



September 16, 2019

Review of last year and what continues to work well across Partner Systems

The CONeX role

CONeX continues to complete an environmental scan and comprehensive overview of each child and their family by gathering all current and historical information across the Partner Systems and community professionals. This allows us to highlight what is going well and where there are gaps of service. We are then able to invite Partner Systems and community professionals to the table to continue to collaborate and support each other and the family to meet and address the complex needs of the child/youth through the creation of an Integrated Plan across all systems. This year, CONeX has an enhanced focus on empowering team members to learn the case coordination role with the aim of reducing the length of CONeX involvement and increasing capacity within Systems.

Case Conferencing Model

CONeX continues to use a case conference model operating from a family-centered care approach. This allows all Partner Systems, community supports, and the family to come together at one table for collaboration, information sharing, and negotiation of services that the child, youth and family requires for a positive outcome. The RCDSD Integrated Plan is created by the CONeX case coordinator and shared with Systems, community services, and families to clarify the roles of each professional/system, identify which tasks need to be completed and by whom, and create a model of communication for everyone, including parents. As of this year, CONeX will be providing continued opportunities for parents and service providers to chair case conferences throughout CONeX involvement and take on a leadership role following CONeX closure.

Collaboration and Communication

Positive outcomes for children and their families occur when professionals come together and are honest about the strengths and limitations of the support they can provide within their mandates. When Partner Systems are able to share this information, a collaborative stance and negotiation can then take place to meet the needs of the child. Through collaboration and communication across Systems, Partner Systems are able to work alongside CONeX to ensure each System is actively working to fulfill and work creatively within their mandates. **Systems are more likely to accept a shared responsibility of care for a child when they see other Partner Systems at the table that are willing to collaborate and work creatively within their mandates.** It continues to be helpful to communicate in one email thread across the involved Partner Systems and community supports so that information can be shared easily. **It continues to be imperative that front line workers have permission from their supervisors and managers to be innovative and flexible in their response to the child's complex needs.** This year, CONeX will continue to communicate to managers the way that their System worked flexibly and creatively in their service provision in order to best meet the complex needs of the child and family being served. This will ensure that management is aware of potential issues and the need for their staff to advocate and work flexibly for children, youth and families with complex needs.



As of this year, CONeX believes it would be beneficial for non-clinical staff across all Partner Systems to have training in mental health. Across Partner Systems, there seems to be a lack of clarity in distinguishing between mental health concerns, neurodevelopmental concerns, and safety concerns. We believe that a common training for all non-clinical staff would address this concern.

Key contact people within each Partner System

We have key contact people, typically a Complex Needs Systems Point Person, within each System that can help us when we run into challenges. Patti Brown (RCSA Coordinator) continues to be very helpful to help us understand context and know who to call for help when we run into system challenges. This continues to be successful in our work. CONeX will continue to attend Systems Point Person events when invited to further nurture these relationships and enhance System Point Person understanding of CONeX involvement and the referral process.

Family Centered Care

It continues to be crucial that all professionals involved understand that the needs of all family members must be addressed in order for the child/youth to move towards a positive outcome. CONeX continues to place the needs of the child and their family at the center of all case planning to assist systems in understanding the complexities of the families. **The need for collaboration and communication across Partner Systems is imperative to providing Family Centered Care.**

Sustainable Support and Accountability

This year, in order to incorporate all feedback received through our evaluation process, CONeX will be increasing our focus on long-term sustainability, accountability, and ensuring that systems and families are empowered to continue collaboration and communication in order to best support children with complex needs. The aim of this focus is to reduce the dependency on CONeX and increase capacity for Systems and families to coordinate services around children with complex needs on their own.

Action items:

- Provide more opportunities and mentorship for parents to take a leadership role with their support team. This will include opportunities to chair case conferences with support, to initiate communication and collaboration with their team, and to readily share their thoughts and ideas about their child's care with all team members.
 - CONeX will empower team members to learn the case coordination role during CONeX involvement so they are readily able to take over this role following CONeX closure. CONeX will give team members the opportunity to chair case conferences without CONeX present while still providing CONeX support as needed. CONeX will also provide examples of case conference summary examples of how to communicate important tasks and information to the other team members. It may also be beneficial to propose a rotating case coordination role among team members so everyone has an opportunity to chair meetings and share information, without overwhelming one person. CONeX will also provide consultative support following closure (by phone for example) to allow the team members to feel supported in the process if they need some guidance.
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- CONeX is shifting service delivery to be time limited to 6 months and involve 6 case conferences to foster capacity, sustainability, and accountability across Partner Systems and within each family.
- CONeX will mentor families and services providers from the start of CONeX involvement to ensure that case coordination duties can be shared on an ongoing basis.

