

MESSAGE FROM THE TEAM

We take pride in our accomplishments and never stop looking for ways to improve. We build on the progress we have made in embedding our principles and objectives in the work we do. We are working on strengthening our provincial framework which includes: understanding and implementing best practices, continuing to facilitate and enable the integration and coordination of specialized service delivery, building capacity and enhancing services.

Over and above our regional projects, the primary focus during the past year has been on four provincial initiatives:

- Care, Support and Treatment of People with Developmental Disability and Challenging Behaviour, Consensus Guidelines,
- Dual Diagnosis Framework,
- Videoconferencing Provincial Circuit Project, and
- Implementation of the recommendations from the Provincial Evaluation of the CNSCs into our work plans, both regionally and provincially.

Operating with integrity is what our many stakeholders, including individuals and families, have come to expect.

We are committed to achieving our objectives, and our goals. We seek measurable progress in our coordinated efforts to build trust and gain greater respect. We've learned how to embrace opportunities that allow us to highlight our strengths as we continue to build capacity across all regions.

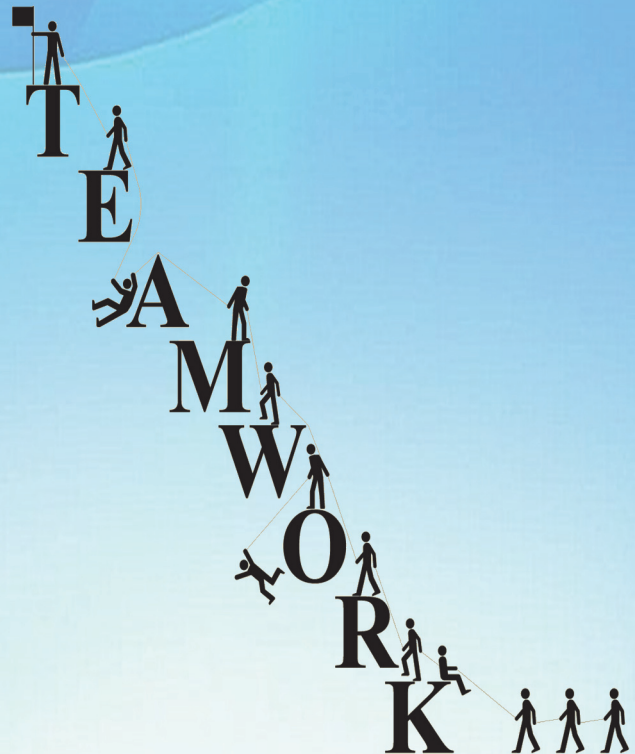
Our partners are key stakeholders whose wisdom, contributions and diverse range of perspectives and expertise have been of immense value to us. Interactions with so many people gives us greater insight into the impact of our involvement in the initiatives we undertake, as well as the issues that we must still address. Our successes 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 take pride not only in what we do, but in how we do it, this is essential to our success.

2015/2016 was a year that brought rewards as well as challenges, and has been an important year in our journey of transformation. We are well positioned to continue our progress and deliver on our commitments to those who invest in us and depend on us to implement best practices that will better their lives. We continue to work towards a better understanding of the needs of this diverse population; we will be creative, hardworking, resilient and committed to excellence. We are pleased to share with you our key accomplishments over the past year and look forward to a great 2016/2017.



COMMUNITY NETWORKS
OF SPECIALIZED CARE
RÉSEAUX COMMUNAUTAIRES
DE SOINS SPÉCIALISÉS

CENTRAL ANNUAL REPORT 2015~2016



*"We are like islands in the sea,
separate on the surface but
connected in the deep."*

~ William James

COORDINATING LOCAL SPECIALIZED SERVICES

... so the services and supports from a number of programs, organizations and sectors are working together with people and their families to make a difference.

- (CE) Coordinator is a member on all local case resolution and urgent response committees across central east; she also chairs the Regional Case Resolution Committee
- (CW) Coordinator participates as part of the Regional Service Solutions table coordinating access to regional and specialized treatment beds
- (TO) CNSC 2015-2016 Clinical Conference held 24 sessions where 61% of attendees were from developmental service providers. Other attendees were; 8 family members, 1 psychiatrist, 5 Behaviour Techs, 2 occupational therapists, 1 recreational therapist, 1 nurse and, 1 psychologist . 30% of those presented were between 18-32 years old (decreased from 66% from previous year)
- (CW) CNSC, responded to requests from the 5 local Service Solutions Facilitators to consult with respect to primary care concerns, dual diagnosis and support for complex situations
- (TO) Linkages/Collaborations with Developmental Services Ontario - Toronto Region, Collaborative And Individualized Resources (CAIR), Griffin Community Support Network, various developmental services agencies, Community Care Access Centre (CCAC), Community Health Centers / Family Health Teams, private family practice offices, hospital teams, specialists and schools.
- (CE) The Specialized Transition

Case Manager has provided case management and consultations to several out of region referrals addressing a growing need for services. Linkages and connections have been established with the Central North Corrections Centre through the Specialized Transition Case Manager. Collaboratively they are developing transition plans for individuals transitioning from the justice system to community settings.

- (TO) Gaps identified:
 - * Access to long term residential resources
 - * Access high support long term residential resources
 - * Specialized supports
 - * Coordinated response when multiple systems involve health and developmental services
 - * Access to Individualized Funding
 - * Consistent practice amongst Family Support Workers / Case Managers
 - * Increase in Alternate Level of Care (ALC) individuals
- (CW) Specialized psychiatric consultations are coordinated within CW Region to community physicians and/or community psychiatrists
- (CE) The Urgent Response Guidelines has been developed by the Ministry of Community and Social Services (MCSS). The Crisis Response Network Coordinators have been working closely with Developmental Service Ontario

DID YOU KNOW?

