



# COMMUNITY NETWORKS OF SPECIALIZED CARE

## RÉSEAUX COMMUNAUTAIRES DE SOINS SPÉCIALISÉS

# ACTIVITY REPORT

The four provincial Community Networks of Specialized Care were established in 2005 by the Ministry of Community and Social Services with a common goal of improving services across sectors for adults with a developmental disability and mental health needs and/or challenging behaviour in our communities.

In establishing the Networks, the ministry identified three key functions and mandates for the Networks. They are:

- Coordinate specialized service system
- Enhance service delivery
- Train and build capacity in the community

While the four Networks all have a common goal and mandate, activities within each region have varied in order to meet the unique needs of the local communities. This flexibility and adaptation to regional needs is, in part, what has led to the success of the provincial Networks in improving service delivery and access to specialized services in communities across the province. As you will see from the following highlights, the Networks have served as a catalyst for agencies and professionals from across a variety of sectors to work together towards a common goal of improved services for individuals with a dual diagnosis. By working together, these individuals and agencies have come to realize that they can accomplish far more as a Network than any one of them could accomplish on their own.

The examples in this report are just the tip of the iceberg and do not come close to touching upon the full impact of the Networks, however, they will serve to demonstrate how the Networks are making a real difference in the lives of people with a dual diagnosis across the province.

## CNSC HIGHLIGHTS: 2005-2013

### COORDINATE SPECIALIZED SERVICE SYSTEM:

#### SOUTHERN REGION

11 Local Service Delivery Networks and Dual Diagnosis Committees in the Southern Network region reviewed the Joint Dual Diagnosis Guideline and developed local work plans to meet the spirit of the guideline principles and functions.

The Local Service Delivery Networks & Dual Diagnosis Committees have developed service pathways documents in each local community to assist people accessing services for people with a dual diagnosis. In addition, Crisis protocols have also been developed in local communities.

The work of the Niagara LSDN has fostered two collaborative projects: Crisis Bed project between Bethesda, a Developmental Service Provider and CMHA Niagara; and supportive housing project with a Mental Health provider

and a DS agency. Local partners are working to put together one crisis plan template and crisis protocol to use to support crisis consistently in the Niagara region. Both collaborative project models have been shared across the Southern Network region.



## CENTRAL REGION

● The Central East Network of Specialized Care (CENSC) has developed the Central East Crisis Response Network and provides ongoing clinical consultation to the Crisis Response Network Coordinators (CRNC) on a regular basis. The four CRNCs are supported by four agencies, one in each quadrant of the Central East region, so they can be responsive to the needs of the communities within each quadrant. The CENSC also has developed additional resources including a Mobile Treatment Team, Mobile Resource Team and a Regional Case Resolution Committee.

● The Central West Network of Specialized Care (CWNSC) coordinates access to limited specialized assessment and consultation services in Central West region. The CWNSC provides forensic risk assessments that assist in planning for individuals with complex and challenging sexual behaviour. Additionally, the CWNSC facilitates joint psychiatric consultations to local practicing primary care providers (psychologists, psychiatrists, and physicians) providing recommendations to local care providers, building their capacity to support their patients in the community and diverting individuals from more intensive and/or specialized services.

● The Toronto Network of Specialized Care (TNSC) has contributed to the development of the Collaborative and Individualized Resource (CAIR). This pilot project assists in developing and implementing clinical plans for individuals with challenging behaviours to help sustain them in the community. Included in this is capacity building through education and

training, so organizations are more able to serve individuals with complex needs. Linked to this, is the Dual Diagnosis Alternative Level of Care (ALC) transition service, which was annually funded by the TCLHIN. This was provided to address the ALC issue in their hospitals and Toronto's specialized accommodation programs. A behaviour therapist providing intensive support and capacity building are integral components.

## NORTHERN REGION

● In November 2012, the NCNSC hosted a Clinical Symposium with representation from our northern Developmental Service Sector Clinical Teams, Dual Diagnosis Program Health Partners, as well as Dual Diagnosis Justice Case Management, the LHIN and MCSS. The objective of the Symposium was to reconnect as a group and to dialogue on key Developmental Service Transformation topics such as the Social Inclusion Act, QAM and Policy Directives.

● A group of North Network Specialized Service Providers have joined together to develop and pilot a 'Third Party Review Process' for 'Behaviour Support Plans'. Prior to formal implementation of these reviews, it is the region's intent that the process be vetted through MCSS Corporate Office to ensure it complies with legislated and policy requirements. The timeline for implementation is April 2013.

