The Community Networks of Specialized Care (CNSC) are... 

...a way of linking specialized services and professionals to pool their expertise to treat and support adults who have developmental disabilities and mental health needs and/or challenging behaviours (i.e. dual diagnosis) in the communities where they live. The Networks bring together people from a variety of sectors including developmental services, health, research, education and justice in a common goal of improving the coordination, access and quality of services for individuals who have complex needs.

“The information will be helpful going forward with clients living in group home settings. Thank you for developing a great curriculum.”
~ Clinical And Responsiveness Training (CART)

“I liked the various learning styles, very interactive. I really enjoyed the marketplace and the panel. The facilitators helped pull all the info together.”
~ Engage-Think-Inspire, Community Engagement Day

“I felt more equipped as a frontline staff in bridging the gap between the severity / frequency of target behaviours, and the significance of data collection and documentation.”
~ Common Thread Initiative

“I have noticed the high level of engagement with the Common Thread Initiative. Commitment from staff is high. Staff are feeling more confident”
~ Common Thread Initiative

“I leaned to use different tools to support the work with clients, families and systems.”
~ Effective Specialized Response (ESR)

“I liked the amount of group work and diversity. Good balance between lecture, conversation and activity”.
~ Effective Specialized Response (ESR)

“I have been impressed with the remarkable ability of CNSC to provide access to needed services in a community crisis.”
~ Partnerships & Special Project Lead, Ontario Telemedicine Network

Impacting lives in a First Nations Community in Crisis

“It was truly amazing how quickly CNSC was able to package and ship the system but also send over the supporting information so the OTN’s emergency deployment team could get to work. A very heartfelt thank you for the generous donation of equipment as it has had and will continue to have a direct positive impact for the health of this community.”
~ Partnerships & Special Project Lead, Ontario Telemedicine Network

“Thank you for teaching at the Inter-Professional Developmental Disabilities Education Day. The time you spent facilitating small group sessions involving communication with the individual with developmental disability and parent interview helped teach invaluable communication and advocacy skills to students.”
~ Queen’s University School of Medicine, Kingston

“Great day. Can’t wait to share the information with my team. Fabulous conference!! Very inspiring.”
~ The Road to Resilience: A Journey to Happiness

“I liked the amount of group work and diversity. Good balance between lecture, conversation and activity”.
~ Effective Specialized Response (ESR)
Our dedicated team of Community Network of Specialized Care (CNSC) Leads, Coordinators, Videoconferencing (VC) Coordinators, Research and Evaluation Coordinator, Health Care Facilitators (HCF), Specialized Transition Case Manager and Administrative Professionals build strong partnerships and will help make the pieces fit.

MESSAGE FROM THE CENTRAL COMMUNITY NETWORKS OF SPECIALIZED CARE TEAM

“Partnership: a relationship between individuals or groups that is characterized by mutual cooperation and responsibility, for the achievement of specific goals.” It is through our strong community partners’ involvement, contribution and wisdom that we’ve achieved success of our goals. Through a provincial evaluation of our work, it is those partnerships that will continue to contribute to our achievements as the CNSC’s look forward to new goals, new objectives, new challenges and new successes.

The Central CNSC team has been diligently working to complete several provincial projects ♦ the Dual Diagnosis Framework continues to be led by Central East in collaboration with MCSS and MOHLTC ♦ the Guidelines for the Care, Support and Treatment of People with Developmental Disabilities and Challenging Behaviours led by the provincial CNSC group, is in its final stages and will soon be released ♦ a provincial forensics transitional treatment home for individuals involved with the forensics system is now open on the grounds of Waypoint Centre for Mental Health Care ♦ a provincial evaluation of the CNSC’s initiated and led by the MCSS Policy and Research Branch (PRAB) resulted in new recommendations to guide our work moving forward ♦ the year-five provincial videoconferencing refresh initiative saw 25 units replaced this past year ♦ training curriculums developed within Central are now supported and delivered across the province, all of this along with the many other regional activities accomplished by a dedicated team.