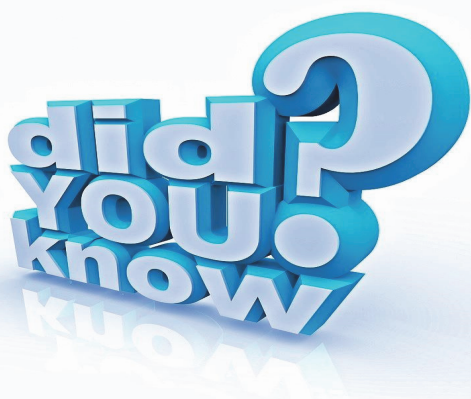
Clinical and Responsiveness Training (CART) (CE) CNSC

- The goal of this training is to enhance the skills and knowledge of staff in the developmental service sector within the central east region so that the highest quality of support can be provided for adults with a dual diagnosis, complex and or changing needs, and behavioural challenges in their support environments.
- The curriculum focuses on increasing the knowledge, confidence, and understanding of direct support professionals in the use of positive behavioural supports, including the use of proactive strategies and creating habilitative environments to decrease and / or prevent challenging behaviours.
- Training manuals have been published and the feedback on the content has been very well received by participants.
- Face-to-face booster sessions for all participants trained were held in June 2015 in Newmarket.
- Modules have been presented internationally. Most recently to audiences at National Association for the Dually Diagnosed (NADD) International held in November 2015 in San Francisco.
- (CE) Network Coordinator in partnership with Lake Ridge Community Support Services presented the CART curriculum at the CNSC Clinical Service Providers Conference in October 2015. Overall participant feedback was very positive. Dr. Reid endorsed the curriculum as a great model of training for persons supporting individuals with dual diagnosis.

(Continued from page 2)

(DSO) Central East and local planning tables to implement the guidelines across the Central East Region.

- Throughout 2015/2016 there were 262 Urgent Response referrals were received
 - * 62 in Durham
 - * 47 in HKPR
 - * 58 in Simcoe
 - * 95 in York
- (CE) The Specialized Transition Case Manager has been a key link on several committees across the central east region:
 - * Local Case Resolution
 - * Urgent Response
 - * Adult Mental Health Case Resolution
 - * Alternate level of care oversight table with Ontario Shores Centre for Mental Health



Toronto Service Resolution Process is a Partnership between the TO-CNSC and the Toronto Human Services and Justice Coordination Committee (HSJCC). They are working on creating a service resolution process that will shape cross-sectoral supports for people who face significant barriers to meeting mental health, addictions, and justice-related needs through traditional services. The current Toronto CNSC Service Resolution process has been used as a model.

We are bringing together organizations that can: address the root causes of multiple and overlapping needs, involve multiple levels, share accountability, encourage flexibility to meet service users where they are.

DID YOU KNOW?

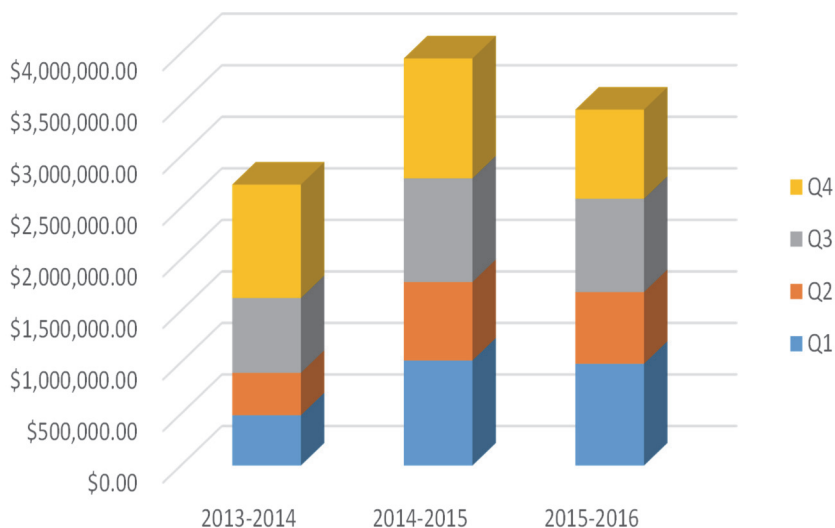
Videoconferencing Technology Cost Benefits was completed through centralizing data collection for reporting financial benefits of using videoconferencing. All sites across the province have been added to the Google map which allow us to run the program to get the distance and travel time information required for a provincial cost saving analysis.

Fiscal year 2015/2016 shows:

- 4,886,115.4 km of travel was avoided
- 52,122.3 hours of travel was avoided (or 5.9 years!)
- \$3,452,950.58 was the estimated financial savings (wages and mileage rebate). This is a very conservative estimate as some factors are not used in the calculation



Provincial Cost Savings Estimate



Although this year's savings is 12.6% lower than last year, the continued increase in Personal Videoconferencing (PCVC) usage can account for some of this change, as well as a milder than usual winter. Taking a look at the last three years, the estimated dollars saved is quite significant.

We do not yet have a reliable way to estimate the savings involving PCVC users, therefore it is not included in this data.

DID YOU KNOW?