● In 2012 northern psychologists and psychological associates dialogued and documented their interpretations of legislative and policy questions posed by a northern Specialized Service Provider. MCSS Corporate Office provided clarity on legislation; this was incorporated in the response documented by the authors. This collaboration provided clarity and guidance for subsequent service activities.

## EASTERN REGION

● The Eastern CNSC initiated the Provincial Specialized Accommodation Providers Networking Group to share information, treatment strategies and best practices. Over 20 service providers and clinical teams participate in the networking group on a regular basis and have shared information on such topics as: Physical and Environmental Modifications for Individuals with Challenging Needs; the North Network's virtual treatment model; staff training and support for staff working in treatment homes; and Quality Assurance Measures as they relate to policies and procedures for dealing with challenging behaviour and reporting of abuse to local police.

● In partnership with local mental health inpatient facilities, the Eastern CNSC developed the Business Case for the Transition of Dual Diagnosis Mental Health Inpatients to build a case for the transition of individuals currently residing in mental health inpatient units back to the community. The business case was submitted to both the East and South East MCSS regional offices and the South East and Champlain LHINs

● The Eastern CNSC has initiated and supported formalized agreements and protocols between specialized service providers to improve access and clarify roles and responsibilities (ie. East Region Clinical Consortium, Frontenac County DD Advisory Committee, Lanark County protocol).

# ENHANCE SERVICE DELIVERY:

## SOUTHERN REGION

- In October 2011, the Southern Network hosted its annual Clinicians' Conference.

More than 100 clinicians listened to Robert Solomon, a Professor with the Faculty of Law at the University of Western Ontario presented a full day workshop on "A Primer for Developmental Services Clinicians on Consent, Negligence, Documentation, Confidentiality and Reporting".

- In June 2012, Dr. Laurie Charlot, Assistant Professor of Psychiatry with the University of Mass Medical School, presented to over 100 clinicians from the Southern and Central West Networks. Dr. Charlot presented on the "Neurodevelopmental Effects on Multimodal Assessment & Treatment". As a result of the positive outcome of the training, the Central Network is inviting Dr. Charlot to present to Central Network Clinicians in 2013.

## CENTRAL REGION

- The Central East Network of Specialized Care (CENSC) supports nineteen residential treatment beds located in five treatment homes in the central east region. The treatment beds are hosted by four agencies and the beds are allocated to adults with developmental disabilities and mental health needs and/or challenging behaviours who require either transition from a secured institutional setting (i.e., jail, mental health facility) prior to being placed in the community; or stabilization and treatment in order to access and/or maintain existing community supports and resources.

- The Central West Network of Specialized Care (CWNSC) sits at three Local Health Integration Network (LHIN) mental health and addiction planning tables advocating for, and assisting in planning

for dual diagnosis. Recently, the CWNSC brought together key community stakeholders to identify the high, complex needs of the dual diagnosed population. Building on the CWNSC efforts, the Central West LHIN supported, through a call for proposals, an increase in funding to the Peel Crisis Capacity Network to enhance support for the dual diagnosed population in Peel region.

- The Toronto Network of Specialized Care (TNSC) has developed a unique process for their Clinical Conferences. Monthly conferences are held, supporting the Toronto Developmental Services system as a component of Service Resolution. Specialized service providers provide input and brainstorm around complex situations that challenge the community. Connections to resources and ideas on how to improve the situation are generated by the team. The intent is to ensure all available resource are utilized, reduce the need for more intense resources where possible and identify and report system gaps to the TNSC.

## NORTHERN REGION

- A North Network "Mindfulness-Based Cognitive Behavioural Skills Group" comprised of clinicians from agencies funded by MCSS and MOHLT, have met bi-monthly this past year to enhance their knowledge on evidence-based approaches to support primary caregivers and the people they support who have a dual diagnosis. These approaches involve mindfulness-based interventions. In March 2013, this group will be hosting their first joint "Skills Group" by videoconferencing for adults that are currently receiving services. Based on the results of this group, a pilot of this "Skills Group by Videoconference" will be initiated later this year.

- The North Network has recently formed a working group of cross-sector partners to develop a standardized North Network Behaviour Support Plan Guideline and Template and Training Resource.