Did you know that a combined total of 20,864.5 hours of training was compiled by recipients in the Central Region, both face-to-face and through the use of technology? Did you know that videoconferencing sites/systems within the Central Region accumulated 3,927 events (clinical, educational, planning combined) throughout the year? Did you know that 395 new users, within Central, now have access to personal videoconferencing technology and we saved over $117,000.00 in doing so?

This document highlights many key accomplishments from every corner of the Central Region, and it supports the openness, transparency and accountability of our work. Our successes are connected with our partnerships and they give us a sense of confidence and encouragement that we are making a difference in the lives of people with developmental disabilities and mental health needs and/or challenging behaviours in our communities. We thank each and every one of our partners for their involvement and look forward to many more years of collaboration.
The provincial forensics transitional treatment home, Beacon House, opened in 2015. Located within CE on the grounds of Waypoint Centre for Mental Health Care, this home has capacity for three people to receive transitional support from the forensics system to community living. Space is also provided for day program activities for 3 additional people.

Individuals with developmental disabilities are aging, impacting both health and developmental sectors. CE HCF participates in the Central East Aging and Developmental Disabilities work group. This cross-sector partnership provides great options to share resources and support, address training needs and collaborate.

CW participates as part of the Regional Service Solutions work group which coordinates access to specialized treatment beds.

TO HCF’s client related involvement includes addressing health care service challenges for 42 new clients with an average of 30 requiring HCF services per quarter. Also making linkages with Family Health Teams, Community Health Centers, Emergency and Acute Care Services, Specialized Outpatient Clinic Services, and Developmental Services agencies.

CE chairs the Regional Case Resolution Committee, where very complex referrals are reviewed from both within the (former) Central East Region (CER) as well as other regions in the province. Referrals for Beacon House (Forensics transitional home) are now being reviewed at Regional Case Resolution to provide a consistent and transparent process to access this specialized provincial resource.

CW responds to requests from the five Local Service Solutions Facilitators to consult on primary care concerns, dual diagnosis and support for complex situations.

CE HCF collaborates with the North Simcoe Muskoka Dementia Network and their partnership with Behavioural Supports Ontario.

TO Clinical Conferences identified:
⇒ that 71% of people were between the ages of 18-32. An increase from 66% the previous year.
⇒ 79% of the attendees are service providers along with 2 individuals, 10 family members, 3 behaviour therapies, 2 psychiatrists and 1 police officer

Continued gaps are:
◊ Long-term, high-support spaces
◊ Support for individuals involved with justice
◊ Support for those who are in safe beds; Alternative Level of Care; treatment; and hospital beds
◊ The need for 1:1 or 1:2 supports
◊ Support for individuals with Personality Disorders
◊ Complex behavioural issues in long-term care
◊ The flow of transitional aged youths entering the adult system

Program Standards have been completed and approved by the CE-CNESC Advisory for the CER-Crisis Response Network. A common job description, business cards and an integrated information grid has been developed for the Crisis Response Coordinators. A Memorandum of Understanding has been implemented between the lead agencies and the host agency of the CER Crisis Response Network. Urgent Response Guidelines were developed by the Ministry of Community and Social Services. The Crisis Response Network Coordinators work closely with the DSO-CER and Local Planning Tables to implement the guidelines across the region.

CW coordinates access to specialized psychiatric consultations within the CW region to community physicians and/or psychiatrists.

CE has representation at all Local Case Resolution tables and Urgent Response committees across the region to expedite the linkage to specialized resources available within CER in a timely way.

Overall Central VC systems utilization continues to track above our target, achieving 11% for the year. We are staying above our 10% target year after year, however the trend has started to plateau as shown by the chart. The 10% target is an arbitrary number based on how available the rooms are for videoconference events, given that most of them are multi-purpose meeting rooms.
• Central’s annual event Engage-Think-Inspire included a presentation on knowledge translation, a Fresh Ideas Marketplace and an innovation panel. The majority of participants were either very or completely satisfied and indicated they valued the opportunity to learn, discuss and share innovative projects with their peers. Participants indicated intent to apply what they learned and/or follow up with specific people or programs for more information.

• TO HCF completed a pilot project on Regulated Health Professions Act that includes process to ensure developmental service agencies are in compliance to Quality Assurance Measures with respect to controlled acts, training, monitoring and evaluation. There may be an opportunity for the regions to look at this project from a provincial lens to promote and develop consistent training.

