscriminate referral to everything, because that is counterproductive, a waste of resources, and overwhelming for the family
    - Chaya suggests it may even free up some waitlists, because children will only be referred to the services they need
- Louise (Rural Frontenac Community Services): it seems like a great tool to support and empower the RECEs to build relationships and have a strategy for families
    - They don't have a caseload but they do keep files on the children in their childcare
    - But how formal does this have to be?
    - Can they add it to their registration package? Then it is a universal experience and not about targeting kids or targeting families
    - We could help them train on how to have hard conversations with families
- Yu: Working on a program called "HIPPY", it's basically a school readiness program with a home visitor
    - Goes through the school curriculum and helps the child
    - Multifaceted and complex program: 3 different streams (1: more general, OG hippy; 2: Indigenous stream, 3: Newcomer streams)
    - Typically a mom in one community (who is trained and paid) will become a home visitor for another mom in the community
        - Hoping that it will lead to ECE training, while also addressing the social isolation piece
        - The program is not implemented yet but they're initiating
        - "5 Decades of HIPPY Training" - paper on the training, 15 different countries, 7 different languages

Group Activity – Agency Roles and Responsibilities:

- Question about whether the referral agencies will have training on interpreting the ASQ scores
    - Chaya: ASQ is easy enough for anyone to interpret and part of the warm handoff is to provide context
    - Susan: they have a letter template that they use to accompany the ASQ when doing hand-offs

0-3.8 Map

- Doors
    - No one identified themselves as just a door
    - Remove "Educators/school board"

- Central Hub
    - Remove ALCDSB
    - KFL&A Public Health:
        - Family could reach them through the Parenting Line, where a registered nurse will talk to them and get more information from them, maybe referred to the home visiting program (HBHC screened), or they might get a referral directly to one of the programs where they do the ASQ (might come from the service provider, but could be a self-referral, could be that they talked to someone and were 'offered' this service)
        - They use the ASQ routinely that come into the home visiting programs
        - Once a screening is done and the concerns are identified, referral depends
            - May do early intervention themselves (relationship work they can do)
            - May understand that there are agencies that can better support in the community based on their need
            - May be concurrently with PH programming
            - May send them to activities like EarlyON that do not require a referral
            - It depends on the need and what the family is capable of now
    - KidsInclusive:
        - Struggling with seeing themselves in the central hub
            - Some of the programs yes, but others no
            - They have a large range of programs and services where they may accept referrals
            - They are not routinely using the ASQ, doing DSP, and doing follow-up for ALL referrals
            - They have specific programs that routinely use ASQ
        - SmartStart Hub? If there is capacity and additional resources, then they could start incorporating this
            - "About my Child and Baby" = mandated tool from the Ministry
        - She wants to say that they belong there, but that they do not do at this time
        - Chaya wants to chat with Darlene and Noella offline to continue a conservation that when children under 6 go through the SmartStart Hub they are ASQ screened? Don't want to miss the mental health needs, because it may be that they refer back to Maltby as well
            - Darlene says yes, she sees that as work that can be done
            - "It feels like there are two separate pieces of work happening, we need to bring them together"
        - Darlene says she more likely sees them as a referral agency ("orange bubble")
            - Consultants may choose to not use the ASQ, since it is not mandated
    - (Jenny Hill) ONWA:
        - The family must identify as Indigenous

        - First, they use the LOOKSEE and then they use the ASQ after
        - They don't use the DSP yet, they do a "Plan of Care" because it encompasses the whole family
            - When they get trained, they'll be trained on the NTS app
    - (Louise) Rural Frontenac Services:
        - They are very small, and their staff felt like they had a role to play
        - They think it makes sense to do the ASQ training, because it makes sense for the families who can't get to Kingston can get started on early intervention and care, empowering families with support
        - Just need to confirm that their team has capacity
        - Wants to broaden the conversation to other daycares, such as South Frontenac
        - Suggests bringing people from South Frontenac to the next meeting
            - Louise has the contacts
        - They also do EarlyON so they reach a lot of families that aren't connected to licensed childcare
        - How flexible is the model to the family taking on more? Since they do not historically keep files for families
            - The answer is yes but they need to build their capacity
        - *KEEP THEM IN THE BLUE BUBBLE*
        - Only serves Frontenac and Perth
            - Located in Frontenac-no requirement to access services
        - Remove "Frontenac Only
    - Pam and the city of Kingston can contact all of the daycares
    - Karen/LARC:
        - Think they have the capacity
        - Concerns/question about holding the file for the families-but as long as they can help empower families to advocate for themselves
    - Maltby: post-diagnosis of ASD, they wouldn't use the ASQ but they would use the ASQ pre-ASD diagnosis
    - Tracy Kennedy (FACSFLA): are we missing other community partners as part of the conversation?
        - What about Community Living Kingston?
            - They have been in here in the past, they are part of the Pathway
        - How do we grow the central hub to create as much opportunity as we can in our community?
        - CAN WE DO LESSONS LEARNED FROM OTHER COMMUNITIES??
    - Susan Potvin emphasizes the need for warm hand-off
    - We need to look at how the orange bubble is divided up
    - Maltby:
        - Their worry is that if you take out Maltby, then big agencies are unsupported, making extra steps for families
        - Maltby also does a physical assessment
        - What is the capacity of Public Health? We are now creating a barrier
        - It depends on how knowledgeable people are, as people do not know about Maltby