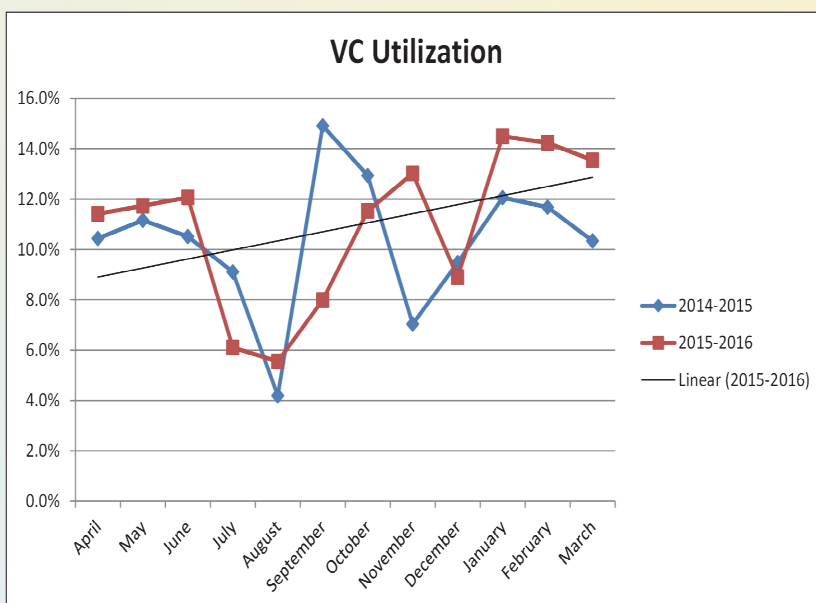
- (TO) CNSC successfully partnered with the Developmental Services Toronto Shared Learning Forum and ConnectABILITY to create a comprehensive education planning group for Toronto. By including ConnectABILITY in the partnership webinars can be used for easy accessibility and record events to share on ConnectABILITY.ca and the Developmental Service Learning website. Future planning to include the events on the CNSC Website.
- The Shared Learning Forums offer ongoing comprehensive and contemporary information and training opportunities to staff working in the developmental service sector and those partner sectors working with individuals with a developmental disability. The audience includes staff from developmental services agencies and community partners which can include but is not limited to child welfare, mental health agencies, school boards, tertiary hospitals, etc., also case managers, residential and day program workers, managers, hospital staff, and more. We are fully accessible and have accommodations for those who need American Sign Language as we do have deaf and hard of hearing attendees (the forum happens at the Bob Rumball Centre for the Deaf). Donation of time and expertise on the part of invited speakers and presenters is the catalyst of the series of sessions presented by the Shared Learning Forum.
- Key to the experience for all is the opportunity to network and share information and experiences. The commitment of the members of the planning committee and that of the individuals, who support it, including those who commit to presenting, speaks to the ensuring of the fostering of ongoing professionalism in and for staff development. This series of presentations and the level of commitment of the members and participants are invaluable to the maintenance of current and forward progressive thinking for all professionals who work in the developmental sector.
- Successful for a Request For Proposal (RFP) for a 3-Part Series on Transition Training to meet an identified learning gap in Toronto.

VIDEOCONFERENCING SYSTEM UTILIZATION

From year to year we set specific goals for the program to achieve, one of which is increasing the equipment utilization. Throughout the year utilization fluctuates with the lowest utilization being during the summer months. Overall, however, the Central region has continued to increase year over year. The current year's monthly average utilization was 10.9% while the previous year was 10.3%.

Throughout the year we see peaks and valleys in the video-conferencing (VC) activities. This is the nature of the sector in which we work. Serving the people means the demands change around what is happening in their lives. This is constantly seen in the drop of activity both during the summer months as well as the December holiday season.

The other trend that continues is the increase in participants wishing to join events via webcast. This year that number reached 25.3% and continues to grow.



PERSONAL VIDEOCONFERENCING USER FEEDBACK

"Since signing on for PCVC, I have been a huge fan. The CNSC Videoconferencing Coordinators ensures quick responses to any requests, even when the event is the same day. They really make it easy to link to any meeting without having to worry about weather conditions, or lost time in travel. It is budget friendly as my mileage has had a significant drop since I can now literally connect from anywhere and be at the meeting."

PCVC is simple and easy to use and the audio with video is a much better interaction than teleconferencing as you can see when another person is about to speak, so you don't end up talking over each other. I would highly recommend PCVC for anyone to use as a great tool to support meeting where people come from different communities."

~ Brenda Quinlan, Clinical and Program Director,
Community Living Association for South Simcoe

TRAIN AND BUILD CAPACITY IN THE COMMUNITY

... working to enhance and build the competencies of professionals in culturally and linguistically diverse communities; working together to ensure effective collaboration, evaluation and setting of standards in the area of education