• CE welcomed Dave Hingsburger and Mark Pathak for their education day titled: “Justice and Rights for Individuals with Developmental Disabilities”. The focus of the presentations were justice and rights of individuals.

• CW coordinated 33 educational events across the sectors; 833 people attended.

• TO HCF offered a total of 30 presentations involving approximately 600 participants from health care, developmental services, self-advocacy, medical and nursing students / university programs and received very positive feedback. Topics included:
  ◦ Controlled Acts
  ◦ Diabetes
  ◦ Epilepsy / Seizures
  ◦ DD Primary Care (medical and nursing students)
  ◦ Developmental Service sector supports for Toronto Central CCAC ALC Team
  ◦ Aging and Developmental Disabilities and Dementia
  ◦ Dual Diagnosis
  ◦ Infection Control and Routine Practices in Residential care support
  ◦ Nutrition
  ◦ GI issues
  ◦ Reflux
  ◦ Constipation

• Central Region Research, Education, and Evaluation Committee worked on several projects including creating practical tools and guidelines to:
  ◦ Access, understand, evaluate, and apply evidence-based research.
  ◦ Ensure the quality of the curriculum and delivery of training (i.e. Effective Specialized Response (ESR) and Training in Partnership (TIP)).
  ◦ Facilitate opportunities for student placement partnership between community agencies and academic institutions.
  ◦ Support organizations to develop, deliver and evaluate educational events for adult so they are effective and have a meaningful impact on the participants.
  ◦ Utilize standardized measures to assist in treatment planning and monitoring of outcomes for individuals in specialized treatment beds.

• Central VC education accounted for 4,634 hours of training attended by 1,866 people. 9.5% of the sites that joined the events were non-MCSS sites.

• TO Collaborative And Individualized Resource (CAIR): 60 participants from a variety of sectors attended the Shared Learning Forum: 100% of attendees found the presentation helpful.

• CE coordinated a full day conference for 150 participants. The Road to Resilience: A Journey to Happiness— the theme for the day was developing resilience for staff using positive psychology. Participants left the event inspired to share their resiliency techniques with others.

• TO received a request from North CNSC to deliver Effective Specialized Response training in North Bay. 24 people attended from developmental services, mental health, justice, and specialized dual diagnosis.

• CE HCF participated as a community partner in a session with the Northern Ontario School of Medicine’s Virtual Academic Rounds: Adults with Developmental Disabilities and Pervasive Developmental Impairment, for third year medical student in Northern Ontario. This was a great opportunity to provide students with an awareness of the complex and unique health needs of adults with developmental disabilities. These learning opportunities are effective in promoting a multidisciplinary approach to investigate and problem solve health issues that may be impacting other areas of well-being. Having an opportunity to participate in cross-sector initiatives with medical schools has been helpful in understanding some of the challenges within the province.

• TO provided 89 hours of Connecting the Dots training to 480 people from different levels of service from supervisors, leaders, direct service staff and behaviour specialists.

• 124 face-to-face education events, representing 16,231 hours of training was offered within the Central CNSC in collaboration with Health Care Facilitators, covering a variety of topics which included:
  ◦ Acquired Brain Injuries
  ◦ Adapted Dialectical Behaviour Therapy
  ◦ Aging
  ◦ Alzheimer’s Disease
  ◦ Anxiety and Depression
  ◦ Autism Spectrum Disorder
  ◦ Biopsychosocial Model
  ◦ Case Management
  ◦ Challenging Behaviours
  ◦ Controlled Acts
  ◦ Crisis
  ◦ Dementia
  ◦ Diabetes
  ◦ Dual Diagnosis
  ◦ Eating Disorders
  ◦ Epilepsy
  ◦ First Aid
  ◦ Knowledge Translation
  ◦ Nutrition
  ◦ Plan Language
  ◦ Primary Care
  ◦ Regulated Health Profession Act
  ◦ Resilience
  ◦ Trauma

