

**Niagara Infant Mental Health Meeting  
FACS Niagara  
10:00 a.m. – 12:00 a.m.**

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**Date:** October 27, 2014  
**Present:** Sandy Toth (Chair), Tracy Belcastro (Co-Chair), Kim Cole, Heather Henry, Amanda Hicks, Shelly Jobson, Helen Lake, Julie McNamara, Brenda Packard, Rochelle Plett, Stacy Potter, Laura Rasmussen, Gina Spratt, Stacy Potter, Debbie Hamilton, Patricia Couroux, Ray Jones, Lena Cloutier (recorder)  
**Regrets:** Lorrey Arial-Bonilla, Chaya Kulkarni, Lisa Linders, Linda Morrice, Adeena Persavd, Blanca Serrano

Item	Discussion	Action
<b>1. Review of Previous Minutes</b>		
	Screening is <u>not</u> a developmental assessment.	Lena will make these changes and resend to Sandy and Tracy.
	QCCN Pilot 1999-2000, Phase I implementation in 2003.	
	Correct spelling for Rochelle's name.	
<b>2. Business Arising from Previous Minutes</b>		
<b>Partnership</b>	Brenda Packard represented their agency at Sick Kids, she gave a brief history of where they started and how recognition related to the social emotional aspects came into play.	
	Brenda Pickup is one of the original founders in 1988. The agency originally conducted home visits, when babies left hospital. Helping people to manage with the newborn babies in the home.	
	Gross motor skills were able to be screened, but unsure how to proceed for mental health testing. What to do with results? When identifying mental health issues, have found a comprehensive tool to address tools. ASQ.	
	Infant Mental Health has been working with clinicians in Alberta, and with the courts related to child welfare and custody and access. When dealing with judges, they wanted to know more about toxic stress impacting children. It was realized that children with social emotional needs were not being identified early enough.	Currently training judges through on line management regarding attachments, permanence issues, and children with respect to access.
	With an infant health specialist and family support worker – offered a list of what could be done with the child, to help parents to understand issues and help their children. Cognitive, emotional, etc. Plans continued with foster parents when necessary. Wait was a year for assessment.	Training at agency – 200 people. For children in care and in homes – use of screen and rescreen was able to prove that the tool works.
	Because of excitement, group missed doing the research and had to go back	Michelle Letourneau is doing same in

	and look for funding. This was found through a small grant through the Ministry of Tourism re: obesity – healthy eating. Different children needed to be selected, and a small group was chosen with children in care. Numbers were small (34 children), but trend was children improving with the tool.	Calgary. Helps health workers have a concrete understanding.
	The training helps child care workers, families, foster parents to focus on helping the children. Asking parents questions about the child helps them to focus. Strategizing helps to be able to have communication with parents. Items being suggested are realistic, affordable things, sometimes just using what is already in the home.	Infant Mental Health promotion website offers document Help Me Grow. It offers strategies to give to parents.
	Study involved children in foster care (not with their parents) and in the community. Pre and post tests for workers in training. Post-focused group once parents had participated in the screen. Had professionals come in and explain what they liked in the screen. Test before, then right after training. Randomly children selected. With and without the plan, then given the plan after research was over. Findings, enjoyed it? Easy for workers? Valuable tool? Could see where child was headed.	It would be good for Niagara to do a pre and post screen as well. Can assess where they come from and how it is received when implemented in sites.
	Judges find that not enough information is given about the child, this tool helps them to understand what is going on. In Niagara, FACS can make this information available to judges at annual judicial meeting with FACS. Strategies could be written into an access plan, give parents a fridge version as well.	Judges in Niagara haven't identified interest yet in being educated on the tool. Judges would accept the information at court, but right now if information is not given then it is not considered.
	Need to ensure that when the ASQ identifies specific areas where the child may be in need, that there is consent in place, prior to completing a referral. In the meantime the plan is shared with the parent for implementation.	Agencies will need consent to share results of ASQ when referring a child to other services.
	This is an opportunity to make a parent feel very good. Developing plan for success of both the parents and child. Empowering. Many parents don't know what they should be doing with their child. Triggers parents to focus on what their child is doing – can answer questions such as how they get up the stairs. Better awareness.	Surprised how simple the plans are. Very structured and engages families. Can work on this together – establishing/strengthening a relationship with the child and the worker.
<b>Pilot Sites</b>	Date for pilot sites to get together for their information night: November 6. All pilot sites to come together and discuss any concerns. They may not feel very confident and may have questions re: tool. Thursday November 6, 2014 6:00 – 8:00 p.m. Niagara Room at Pathstone Mental Health Building 3340 Schmon Parkway Thorold, ON Chaya has agreed to come to training session and will be there to support	AFSSN Dohnberg (control group) Pathways Rosalind Blauer Hannah House ACW (sites to be picked) YMCA Regional Child Care Healthy Babies Healthy Children Program (Public Health) – Will check