- ◆ (CE) Presented their model of collaboration between specialized clinical teams and community service providers. A case presentation highlighted:
 - ◇ how the Mobile Resource Team works with front line staff to best support individuals with challenging behaviours and other complex needs; being mindful of the realities and limitations of typical residential group homes / day program environments ensuring expectations are realistic, achievable and promote success.
 - ◇ discussed the challenges and successes the team has experienced and what has made the difference from their perspective
- ◆ (TO) Care and Treatment Guidelines Education Day
 - ◇ 46 attendees from developmental services agencies -engaged with the original group who reviewed the guidelines in March 2015.
- ◆ (TO) Connecting the Dots—1080 hours of training and 19 attendees in management positions from developmental services agencies
- ◆ (CW) Network coordinated 52 face to face educational events across the sectors for 1183 participants
- ◆ (CW) We provided 4,255 total training hours of face to face trainings and 105 hours of training using videoconference
- ◆ (TO) Collaborative And Individualized Resource – education day coordinated by the Eastern - CNSC Kingston. 40 people attended from a variety of sectors. 94% found the presentation helpful
- ◆ (CW) In May 2015, the Network, in partnership with the Central Region Partnership on Aging and Developmental Disabilities committee hosted a full day event which focused on age related changes for individuals with a developmental disability, and dementia. 197 participants attended from multiple sectors. The NTG Screening Tool for Dementia and Intellectual Disability was highlighted.
- ◆ (CENTRAL) 147 face to face education events, representing 19,332 total training hours, were offered within the Central CNSC in collaboration with the Health Care Facilitators, covering a variety of topics including:

PARTICIPANT FEEDBACK

Care and Treatment Guidelines: "I think the ideas presented, especially meeting collaborations with non-DD sector/agencies are excellent. The reality is that this continues to be an area that requires considerable improvement."

- ◆ (TO) 3 Part Series on Transition Planning
 - ◇ 106 attendees with a waiting list
 - ◇ 74% Developmental Services, 10% Mental Health, 10% CCAC / LTC, 11% from other sectors
 - ◇ Great feedback, 85% of attendees reported the series to be helpful and would influence future work.
 - ◇ Knowledge Transfer piece-6 month post evaluation to see efficacy.
- ◆ (CE) The "Me, Myself, and Us" one-day conference was held in Peterborough on June 2nd 2015. The theme of the conference was on team building and compassion fatigue. Overall the feedback was very positive. 87 participants from various sectors attended and gained insight into compassion fatigue and how to care for themselves to prevent burnout.
- ◆ (CE) Dr. Karyn Harvey conducted one-day workshops for direct support professionals, supervisors, and managers on "The effects of trauma on individuals with intellectual disability and how to facilitate recovery"
- ◆ (CE) April 2015 the Network Coordinator in collaboration with members of the Mobile Resource Team presented "From Your Team To Our House: Making This Work in Everyday Setting"
- ◆ (CENTRAL) 3572 people attended the various education events from a variety of roles representing a variety of sectors including:
 - ◇ Developmental Disabilities
 - ◇ Family/Caregivers
 - ◇ Justice/Forensics
 - ◇ Mental Health
 - ◇ Primary Care
 - ◇ Self-advocates
 - ◇ Students
 - ◇ A-DBT
 - ◇ Aging
 - ◇ Autism Disorder
 - ◇ Behavioural Supports
 - ◇ Biopsychosocial Model
 - ◇ Case Management
 - ◇ Challenging Behaviours
 - ◇ Compassion Fatigue
 - ◇ Controlled Acts
 - ◇ Dementia
 - ◇ Diabetes
 - ◇ Dual Diagnosis
 - ◇ Ethical Considerations
 - ◇ Epilepsy
 - ◇ Health and Wellbeing
 - ◇ Nutrition
 - ◇ Parkinson's disease
 - ◇ Primary Care
 - ◇ Seizures
 - ◇ Transitions
 - ◇ Trauma

Capacity
building

- ♦ (CENTRAL) continues to support the delivery of the Effective Specialized Response (ESR) and Training in Partnership (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.
- ♦ (TO) facilitated 2 sessions of ESR in June and November of 2015. 28 people attended each session from Developmental Services, Mental Health, Justice and Specialized Dual Diagnosis.
- ♦ (CW) facilitated 2 sessions of ESR in April and September 2015 with 65 staff from Developmental Services, Mental Health and Long Term Care

PARTICIPANT FEEDBACK

(TO) ESR Evaluation feedback was in the above average to excellent ranges with comments such as:

- *“The enthusiasm of the info conveyed. Leo and James – you are wonderful speakers. You held my attention and your stories/comments were so relatable to our everyday work.”*

(CW) ESR Evaluation participant feedback:

- *“Very informative! Examples & discussion helped reinforce the whole workshop & use of the tools that were introduced”*
- *“I liked the networking with the different sectors and connecting with people who work in other areas. Loved the mix of exercises and movement around room”*



“A group of support staff were able to access a very relevant videoconferencing educational session which promoted lots of discussion and enthusiasm from the material presented. It’s nice to see that spark happen and know that the people we support will benefit from this knowledge.”

~ Deb Ryan, Director of Residential Supports,
Community Living Durham North

RESEARCH & EVALUATION

- ♦ (CENTRAL) The Central Region Research, Education, and Evaluation Committee (REEC) worked on several projects this year including creating practical tools and forums to:
 - ♦ Support organizations to develop, deliver and evaluate educational events for adults so they are effective and have a meaningful impact on the participants – keep an eye out for the launch of the “*Toolkit for Planning Education Events*”, coming soon!
 - ♦ Access, understand, evaluate, and apply evidence-based research
 - ♦ Facilitate opportunities for research partnerships between community agencies and academic institutions
 - ♦ Ensure the quality of the curriculum and delivery of the Effective Specialized Responses and Training in Partnership courses.



VIDEOCONFERENCING

2015/2016, Central CNSC VC program hosted 13 various English educational events which were made available through videoconferencing technology, as well as through live and archived webcasting. In partnership with La Ressource/Solution-s (East CNSC) 9 various French educational events were also promoted through videoconferencing across the province.