## EASTERN REGION

- The Eastern CNSC provides resource and coordination/partnership for nine shared care model, specialized multi modal clinics in the East region.

- In the South East, the Eastern CNSC is leading a Dual Diagnosis and Substance Misuse work group comprised of mental health and addictions agencies and developmental service agencies which is working to develop a regional strategy to improve services for people with a dual diagnosis and substance misuse issues. The work group has conducted a research study into the service needs of the population and is currently developing an education program for service providers. The next step for the group is to develop a modified treatment program which will be piloted by two of the mental health and addiction agencies participating in the work group.

- In partnership with a community mental health provider and developmental service agency, the CNSC is assisting in the development of an adapted vocational program for adults with a dual diagnosis who wish to enter the workforce. The program, which can eventually serve as a model for other regions, is being piloted in the South East region and provides an adapted vocational assessment, pre-job development plan, job development and job coaching. The lead developmental service agency works with the mental health provider to ensure on-going success and monitoring.

## TRAINING AND BUILDING CAPACITY:

The CNSCs have filled a void in the province in training and education in the area of dual diagnosis. In 2011/2012, the four Community Networks of Specialized Care delivered a combined 2,241 hours of training and education and trained a total of 19,885 individuals.

### SOUTHERN REGION

● Since 2007 - Annual Research Forums have been held focusing on training clinicians and direct support professionals on how to develop their own unique research projects in the community – have held 5 Annual Research forums – next one is September 23, 2013.

● Since 2009 – Semi Annual “Research Digest” publication – bringing relevant research findings and best practice to the direct support professionals – working on 5th edition January, 2013.

● 2009 – Published the “Understanding the Offender with a Dual Diagnosis” manual.

● 2010 – Published the “Youth in Transition Toolkit”.

● 2011 – Published the “Dual Diagnosis Manual for Direct Support Professionals”.

- Development of annual videoconference series:
  - 2010 – Psychiatry and Dual Diagnosis
  - 2011 – Justice and Dual Diagnosis
  - 2012 – Building Health Care Capacity
  - 2013 – Trauma informed practise

### CENTRAL REGION

● The Central Region Network of Specialized Care (CNSC) actively supports knowledge transfer by supporting a variety of initiatives. The CNSC initiated the development and is an ongoing sponsor/organizer of the Health and Wellbeing in Developmental Disabilities conference; this international two-day conference engages health care providers and students from a variety of disciplines in professional knowledge transfer and discussion in order to improve the health and wellbeing across the life span for persons with a developmental disability. The CNSC is also leading the development of a Dual Diagnosis Community of Interest, in partnership with the Evidence Exchange Network (EENet) for Mental Health and Addictions; this will be a forum for collaborative knowledge creation and exchange that will engage stakeholders from across the province and from a variety of perspectives including: developmental services, education, health, justice, mental health, and research.

● The Central Region Network of Specialized Care (CNSC) provides educational events on a variety of topics relating to dual diagnosis (e.g., challenging behaviours, mental health law, mindfulness, trauma), for a variety of audiences (e.g., case managers, clinicians, educators, families, primary care providers, researchers, supervisors), that engages a variety of sectors (developmental disabilities, education, health, justice/forensics, mental health, primary care).

● Within the Central Region Network of Specialized Care (CNSC), several resources have been developed. The Central East Network of Specialized Care (CENSC) published The Best Practice Model for Specialized Accommodations; this manual focuses on access and process, person directed planning, discharge and evaluation, and staffing and operations. The Central West Network of Specialized Care (CWNSC) published the Intellectual Disability and Problems with Sexual Behaviour, a Quick Reference Resource Guide; this guide is a collaborative effort between the CWNSC and Peel Behavioural Services, Trillium Hospital and is meant to support caregivers supporting this population, recognizing a lack of availability of both assessment and treatment services.

### NORTHERN REGION

● In 2012, the North Network collaborated with the Ontario Association for Developmental Disabilities (OADD) to host two days of videoconferencing educational sessions. “Communication Skills Development (May 2012) & Building Highly Effective Teams for People with Complex Needs (June 2012)”

● Since 2009, the North Network has offered an e-learning course titled Dual Diagnosis. This course comprises the first four chapters of NADD Ontario’s text Dual Diagnosis: An introduction to the mental health needs of persons with developmental disabilities. Learning module topics include a basic introduction to developmental disabilities, recognizing and understanding the mental health needs of persons with developmental disabilities within a biopsychosocial model, and implications and strategies for optimizing supports.