Challenges across All Partner Systems

Although CONeX does work with children and families with complex needs, it is imperative that Partner Systems and referring parties understand that **all referrals must be experiencing significant System barriers that cannot be resolved without CONeX**. To this end, it is continued to be expected that a multi-system meeting occur prior a CONeX referral. It is important for all Partner Systems to communicate to their staff that referring to CONeX is a reflection of a commitment to work together, to communicate openly, and actively collaborate across the Systems and community agencies.

Referral process

CONeX will continue to attend Systems Point Person events in order to address any questions or concerns that the Systems Point People may have and to clarify CONeX referral process.

Due to the mandate of CONeX, we are asking all referring parties **to initiate a case conference with all Partner Systems and community agencies prior to referring to CONeX**. If needed, the CONeX Team Lead is able to offer support and assistance to any professional that wishes to initiate a case conference prior to a referral to CONeX.

We would continue to encourage communication to all involved Partner Systems that a CONeX referral has been initiated to ensure that each system has exhausted their resources.

Methods to ensure short-term service from CONeX

This year, CONeX is dedicated to a new service protocol in order to improve team relationships and team confidence to manage complex children and their families more efficiently. CONeX will be very clear from triage on that we will be involved for a maximum of six case conferences, thereby encouraging team members and family members to take more of a collaborative and leadership role from the onset of CONeX involvement. Practical ways in which we will be embracing this new service protocol include the use of a new triage information sheet outlining expectations for CONeX involvement. CONeX will mentor team and family members, allowing them to take turns chairing case conferences to increase their confidence and capacity to run case conferences upon CONeX closure. CONeX will continue to be available for consultations as needed after closure. It is important to note that **there is often not one stabilizing point for these families and they will require ongoing collaboration and communication across Partner Systems for an extended period of time. As per CONeX mandate, our role is to improve coordination and collaboration between systems, not to ensure stabilization of the families we support.** The teams involved with complex families at the time of CONeX referral are expected to continue collaborating and supporting the families they serve upon CONeX closure.



Continued system involvement

It continues to be an expectation that all involved **Partner Systems at the time of referral will continue to support the families they refer during CONeX involvement** (with the exception of inpatient hospital services). This continues to be a struggle as many programs will choose to close their files following a referral to CONeX. We continue to communicate this expectation to all Partner Systems at the time of triage. It is helpful for Partner Systems to continue to communicate this expectation to their front line staff as CONeX works with their teams.

CONeX Role clarification

CONeX has found it helpful to continue with the role definition of case coordinator and systems navigator as opposed to case manager. We have two central roles: system navigation and case coordination. We are happy to collaborate and communicate with existing teams in many different and innovative ways to best support the involved systems and meet the complex needs of our children, youth and families.

Partner Systems specific feedback – Building Capacity within Systems

Family Supports for Children with Disabilities

Strengths

FSCD continues to be a key Partner System in many of our referrals and often demonstrate innovation and flexibility in their service delivery to support the complex needs of the children/youth that we work with. FSCD workers have a sound clinical understanding and also have a clear understanding of the limitations of their roles. Due to capacity concerns and high caseloads, FSCD workers are not always able to attend case conferences in person. However, FSCD workers will often send email updates on their service provision prior to the case conferences or will attend case conferences over the phone. FSCD continues to be a strong partner system and, despite budget constraints, they are more than willing to consult with their supervisors and managers and to adapt the work they do to best support families and their teams.

Moving Forward

It would be important to continue **building capacity for FSCD workers to suggest venues/respite services where families can find the resources to spend their funding** (eg assistance in finding and interviewing staff who are appropriately trained and can provide for the complex needs of the child/youth). We continue to find that parents need direct, hands on assistance to find appropriate respite workers and supports. If this skill is taught and role modelled even once, then parents can learn and do this own their own in the future. At this time, CONeX is teaching and role modelling this skill to parents which is a role that systems need to absorb.