DID YOU KNOW?

- ♦ (CW) The Central West CNSC just completed the 2nd cohort of the **Common Thread Initiative (CTI) – Strengthening the Community of Support for Persons with Challenging Behaviours**. This program is a team-based, problem solving approach to making evidence-based decisions to best support persons with a dual diagnosis and challenging behaviours in a residential program. CTI creates the conditions for organizational culture change by helping teams to make decisions about managing behaviour in real-time, with appropriate tools and resources. This unique 10 month program combines online and in-person sessions, utilizing case-based learning, peer-to-peer exchange, self-directed learning, and practical applications. The goals of CTI are 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 evidence-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.
- ♦ (CW) A full evaluation report is available for the first cohort that participated in the pilot launch of the Common Thread Initiative and an evaluation of the second cohort is in process. To date, 14 program teams within Central West Region have participated in this 10 month program which includes 44 staff both at a manager/supervisor level and front line.

HEALTH CARE FACILITATORS (HCF)



- ◆ (CE) presented to the Behaviour Supports Ontario, North Simcoe Muskoka on Individuals with Developmental Disabilities, Mental Health Needs and/or Challenging Behaviours along with developing a binder of resources for each team.
- ◆ (TO) individual-related involvement included making linkages with, and addressing health care service challenges for 50 new individuals this year, with an average of 13 requiring HCF service contact per quarter
- ◆ (CE) collaborated with Central CCAC, as part of a larger team of developmental service agencies to discuss roles and ways to partner to support individuals with health issues within this CCAC. They are working to develop consistent teams to support this population
- ◆ (CW) coordinated and facilitated the delivery of a 7 module Developmental Disability Seminar Series for 1st and 2nd year Mississauga Academy of Medicine students
- ◆ (CE) met with Nursing Students from York University to share Health Care Facilitator role and Community Resources on Aging and Developmental Disabilities.
- ◆ (CW) In partnership with Surry Place Centre, the HCF and Dr. Kerry Boyd facilitated the Mississauga Academy of Medicine Transition to Residency Seminar on Developmental Disabilities for 4th year graduating students
- ◆ (TO) offered training and built capacity through 27 presentations/trainings, total of 45.5 hours with 440 participants. Audiences included: Developmental Services, TDSB/TCDSB, Long-Term Care, Community Care Access Centre, and housing providers. Topics included: Regulated Health Professional Act (RHPA) controlled acts, TNSC/DS resources & collaborative opportunities with health sector, epilepsy, diabetes, CIC, GI, self-care/men and women's health group sessions (parents, clients). The feedback received was very positive.
- ◆ (TO) disseminated guidelines & dual diagnosis related tools to health care providers & caregivers
 - ◇ Toronto Controlled Acts in Developmental Services tools – new G/J tube feeding toolkit draft
 - ◇ Drafted Developmental Services Human Resource Strategy Workplace Learning Project medication admin training template
- ◆ (CW) offered training sessions to the developmental service and health sectors on topics including aging, dementia, dying with dignity, dual diagnosis, the Mental Health Act and the role of the HCF and the CNSC
- ◆ (CE) is connected to the Simcoe Reference Group of the RHPA who are developing guidelines to meet the needs of the individuals we support whose medical supports fall under the controlled act section of the RHPA and meet the Quality Assurance Measures (QAM) legislation set out by MCSS.
- ◆ (CE) Developmental Services, Human Resource Strategy has identified core areas of training in the developmental services sector across the province. The CE HCF participated in the curriculum development for Aging and Developmental Disabilities staff training.
- ◆ (CE) is linked with the Central East Aging and Developmental Disability Planning Committee continues to meet regularly to support the quality of life of adults with developmental disabilities as they age. This is a collaborative group with partners from health and developmental service sectors working together to enhance the aging experience.
- (CW) and a family member who sits at our Central Region Partnership on Aging and Developmental Disabilities Committee have drafted an Aging “Health Watch Table” to highlight some of the specific age related changes for this population.
- ◆ (CW) participated in the spring and fall, as part of the Mississauga/Halton Primary Care Day and interacted with over 100 physicians
- ◆ (CE) and (TO) assisted a self-advocacy group—Advocating For a Better Future out of the Toronto region with developing a plain language tool “*Today's Health Care Visit.*” This tool can be found on the Health Care Access Research and Developmental Disabilities (H-CARDD) website <https://www.porticonetwork.ca/web/hcardd/resources/for-people-with-idd/doctor/>



DID YOU KNOW?

Health Care Access Research and Developmental Disabilities, DD Cares tools

- ◇ Adults with developmental disabilities experience early onset of aging, and access home care and long term care earlier. They need timely access to appropriate aging care services.
- ◇ Young adults with developmental disabilities are more likely to have poorer overall health, have at least one psychiatric diagnosis and have higher health service use than young adults without developmental disabilities.
- ◇ Women with developmental disabilities have poorer medical and psychiatric outcomes than women without developmental disabilities.
- ◇ One in two adults with developmental disabilities in Ontario will visit their emergency department (ED) at least once in two years.

ENHANCE SPECIALIZED SERVICE DELIVERY

... so that people and their families, caregivers, can access the clinical services they need, when and where they need them.