• 3,082 people attended the various in-person education events offered within Central CNSC from a variety of roles, representing a variety of sectors including:
  ◦ Developmental Disabilities
  ◦ Family / Caregivers
  ◦ Justice / Forensics
  ◦ Mental Health
  ◦ Primary Care
  ◦ Self-advocates
  ◦ Students
• Through strengthening the partnership with OTN, a one-time opportunity to register Personal Videoconferencing users was provided at no cost, no limits to the number of people registered, no registration fees, no ongoing annual fees and as a bonus, non-member agencies had the opportunity to take advantage of this offer. Provincially 840 users were registered; 394 were within Central. Provincially, 72 agencies took advantage of this offer; 22 of them were non-member agencies. A cost analysis was done to see how much was saved through the free bulk provisioning process. If all 840 users were registered through the normal process what would have been the cost? CNSC saved $270,500.00 and built capacity through the use of technology, providing 840 new users with Personal Videoconferencing.

• CW supervised a 2nd year Mississauga Academy of Medicine student conduct research on 4th year graduating students from University of Toronto and the Mississauga Academy of Medicine on their knowledge of supporting individuals with dual diagnosis.

• CE HCF participated in a facilitation role for the Inter-Professional Developmental Disabilities Education Day at Queens University, School of Medicine. Over 400 medical students participated in this day of communication, collaboration and advocacy. Each facilitator completed 4 one-hour sessions with 10 healthcare students in the field of nursing, OT, PT, psychology and medicine. The debrief session discussed communication, collaboration and advocacy skills for this population.

• In partnership with Surrey Place Centre and Dr. J. Rao, CW facilitated the Mississauga Academy of Medicine Transition to Residency Seminar on developmental disabilities for 4th year graduating students.

• CE developed specialized training with the focuses on enhancing the skill set of staff and building community capacity for agencies to be able to support individuals with dual diagnosis, complex and/or changing needs and behavioural challenges. The curriculum had two training delivery components within it’s first year:
  ◦ Autism Spectrum Disorder Certificate Program (provided by Kerry’s Place Autism Services). 40 staff with a blend of managers, supervisors and direct support professionals were trained.
  ◦ Clinical And Responsiveness Training (CART). The CART Development Team consulted with experts from Australia, Scotland, Ireland, United States and Canada to developed a curriculum inline with best practices, including tools, (i.e. manuals, videos and PowerPoint).
  
  The next phase of the training is well underway. Specialized training will focus on Trauma-Informed Approaches, and The Regulated Health Professions Act.

• CW completed the first cohort of the Common Thread Initiative: Strengthening the Community of Support for Persons with Challenging Behaviours. This unique program is a team-based, problem solving approach to make evidence-based decision that best support persons with a dual diagnosis and challenging behaviours in a residential program. The goal of the training is to have staff teams observe, recognize and respond to challenging behaviours, plan ongoing data collection and two way information sharing with team members; practice making evidenced informed team-based decisions; communicate effectively with clinicians and other external supports; spread learning to enable program-level capacity building and sustain practice change; plan to implement evaluation strategies for continuous quality improvement.

• CE HCF participates in individual cases as requested by community agencies providing supports to individuals with complex medical needs, their families / caregivers, to access community health resources or receive health related information/ resources.

• CW HCF coordinated and facilitated the delivery of a 7-module Developmental Disabilities training series for 1st, and 2nd year students from Mississauga Academy of Medicine.

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### DID YOU KNOW?

Following the housing report of 2014, further information was requested by the funders, MCSS, and Toronto-Central LHIN. DSO Toronto facilitators worked with TO CNSC to gather data on the top prioritized individuals. Further to that the Research Department at Surrey Place was asked to analyze the data and prepare a report. Approximately half displayed challenging behaviours coupled with mental health issues; half had challenging behaviours with medical conditions; and a quarter of these people have issues in all three domains.

Funders received a report outlining the work to date as well as highlights of key findings and recommendations. There are efforts underway to develop a process regarding housing proposals for this complex group of people.

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### DID YOU KNOW?