        - They would have to look at if the ASQ-3 works for them
        - Willing to consider the ASQ:3 and therefore stay in the central hub
    - KidsInclusive brings up that there are other tools that they're using
    - Darlene: would be appropriate for Developmental Concerns that an arrow goes from the central hub to KidsInclusive?
        - Anne: only does the ASQ:SE2
        - Identify them as "For developmental health concerns"
            - Similar to Maltby Center
    - WHO ARE THE 50 SPOTS OF ASQ/DSP TRAINING GOING TO?
- Referral Agencies:
    - Receive any child who comes to then for treatment, promotion, prevention, early intervention
    - Public Health
        - Eligibility for some programs, but people can self-refer
    - Maltby
        - No referral or requirements
        - Confirms they are listed correctly
    - Great Start
        - No referral or requirements
        - Confirms they are listed correctly
    - Kingston Military Family Center/Coleen
        - Need to be a military family to access their services
    - Kingston Community Health Center/Michelle
        - Sitting in for Helen
        - See it as the Early Years program
            - Have several programs
        - School readiness program is only for kids in the year before they enter kindergarten
            - Michelle wants to confirm with Helen whether they can move this program to the central hub
    - Hotel Dieu
        - Darlene: wondering if they should be there?
            - COPC-anyone can walk in, need to have an OHIP card
            - Developmental pediatricians from KidsInclusive need a referral
        - COPC is an urgent care/children's outpatient clinic
        - Remove from the referral agency
    - LEAP
        - For young mothers who are trying to complete schooling
            - Early learning and parenting
        - Remove from the referral agency
    - LARC/Karen
        - Similar to RFCS, therefore could be in the blue
        - Happy to accept families from different areas

        - Remove the Lennox and Addington only section
        - Put them in the central hub
    - EarlyON-Kingston and Frontenac County
        - They fall under two agencies, but we want them to be listed separately on the list
            - E.g. LARC also offers the EarlyON
        - Remove the Lennox and Addington only section
    - Rural Frontenac Community Services
        - Remove the Frontenac only section
    - FACSFLA confirms they are listed correctly
    - KFLA has eligibility for certain programs, but there are no 'requirements' or 'referrals
- We did not reach out to the French school board but they came back and said they can't be a part of the initiative at this time because there is no capacity

Group Discussion:

- Adding Community Living, Integral house, KEYS, Native Friendship Center
    - Some are doors and others are referral agencies
- Legend
    - Not everyone will look to it, preference is not to have it
- "No requirement nor referral" if we end up using it
- Layout
    - Visually is linear right now, but we need to acknowledge different scenarios (e.g. what if a parent reaches out to an agency on the referral agency list and they need to be sent to the central hub)
    - Parents/caregivers shown as equal to the health care providers
        - Layers of circles that show the relationship with the child (e.g. parents/caregivers inside of the circle without other professionals outside of the circles)-idea
            - Don't want professionals thinking they don't need to go to the family first
            - Rup: we do recognize that in the Supplementary Document
- Acronyms need to be included
    - Change EarlyON to Early Years under the referral agency
- Add SmartStart Hub in the referral agency
- EarlyON as a stand alone
- 0-3.8 Map
    - Childcare Educators instead of Educators/School Board
- KFL&A, not KFLA
- Training
    - Majority in-person, with some virtual
        - Virtual can be added to Nicole's virtual DSSS cohort
            - They may be excluded from the evaluation
        - Susan: members of her team is trained on ASQs, but they need the DSP training

    - Anja is trained as a trainer on ASQs

- Child Protection's place on the maps
    - Chaya: how do we get you into the central hub?
    - Tracy: currently use the LOOKSEE
        - Sustainability is the question
        - Don't have a by-age protection team; the issue is around capacity due to staff turnover
        - They are case managers and they are following the pathway by making referrals
            - They don't know if they are the people doing the ASQ
    - Chaya: don't expect them to do the ASQ, but they should be asking that it be done

ACTION ITEMS:

- Move KidsInclusive to the 'Referral Agencies' for 0-3.8 Map and specify it's "For Developmental Support"
- Remove "Frontenac Only" for Rural Frontenac Community Services
- Move Maltby Centre to "Referral Agencies" and specify it's "For Mental Health Concerns"
- Remove LEAP from Referral Agencies
- Remove 'Serves Only Lennox & Addington'
- Change 'Kingston Military Family Resource Navigator' to 'Kingston Military Family Resource Centre'
    - Add that they have a requirement: 'Only Military Families Served'
- Reach out to Community Living Kingston