- ◆ (CW) In partnership with the Mississauga/Halton Local Health Integration Network (LHIN), the Network is working on a project to determine the number of individuals in Long Term Care (LTC) settings in this LHIN and if they are connected to developmental services
- ◆ (CW) Joined the CW Trauma Committee together with the Southern Network Trauma Committee to develop a strategic plan and training priorities over the next 2 years
- ◆ (CW) Belong to the cross sector Extraordinary Needs Program Steering committee and also belong to a new dual diagnosis supporting housing committee, both in the Waterloo/Wellington LHIN
- ◆ (TO) Toronto HCF offered:
 - ◇ McMaster Health Curriculum of Caring (Dr. Kerry Boyd) video clip
 - ◇ HR Strategy Medication Administration training template draft
 - ◇ Preceptorship with University of Toronto Registered Nurse student (January to April 2015)
 - ◇ "Scoop On Poop" Developmental Services Worker Newsletter draft with Dr. Yona Lunskey
 - ◇ New relationships/collaboration with: TWH Epilepsy Clinic, Health Links (MWTSL Dr. Pariser), Nestle Health Sciences Dietitians (G-tube resources), DeafBlind Ontario (consult re controlled acts), Seamless Care Lead Pharmacist (re DS agency med admin support & teaching)
- ◆ (CE) The Specialized Transition Case Manager is busy developing

transition plans for 30+ individuals who are blocking beds within the Ministry of Health, the CNSC Treatment Homes, and the justice system with the objective to assist with the transition to community based supports and services. Continue to discuss the need to partner for transition planning of individuals in alternate level of care in hospital settings.

- ◆ (TO) Committees & project involvement:
 - ◇ Research collaboration – MCSS research study grant (led by Dr. Rob Balogh), "The Evolving Health and Social Needs of Adults with Developmental Disabilities and Complex Mental Health Problems: A needs Assessment Project"
 - ◇ Toronto Controlled Acts in developmental services pilot/program – involved in monitor support phase and new toolkit development
 - ◇ H-CARDD Knowledge User
 - ◇ Central CNSC Research Education & Evaluation Committee (REEC)
 - ◇ Surrey Place Centre Medical Services Committee (Medical Services nursing model review)
- ◆ (CW) The CW Network continues to be an active member on the Central West Region Partnership on Aging and Developmental Disabilities committee
- ◆ (CE) Adapted Dialectical Behaviour Therapy (A-DBT)

- ◇ is a form of cognitive behavioural therapy with the objective to teach people skills to cope with stress regulated emotions and improve relationships with others
- ◇ Training and clinical supervision is provided through Dr. Marvin Lew via video-conferencing from Florida.
- ◇ In January 2016, Dr. Lew provided another two-day face-to-face training for new facilitators and a one-day booster session for current trained facilitators.
- ◇ There are 28 new certified A-DBT trainers across central east region, which allows for a group to be held in all regions



- ◆ (CE) Justice specialist witness support and reparation for individuals with developmental disabilities is developed

in partnership with Centre for Behavioural Health Sciences | Mackenzie Health.

- ◆ The model involves supporting and preparing witnesses for their appearance in court and begins after the police have concluded their investigations. The Justice Specialist takes a witness from the position of knowing and understanding very little about what is expected from them to a position where they appreciate what is expected from them.
- ◆ This is intended to provide vulnerable witnesses with an understanding of what happens when they become part of a trial and to provide skill building to help give evidence in the court process

WHAT IS VIDEOCONFERENCING?

Videoconferencing is successful technology which enables productive meetings when face-to-face is not possible. You experience the visual interaction necessary for truly effective communications. Groups or individuals from many different geographic locations can participate, often from the comforts of their own communities. CNSC works to make access and use of videoconferencing as easy as possible.

Some of the uses include, however not limited to:

- Treatment / Assessments / Counselling
- Consultations among professionals, specialists, individuals and/or families
- Professional development, Training / Education
- Strategic planning

The advantages of using videoconferencing are:

- Increased access to services available in other communities
- Reduction in costs related to travel
- Financial, emotional and environmental
- Enhanced level of service over teleconferencing, email, instant messaging, etc.

USER FEEDBACK

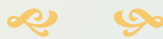
"The benefits of using videoconferencing technology for facilitating clinical services in my psychological practice have been clear in several situations, such as when collecting information from or giving feedback to caregivers or other service providers who are remote or are otherwise unable to attend an "in office" session. Assistive technology is a good thing, especially when the system is secure and the audiovisual quality is good.

However, even better is "human touch" offered by the Regional Videoconferencing Coordinators at the Central Network of Specialized Care. Without their support and encouragement, I might not have "taken the leap" and experienced the advantage of accessing this technology. The "service delivery" they provide to my practice really has been exceptional: they responds to all queries in an impressively timely fashion; provide very clear and thoughtful information and replies, thus clarifying the confusion; and, they are more than willing to "take action" in support of ensuring that the service works smoothly. Also, I always feel more than welcomed by them whenever a need arises to be in touch, whether to troubleshoot or to think creatively about a usage possibility. They really do "go above and beyond".