CW embarked on a pilot project to look at Access to Specialized Assessment and Consultations across CW Region. The project originally began in March 2014 when Pitters and Associates were contracted to support the work of the CW CNSC. Initially, a survey of 33 CW cross-sector partner agencies was completed along with telephone interview with Regional Coordinators. A Service Pathways Map was develop with a roster of specialized service providers. The purposes of the pilot is to;

a) enable consistent access to short-term specialized assessment and consultation for all service providers across the CW communities within Halton, Dufferin, Peel, Waterloo and Wellington;

b) building service capacity among regional providers to address barriers and gaps; and

c) where local resources do not exist, reach out to other CNSC’s beyond CW to explore access to specialized service providers in their regions.
• TO HCF offered resources and direct support for complex health issues to clients, caregivers, health care and developmental service providers.

• In collaboration with the Senior Wrap Facilitator in Halton Region, CW delivered four separate educational sessions to over 40 staff at two long term care facilities on the topics of developmental disabilities and dual diagnosis.

• Within CE, a behaviour technician assists the Mobile Resource Team in providing behavioural supports. This position is in partnership with Lake Ridge Community Supports Services who also provides the supervision. This has been an invaluable addition to the team.

• TO HCF provided support with developing Toronto Controlled Acts Pilot Toolkits for the four most common controlled acts being administered in residential and community participation programs in Toronto (insulin injections, inhaler, enema and suppository medication administration).

• In partnership with the Mississauga/Halton LHIN, CW is working to determine the number of individuals in long term care settings that are not connected to developmental services.

• CE continues their monthly clinical consultations via videoconferencing technology with Dr. Marvin Lew from Nova Southeastern University, Florida. 30 people from across the CER have been trained in Adapted Dialectical Behaviour Therapy.

• TO HCF participated in H-CARDD research projects.

• CW Trauma Committee joined together with the Southern CNSC Trauma Committee to develop a strategic plan and training priorities for the next two years.

• TO HCF offered assistance with the Person Centered tool development (i.e. medical test social stories).

• CE HCF continues to receive requests for training on aging and developmental disabilities within long-term care settings. Trainings are completed in partnerships with the psychogeriatric resource consultants.

• CE piloted a Sociomedical Clinic, which consisted of a psychiatrist, a pharmacist, a behaviour technician, behaviour consultant and an administrator. The group reviewed and made recommendations for persons with a dual diagnosis where psychological and social challenges are often exacerbated by medical issues. Four individuals were reviewed; a report was prepared outlining recommendations of either psychological support and/or medical treatment.

• CW continues to be active members on the Central West Region Partnership on Aging and Developmental Disabilities Committees.

• TO HCF Participates in the TO-CNSC Clinical Conferences.

• The CE Mobile Resource Team are now deploying the Mobile Outreach along with the Behaviour Technician to do outreach to individuals going through the process.

• TO HCF was involved in the draft of Developmental Services HR Strategy medication training template.

• CW are members of a cross-sector Extraordinary Needs Program Steering Committee and the new Dual Diagnosis Supporting Housing Committee within the Waterloo / Wellington LHIN.

• CE HCF will be involved in the development of training modules which will be completed over the next year as a result of the survey of medical interventions which was completed within Simcoe County.

• TO HCF offered support with the Developmental Disability Primary Care Initiative’s primary care tools dissemination and usage with clients, caregivers, and health care providers.

• CE hired a Specialized Transition Case Manager. The role is to assist families and clinical staff to develop sound clinical plans, and to access cross-sector resources required to implement the transition of persons with complex needs and complex medical needs into the community. This position will also develop transition plans for persons ready for discharge from CE-CNSC Treatment beds, hospitals, tertiary care, and mental health forensic units back into the community.

• The OTN Invite feature is linked to Personal Videoconferencing (PC-VC); it enables the user to invite a person who is not a registered user of the service to join a videoconference event from anywhere. The Personal VC user sends the invitee an email with the date and time of the event and a link. For security and privacy reason the user must also supply the invitee with a unique PIN that will enable them to join the event and only the person with the PIN can join. This also maintains the confidentiality of the information being discussed and/or shared.

A participant can join a videoconference using a variety of different technology. Technologies supported include: personal computer / laptop, iPad/iPhone, MAC, and Android. We see great value in this service, are very excited to have been approved for this pilot; we see it as another way to bring services to the person vs. the person to the service.

Stay tuned for the results of this exciting new service pilot.

DID YOU KNOW?

