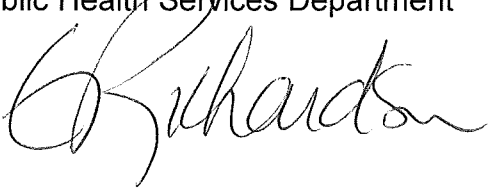




Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 17, 2014
SUBJECT/REPORT NO:	Children's Aid Society/Catholic Children's Aid Society - Update on Collaboration BOH13028(a) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bonnie King (905) 546-2424 Ext. 1587 Sue Sherwood (905) 546-2424 Ext. 3803
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

Council Direction:

Not Applicable

Information:

Budget reductions at Children's Aid Society (CAS) and the Catholic Children's Aid Society (CCAS) led to the termination of the Public Health Nurse (PHN) secondments at both agencies in 2013. As reported at the July 2013 Board of Health meeting, a new model of collaboration between Public Health Services (PHS) and CAS and CCAS has been piloted. The purpose of this report is to provide an update on the pilot.

Model

While PHNs were seconded from PHS by CAS and CCAS, the seconded PHNs completed risk assessments in CAS/CCAS formats. Other PHNs working in PHS completed the Healthy Babies Healthy Children (HBHC) screening tool to identify families with risk. If indicated, assessment visits were completed and home visiting initiated.

In the model implemented in July 2013, two PHNs continued to be assigned to work

In the model implemented in July 2013, two PHNs continued to be assigned to work with CAS and CCAS. CAS/CCAS workers took on the completion of the HBHC screening tools. The assigned PHNs completed assessment visits as required, and when home visiting was indicated, referred the families to other HBHC PHNs. The overall complement of HBHC PHNs was reduced by 1.5 FTE to reflect the reduced funding.

Pilot of Model

The viability of the model was assessed through focus groups with CAS/CCAS workers, and a review of service outcomes.

Positive aspects of the model:

- PHN support and consultation was valued by CAS/CCAS workers,
- HBHC screening tools were effectively completed by CAS/CCAS workers, and
- Case management was strengthened through increased communication between PHNs and CAS/CCAS workers.

Limitations of the model:

- It was not ideal to have assessment visits completed by the PHNs assigned to work with CAS/CCAS, and then families referred to other HBHC PHNs for home visiting, since continuity of care was decreased and families were less likely to accept service.

Plan for Ongoing Collaboration

Overall, the new model of service was found to be viable. CAS/CCAS workers will continue to complete the HBHC screening tool. The PHNs assigned to CAS/CCAS will maintain a regular, scheduled presence at both sites providing clinical consultation, facilitating collaboration and providing ongoing support with HBHC screening tool completion. Families screened with risk will be contacted by HBHC PHNs and scheduled for assessment visits; if ongoing home visiting is required, visits will generally be provided by the PHN who completed the assessment visit.

Managers and front line staff from PHS, CAS and CCAS will continue meeting regularly to enhance communication and facilitate effective coordination of services for high risk families.