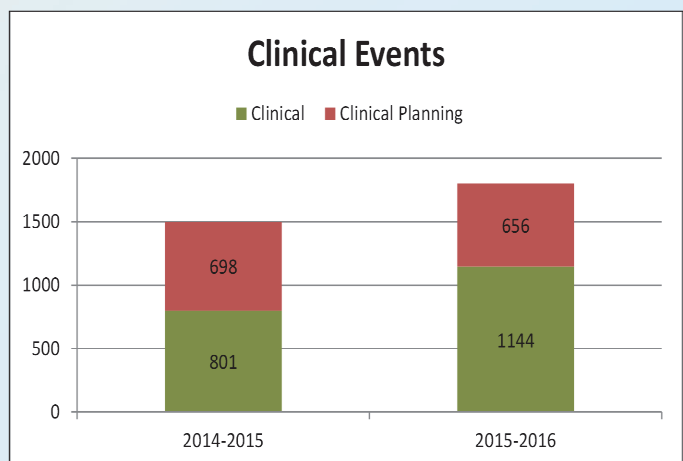
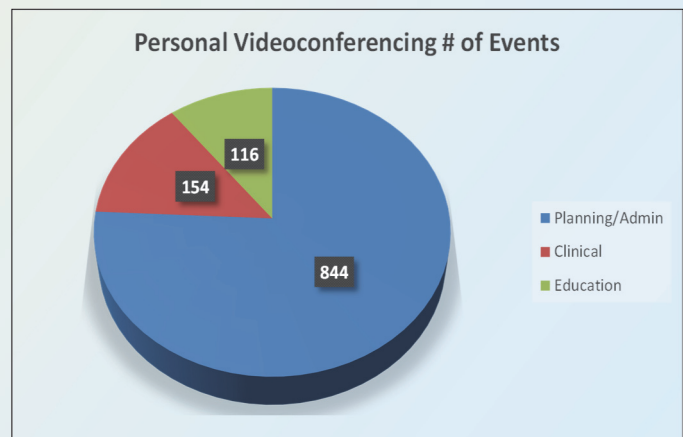
~ Dr. Anita Halpern, C.Psych.,
Halpern & Associates Psychological Services

CLINICAL SERVICES THROUGH VIDEOCONFERENCING

The past year has seen more clinicians / psychologists accessing this technology, which enables participants to access specialized services offered in areas outside of their communities. Although technology is not intended to replicate all in-person consultations it does provide an alternative for participants to join when the challenges of traveling are too great. Personal Videoconferencing (PCVC) has been the primary focus over the year to bring onboard as many users as possible. There are 404 registered PCVC users within the Central CNSC Region. Their activity accounts for 15.3 % of the total connections to videoconferencing events.

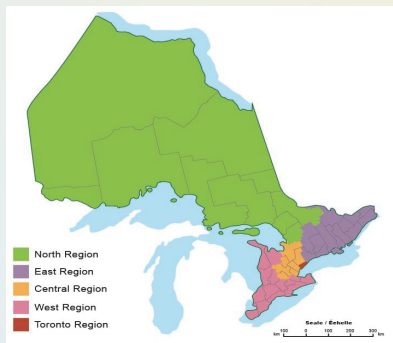


From the inception of the videoconferencing program, clinical usage has been the desired benefit. Easing access to clinical services that may not be available in the person's community however accessible from another community through videoconferencing. This activity does continue to increase year over year and had a 20% increase over the previous year. The adoption of Personal Videoconferencing has certainly helped make this increase possible.



PROVINCIAL LEADERSHIP

... "Leaders help themselves and others to do the right things. They set direction, build an inspiring vision and create something new. Leadership is about mapping out where you need to go to 'win' as a team or an organization; and it is dynamic, exciting and inspiring."



Consensus Guidelines for the Care, Support and Treatment of People with Developmental Disabilities and Challenging Behaviours

- This provincial project lead by the CNSC's is developing the Care and Treatment Guidelines for Adults with Developmental Disabilities and Concurrent Mental Health Needs and/or Challenging Behaviours.
- Phase II of the project is entitled: Positive Behaviour Supports Training Project: Imbedding Guidelines for the Care, Support and Treatment of People with Developmental Disabilities and Challenging Behaviours through Capacity Building. It has been endorsed and financed by MCSS for 2015-16.
- This next phase contains two elements: 1) development of the training tools to help community caregiving agencies support persons with challenging behaviours; 2) development of regional and provincial clinical groups to support agencies implementing the guidelines.
- The Resource Group for this next phase met three times over the last year to look at the resources and tools collected and how the training events will be conducted across the province.

- The Consensus Guidelines are being introduced in three sections: Guiding Principles / Rights; Biopsychosocial Framework, Assessments, Interventions; and Feedback and Support / Training and collaboration.
- Community Information and Engagement sessions are being held in all regions across the province and will be finishing in May 2016.



Pictured here left to right: James Duncan, Tanya Makela, Tara Hyatt, Pat McCoy, Heather Bailey, Jacques Pelletier, Cathy Kuehni

Dual Diagnosis Framework

- Dual Diagnosis Framework: A smaller working group convened to complete the Framework, develop a logic model and disseminate the implementation plan across the province.
- Dual Diagnosis Framework Communication is being developed to provide consistent information regarding the next stage in the roll out of the Framework.
- Implementation Science training is being conducted. This training will inform the working group how to develop and conduct the hybrid engagement sessions to be held in the winter/spring of 2016.

Health Care Facilitators

- Provincial Health Care Facilitator team are developing training videos on a number of the most requested topics. Target group for this project are developmental services sector agencies, family care providers and individuals. Training videos will include: Pain, Bowel Care, Seizures, Diabetes, Oral Health, and Annual Physicals / Cancer
- The CWR Coordinator is the Co-Chair of the Provincial Education Committee and the lead for the Provincial Health Care Facilitators' group.