	pilot projects at any time. Time to brainstorm areas of concern.	Letter of consent to be drawn up to get parents to sign prior to using the tool.
	Because ICDS has already been doing it, they would like to offer their support to discuss ways they have used it.	Gina to let Tracy know if she can attend.
	Niagara Children's Centre can support ACW Glenridge Hill site if selected.	Kim and Julie to discuss. NCC will attend if ACW Glenridge Hill is selected.
	It was reported that if the ASQ has never been used, that individual would need to attend the longer training session. Once the ASQ has been completed on children in program, can act as a trainer/support.	QCCN is the method used to stream tools to child care throughout Niagara, and would like to send Patricia Cerroux to sit in on the discussion November 6.
	ICDS – completes ASQ and support plans. Gina reported that the exact support format is not required, as long as there is a plan.	Must have a plan and use it - tailored to the family.
<b>Guiding Principles</b>	Roles – want to indicate that the Development Support Plan to be used.	Tracy will make changes to the Terms of Reference.
	Second sentence .....and program plan.	
	Guidance – Chaya and Tracy.	Contact Tracy.
	Funding will be from Niagara Region Children's Services.	
	Discuss at agency level which sites will be part of the pilot. Concerns was expressed regarding diversity of clientele. Will be interesting to see if there is any difference.	On the 6 <sup>th</sup> people will need to identify how many families they will work with.
	Kim looking at 4 sites, but needs to discuss with staff. St. Catharines, Niagara Falls, Fonthill	
	Regional – home child care and one centre.	Two workers took the training. Will cover: St. Catharines West Lincoln, Niagara Falls, Fort Erie
	Hannah House continues to follow their clients, even when not in residence. They will be able to provide a sample of the successes in both the centre and home.	Numbers are very low. Little different scenario as staff see them ongoing.
	Aboriginal – had to have attended the 3 day training. Under the Rainbow will be contacted.	Under the Rainbow to be invited, two Regional Resource Consultants who support the Fort Erie Area and the centre have had the training.
<b>Materials</b>	HBHC will not have the materials. (Welland and Niagara Falls)	Laura can order them this week when numbers are firm. (Check Amazon) Brenda will send Laura the information.
<b>Training Date</b>	November 6, 2014 6:00 – 8:00 pm	Pre questionnaire to be ready for the 6 <sup>th</sup> . Work to begin Monday November

	Niagara Room Pathstone Mental Health Building 3340 Schmon Parkway Thorold, ON	10, 2014, - May 2015. (screened again 4 months later)
	ASQSE being updated next year. If ordering ASQ can use the current ASQSE until the new one comes in. ASQSE – get from Chaya. Copy of ASQSE in place right now – do not order.	ASQIII – can be ordered Can be ordered through IMH
	Heather, Tracy and Sandy discussed supporting staff from FACS who took training. Until more staff has been trained, Tracy will meet with staff who had training and will build their confidence up. Will run parallel with pilot.	
	FACS clients and agencies – will there be confusion? If children have both services, ask the family if they have been asked to participate in the program already and if not, would they give permission to work with them on a service plan with both agencies working together.	Need permission from family for both agencies to work together on a service plan. FACS will be training intake staff.
	Transferring from one agency to another - can do this and still get the 4 month rescreen. One client cannot be counted twice.	If there is a transfer, then the remaining agency can do the rescreen if they are involved.
	Important to remember to share information with doctors as well.	
	Some clients will have some fear regarding sharing information with FACS.	Remind families that FACS is there to help them.
	Speech Services Niagara will be there to support. Some families will identify “No”. If development a plan, should be aware of what plans are already in place. Releases are necessary. Conversations with each other will ensure duplication does not happen.	Plans are complementary and pieces can be pulled out. Plans started, referrals made, should still be able to complete program. Then it is a point of sharing.
	Sites sharing amongst each other which sites are part of the pilot – may help staff to identify need. Incorporate programs into plans put together.	Identify names of the individuals of people participating . (ie Resource Consultants, Family Support Worker, etc.
	Rosalind Blauer – no one able to attend that day	Videotape meeting? Then their staff can watch afterwards? Tracy and Sandy to check with Chaya.
<b>Research Elements</b>	Amanda talked about getting John here. He is keen to meet everyone and answer questions and hear about the research elements we are doing.	Amanda will try to get him for the next meeting.
	Tracy spoke to Chaya and Dr. John Carney's willingness to come out. Chaya can also have a conversation with him and identify what and where Niagara is at.	Chaya will also contact Dr. Nicole LeTourneau. Will get a student to do the research and get an advisory group in place.
	Linda Morrice from Pathstone sent an email regarding the DAX team from	Still looking into what they can

	Early Years.	contribute regarding data collection.
	Many perspectives around the table, great to work collaboratively on this project. All about making a parent feel good about what they are contributing in their child's life.	
<b>Ethics Board of Approval</b>	Goes through Sick Kids Ethics Board. Pilot sites will likely ask for a copy. If there is already an Ethics Board involved, most agencies will accept this, but will need a copy.	Brenda will speak to Chaya and find out what happens.
<b>Email addresses</b>	Distribution e-mail list requested by Rochelle.	Sandy to send out.
	Coordination with FACS needs to go through Shelly.	Talk to Shelly.
<b>3. Next Meeting</b>		
	November 24, 2014 – FACS <ul style="list-style-type: none"> <li>• Find out what has happened at the pilot sites</li> </ul>	