To promote and improve access to videoconferencing technology, OTN is piloting a feature called OTN Invite feature (previously known as Guest Link). The Central VC Program received approval from OTN and Ministry of Health to join the second phase of the pilot. We would be the first ones to pilot this service within the Developmental Services sector. We targeted those agencies that will have the biggest impact to be pilots, while also trying to cover several different types of programs.

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Stay tuned for the results of this exciting new service pilot.
• Provincial Dual Diagnosis Framework

Guidelines for
Provincial Dual Diagnosis Framework

CNSC VC

Videoconferencing Program

The Provincial CNSC Videoconferencing Program has:

- **Provincially**: 143 Sites, 174 Systems, 840 PCVC Users
- **Centrally**: 45 sites, 60 systems, 395 PCVC Users

The Provincial CNSC VC Programs - identified the need for better participant data and communication with respect to educational activities has been identified as highly important. This type of information helps us ensure we are delivering content that is relevant, timely and well prepared. The first step to gathering this data is participant registration. As such, two separate online registration systems were implemented for testing. The registration results and process will be reviewed with the Provincial Regional Videoconferencing Coordinators for a final decision on which product to use going forward.

• **CNSC Evaluation** - Initiated by the MCSS Policy and Research Branch (PRAB) a Provincial Evaluation of the CNSC was completed. Interviews were conducted with key respondents across the province and an evaluation templates was completed by CNSC’s. The final report was distributed in January 2015.

• **Provincial Dual Diagnosis Justice Rounds**, chaired by CE, developed a common data set for reporting to the Ministries the vital role of the Provincial Dual Diagnosis Justice Case Managers and the need to expand these positions across the province. The group has also changed the format for justice rounds; case presentations and experts from different disciplines are invited to present on key topics identified by members.

• CE CEO and Coordinator presented at the 4th Health and Wellbeing in Children Youth and Adults with Developmental Disabilities Conference in Vancouver in October 2014. Presentation focus highlighted the accomplishments and work of the CE CNSC, its model and how to access specialized services and support for persons with a dual diagnosis.

• **Central** continues to support the delivery of the ESR and TIP curricula in the Eastern, Southern and Northern Regions. Central also leads the overall process to ensure quality control and curriculum review for both courses.

**The Provincial CNSC Videoconferencing Program**

- The DSO’s have identified some pressures with the OTN Annual Membership fees, as well as refresh of equipment, and with some – the re-deployment costs for some of the sites they originally chose to develop on their own. MCSS have recognized this as an emerging pressure and approved adding these sites and systems as part of the CNSC Provincial Annual VC Refresh Initiative. The OTN membership fees for these specific sites will now be covered through the current annual refresh budget and the systems have now been scheduled into the Refresh Schedule for replacement. These extra systems have had the warranty augmented ensuring they have full maintenance coverage through to the year they will be refreshed.

2014-2015 was Year-5 of the CNSC VC Refresh initiative; 25 systems across the province were replaced. The project was completed on budget and on schedule.
Introducing the Central TEAM

Central East Community Network of Specialized Care
Community Living Huronia
Tony Vipond, Chief Executive Officer
Marnie McDermott, Regional Coordinator
Beverly Vaillancourt, Health Care Facilitator
Cindie Evans, Specialized Transition Case Manager
Joanne Boulard, Administrative Assistant
Louise Spicer, Regional Videoconferencing Coordinator (Central CNSC)
Tony Gougeon, Regional Videoconferencing Coordinator (Central CNSC)

Central West Community Network of Specialized Care
Central West Specialized Developmental Services
James Duncan, Executive Director
Tara Hyatt / Trevor Lumb, Regional Coordinator
Violet Atkinson, / Sabrina Vertolli Health Care Facilitators
Kelly Stockdale, Program Assistant

Toronto Community Network of Specialized Care
Surrey Place Centre
Steven Finlay, Chief Executive Officer
Jennifer Altosaar / Sandra Bricker, Regional Coordinator
Angela Gonzales, Health Care Facilitator
Caroline Furgiuele / Patricia Tomlinson, Office Assistant
Megan Primeau, Education and Research Coordinator (Central CNSC)
Patricia Beckford, Office Assistant (Central CNSC)