Health and Wellbeing Conference

- Central region was the lead organizer for the 3rd biennial *Health and Wellbeing in Developmental Disabilities: Engaging Health Care Professionals* conference (<http://www.healthandwellbeingindd.ca/>), held on Oct 27-28 2015.
- Evaluation responses (general, by workshop) were overall positive; the general evaluations had responses of 4/5 or higher on all elements (e.g., relevance, met objectives, organization, active participation)
- A follow up survey will be going out to look at impact and to get feedback to help planning for 2017 event
- We continue to promote the event, the work of the CNSC, and work/ events by other leaders in our fields via the conference's Twitter account (@HWDDConf)



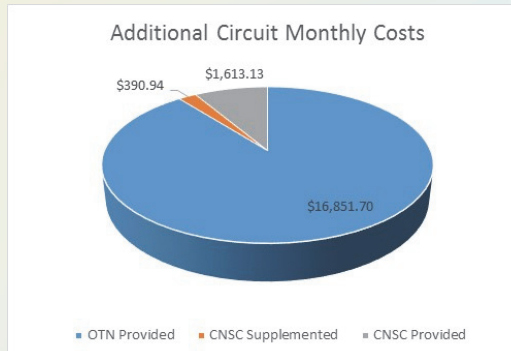
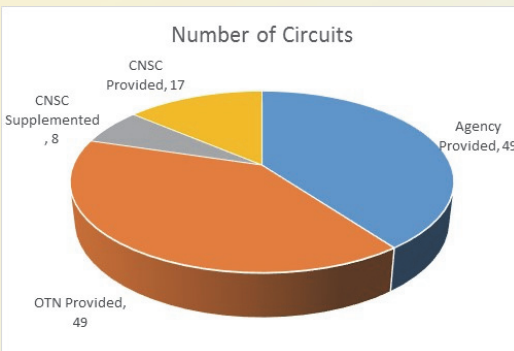
BRING YOUR OWN CIRCUIT CONNECTIVITY PROJECT

May 2015 Ontario Telemedicine Network (OTN) announced they were developing a 5-year plan

that would see sites across their network migrate to their own connectivity options (OTN would no longer fund circuits at sites). This alerted us to also begin a 5-year plan to ensure all CNSC sites were ready and able to migrate to their own connectivity. October 2015, Central CNSC was notified that the 5-year plan had now been changed to a 5-month plan; and we needed to find \$658,240.00 to cover the costs of circuits for CNSC sites across the province.

Throughout the 3rd quarter Central in partnership with the other three regions, began contacting each sites to gather the technical information for internet capabilities required to determine the best course of action for each site. At the same time all other possible cost saving measures with the existing provincial annual VC refresh initiative were explored to find the dollars required to cover the cost of the circuits as well as continue to provide videoconferencing access provincially. Timelines were tight. We needed to communicate our plan to OTN no later than December 24th, 2015. We met that deadline.

A project report consisting of recommendations for all sites was submitted to and endorsed by the Provincial CNSC Leads then forwarded to MCSS for approval. An agreement was received to move forward with the recommendations outlined in the final report. Sites were grouped into four categories: a) OTN provided circuit b) CNSC provided circuit c) Agency provided circuit d) CNSC supplemented bandwidth for migration to own circuit.



Other Cost Saving Options to be Implemented



- \$ Annual Refresh schedule will be revised as a 7-year schedule instead of 5-year
- \$ Only hardware with eventual obsolescence will be replaced moving forward (i.e. codec, remote camera, microphone, cables) and all other equipment would be replaced as required
- \$ The VC Program will move to a self-warranty process
- \$ The VC Program will now only provide mobile carts as the standard for all sites
- \$ Fifteen Cisco EX-60 desktop units will not be replaced. These have been deemed end of service/end of life therefore by June 2020 or as they fail these will be removed from the current inventory

BUILDING CAPACITY PROVINCIALY THROUGH TECHNOLOGY



Personal Videoconferencing is a software-based service that provides a similar, lower-cost and mobile alternative to traditional room-based videoconferencing. This eliminates the barriers of time and distance by giving users a whole new level of convenience, efficiency and mobility. It increases the reach of specialized services; eliminates costly and time consuming long distance travel thereby reducing down-time and lost productivity due to travelling. Users can connect privately and securely using a variety of options i.e. PC, MAC, or iOS devices. This is a web-based service, easy to use and accessible from any location where internet access is available through the use of personal devices.

Additionally, OTN has now provisioned all PCVC users to have access to their new feature “Send Invite”. This feature is linked to PCVC and it enables the user to invite a person (or multiple people)

who are not registered users and do not have access to a room based system to join a video-conferencing event (i.e. families / care providers). They join through their own computers or tablet in the comfort of their homes. The only requirement is a webcam and speakers. For security and confidentiality reasons the user must also supply the invitees with a unique PIN that will enable them to join the event. The invitees can only join conferences, they cannot create them and the link is only accessible for that one event. Provincially there are 861 registered PCVC users who totaled 8,060.79 hours of usage accounting for 19.5% of VC Activity.

Introducing the

Central



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, Regional Coordinator

Violet Atkinson, Health Care Facilitator

Kelly Stockdale, Program Assistant

Toronto Community Network of Specialized Care Surrey Place Centre

Steven Finlay, Chief Executive Officer

Jennifer Altosaar, Regional Coordinator

Angela Gonzales, Health Care Facilitator

Joanne Marcano, Office Assistant

Megan Primeau, Education and Research Coordinator (Central CNSC)

Patricia Beckford, Office Assistant (Central CNSC)



COMMUNITY NETWORKS
OF SPECIALIZED CARE
RÉSEAUX COMMUNAUTAIRES
DE SOINS SPÉCIALISÉS