Due to high caseloads, we have found that FSCD workers have slower response rate to communications about CONeX families. There are increased barriers at this time to finding services that meet the needs of complex children/youth but also meet the FSCD funding criteria. We understand that this is due to increased demand for FSCD services, coupled with budget constraints, however, this is a challenge for



complex families. One thought that CONeX has for addressing the significant challenges of more complex children/youth and families despite the high caseload of FSCD workers is to have a **subset of FSCD workers who are assigned specifically to work with the most complex families**. These workers could have lower, but more complex caseloads which we feel may help manage the bottleneck effect that having very complex families can create in an FSCD worker's caseload.

Due to the funding constraints in place, CONeX will make it a practice this year to **consult with FSCD prior to helping the family find and engage with service providers** in order to ensure that FSCD can approve funding for the services that are needed. Despite some individual inconsistencies in workers, FSCD is a very strong partner system who engages in creative and collaborative processes to meet the needs of CONeX families and support the team involved with those families.

Education

Strengths

Many professionals in the Education System are often involved in CONeX cases including teachers, educational assistants, principals, guidance counsellors, and strategists. The Education System is effective in their communication across systems, demonstrating commitment to communicate and collaborate with other professionals and to provide accommodations and modifications of academic programming within the school environment. CONeX continues to regularly consult with the Education/CFS liaison, which has been helpful in planning for children with complex needs. Education Partners have been willing to provide transitional time for a child either entering or exiting a school or classroom environment. This is pivotal to a child's success in transitions and their mental health stability. Education professionals are willing to incorporate strategies from other professionals to try to maintain consistency across settings for a child and to help stabilize a child in the school environment.

As of this year, we have noted that referrals are coming from all three RCSDs and most school divisions. The schools seem to be a natural partner during CONeX involvement and often host our case conference to ensure that their staff can attend. When significant work happens with a child/youth outside of school hours across other systems, the school staff are very willing to receive updates and engage in consultations within the same week of an intervention taking place. Our school teams have been very willing to allow outside supports into the school setting and often complete internal referrals access their own mental health and specialized supports for the children/youth and families that we work with.

CONeX has observed that there seems to be direct and **consistent communication between the Systems level, administration level, and front line level of school professionals**. This allows the front line professionals in schools to be more readily able to creatively adapt the work they do in order to provide individualized support for children and youth with complex needs. This is something we are hoping to see more of in other Partner Systems. While there are individual inconsistencies with this pattern across all school districts, this is a strong pattern that we have observed on an overall basis in Education.



School professionals are also very readily able to engage with the family system as a whole. They recognize that complex children and youth often also have complex family systems and they work hard to engage parents on a regular basis.

Moving Forward

There is a continued need for education and enhanced understanding of mental health in the classroom and school environment. The Education System has voiced a willingness to learn more about mental health to better support these children. It remains important to have **one key contact person** for each child/ family to be the key communicator for the Education team. This key contact would then be responsible for taking calls from the student's other team members and for communicating changes in the student's presentation as needed to the case coordinator and other supports. There are significant advantages when someone is given the time and flexibility to fulfill this role. Since communicating this feedback last year, CONeX has seen a move toward the trend of providing one key contact person for the children/youth and families we serve. We would like to see this incorporated on a more consistent level across all school systems.

Due to the complex presentation and needs of children referred to CONeX we would continue to echo the need for **increased access to specialized education settings** (mental health and behavioural classrooms). As CONeX continues to mentor Partner Systems to re-absorb families after CONeX involvement, we may need to rely more on Education team members in assisting with case coordination since their service continues with a child until they are 18.

Health

Strengths

It continues to be very beneficial for **CONeX coordinators to be affiliated with AHS** which eases access to health information and programs, especially in regards to diagnostic and clinical clarity. The fact that CONeX is housed within AHS also provides us with more timely access to Pediatricians and Psychiatrists and provides us with direct access to a consultative Psychiatrist assigned to our team which is imperative for our role. Health team professionals have been more involved in transitional planning for children that enter and exit Health programming. Health team professionals have been able to extend services with more complex children, youth and families to ensure that any transition out of their programming is mindfully and therapeutically set up. It will continue to be beneficial for the Health System to acknowledge the value in this role and the time it takes so they can allow for their staff to fulfill this role. The willingness within many AHS programs to case consult and plan mindfully with the existing support team prior to a child/youth's transition into a treatment program has made a significant difference in outcomes. Incorporating the CAAMHPP System Liaison into our CONeX Team meetings has been very helpful in terms of information sharing and system navigation. Since providing feedback last year, there has been significant improvement in the Health programs involved with a child/youth remaining open throughout CONeX involvement.

As of this year, Pediatricians and Psychiatrists involved with the children and youth we serve have significantly increased their communication and collaboration with CONeX and the child/youth's larger



support team. If they are unable to come to CONeX case conferences due to capacity concerns, the Pediatricians and Psychiatrists will send recommendations and summaries to CONeX case coordinators prior to case conferences and will read and provide feedback on the case conference summary notes they receive after our meetings. This has been imperative in providing diagnostic clarity and guiding the interventions the child/youth's team is working on with the family.

Moving Forward

We would continue to encourage all Health Programs to remain involved at the onset of a CONeX referral. We would like to continue to invite the Health System to encourage their staff to communicate and information share as appropriate across all systems involved with their clients. Though we have seen much improvement in the creation of comprehensive discharge plans for children/youth exiting Health Programming, there continues to be an increased need for comprehensive cross-systems discharge planning from inpatient hospital settings. Outcomes for children are improved when all Partner Systems and community agencies are invited to collaborate around discharge planning.

We are cognizant that resources are limited and the demands upon the Health system are high. We have seen first-hand the challenges faced by our clients to access appropriate specialized treatment programs/beds. We continue to advocate for the ongoing need for increased capacity and access to health beds, specialty clinics, and mental health services. The children and youth that we serve typically have a multitude of complex needs that result in them having limited access to mental health services as they often fall under the "exclusionary criteria" of those services. We would advocate for the ability to flex the mandates of health beds, specialty clinics and mental health services to allow the children and youth we serve to access those services. CONeX is committed to facilitating collaboration within the larger team supporting a child/youth in order to provide expertise and consultation as needed in regards to the complexities that are currently blocking our children/youth from gaining access to AHS mental health services. We would encourage continued communication between the System level, management level, and front line level of Health professionals to facilitate flexibility in service provision to more complex children, youth and families.

Children's Services

Strengths

Over the past year, we have seen that Children's Services (CS) has an enhanced understanding of the role of CONeX. CS has been involved in several referrals to CONeX, either as the primary referring System or as the secondary supporting System. We continue to find it beneficial to be connected to the Managers and Team Leads within CS as this facilitate our ability to communicate strengths and areas of challenge and to request consultative support when CS is not actively open with a family.

CONeX continues to have regular access to the CS/Education Liaison and the CS Mental Health Specialist which has been very helpful in navigating the CS system to best support the children/youth and families we support. We would advocate for continued access to these professionals. Collaborative conversations with CS regarding safety planning continues to be beneficial and we would encourage this process to continue.



Moving Forward

CONeX requires that all Partner Systems come to the table in a collaborative spirit in order for our service and approach to be effective in facilitating positive and sustainable change in children, youth families and Systems. There is substantial benefit for children, youth and families with complex needs when all Partner Systems are at the table. While we understand the legislative requirements that CS must adhere to, we also value their input, advocacy, consultation and expertise even in cases that CS is not actively open with. We have several examples in which CS has not been open with a CONeX family but has been willing to provide consultation and guidance to the team when we call with a concern. This has consistently made a significant difference in the team's ability to support the child, youth and family and prevent safety concerns from worsening and we would advocate for continued ability to consult with CS. CS holds a level of expertise in regards to safety that other Partner Systems don't have and having that at the table as part of the Collaborative helps to provide the team with an understanding of the expectations for safety that CS has and provides the team with direction in how to move forward to ensure the safety of a child, youth and family. We need the expertise of CS to inform our safety plan so that the team can support that safety plan and help the child, youth and family to abide by it.

One pattern that we have seen over the past year, is that it can be difficult for families and teams to distinguish between a mental health concern and a safety concern. We have found that, often, safety concerns and mental health concerns co-exist in the children, youth and families we support due to the complexity of their needs. Mental health does not mitigate safety concerns and they are not mutually exclusive. It is imperative for CS to collaborate with the mental health and disability services involved with a child, youth and family in order to help the team and family address safety concerns. We would recommend that all non-clinical workers have additional training in the symptoms and needs of children with mental health issues.

CONeX would gratefully appreciate support from the Systems and Management level within CS to build relationship within this system.

Conclusion

Over the past three years, CONeX has seen significant benefits of multi-systems collaboration and communication when supporting children/youth and families with complex needs. When Partner Systems are actively collaborating, they are better able to work creatively and adapt their service provision to help facilitate sustainable and positive change in children/youth and families with complex needs. CONeX looks forward to facilitating this collaborative process across Partner Systems in the coming year.