The North Network Training Committee's membership is comprised of cross-sector partners and plays a valuable role in planning our various educational sessions. An inventory of the educational events hosted and available DVD resources will be posted on CNSC's revised website later this year!

### EASTERN REGION

In September, 2012, launched an e-learning module on Standards of Case Management. This online course is a non-credit program comprised of the nine modules or "standards" for providing case management support to people with developmental disabilities and co-occurring mental health issues, challenging behaviour and complex needs. The standards were developed by a regional committee in the East Region of Ontario who have been providing case management-type supports to this population for up to 30 years, as well as family members who provided a perspective of the type of services that would be helpful to them. Each standard has evidence to support its inclusion in a set of standards. This course assists participants in achieving the knowledge required to provide services and supports that promote the social inclusion of people with a developmental disability.

The Eastern CNSC has provided support for professionals to obtain experience and education in the field of dual diagnosis including the support of three Internships of Nurse Practitioners from Ottawa University in completing their Master's projects, all of whom have stayed in the field within the CNSC membership. The Network also provides funding support for the Psychology Internship Consortium, an accredited program which trains clinical psychologists in the field of developmental disability and dual diagnosis

In conjunction with the SEO CURA in ID research team, the Eastern CNSC

sponsored a two phase research project on "Adults with Intellectual Disabilities and Co-Morbidity - Understanding Needs of a Subpopulation" to provide a demographic profile of individuals with a dual diagnosis in the region to inform service planning.

### **VIDEOCONFERENCING:**

The Ministry of Community and Social Services (MCSS) Videoconferencing (VC) Initiative has been in effect since the VC Pilot Project in 2004, evolving and expanding with the subsequent implementation of the Community Networks of Specialized Care (CNSC) in 2006. Today there are 125 VC sites (hosting agencies) utilizing 162 VC systems (units) across the province. These systems are funded by MCSS and coordinated by the CNSC.

Through videoconferencing technology, specialized clinicians have been able to reach remote communities which would otherwise not have access to such clinical services. This includes thirty-two First Nation communities in Northwestern Ontario. In addition VC has enabled and enhanced interagency collaboration between specialized clinical services, community living organizations as well as organizations outside of the developmental services sector including the Sioux Lookout First Nations Health Authority.

Since fiscal year end 2007-2008, the number of VC events conducted by category has increased:

- Clinical by **342%**
- Education by **166%**
- Administrative by **420%**

### **BUILDING HEALTH CARE CAPACITY INITIATIVE:**

In 2010, MCSS announced new funding for the CNSC to establish the "Building

Health Care Capacity" initiative to improve primary health care services for people with developmental disabilities. Across the province, 10 Health Care Facilitator (HCF) positions have been established to carry out this mandate. As part of their work, the HCFs have been promoting the Primary Care Guidelines for Adults with Developmental Disabilities and the accompanying tool-kit to primary care providers, developmental service agencies, families, caregivers and students in post-secondary health sciences programs.

### SOUTHERN REGION

French Language Health Care Video Initiative. CNSC has worked with DS English and French partners to produce a French language video for health care professionals. The video provides information on developmental disability, health care issues, health care resources, and developmental service resources.

The "Diagnostic Manual – Intellectual Disabilities: A Clinical Guide for Diagnosis of Mental Disorders in Persons with Intellectual Disabilities" has been purchased and distributed to every psychiatrist in the Southern Network region.

Health Care Facilitator participation on Health Area Provider tables has allowed for discussion related to inclusion of the population of individuals with intellectual disabilities within targeted health initiatives related to Primary care.

### CENTRAL REGION

The Central East Health Care Facilitator (CEHCF) is involved in many initiatives; one in particular is the CEHCFs involvement with the Central East Aging and Developmental Disabilities Committee. This committee is comprised

of a number of Community Health Resources and Developmental Services Agencies and continues to find ways to develop partnerships and linkages between sectors, to provide education across sectors, and to support the growing need for collaborations for individuals with a developmental disability who are aging. The group has recently received funding for a series of one-day conferences, Aging and Developmental Disabilities: Are we Prepared, to help develop the linkages and partnerships between Developmental Services and Community Seniors/Long Term Care Services across the province.

- The Central West Health Care Facilitator (CWHCF) played a critical role in many successes in building capacity in the health system. The CWHCF has provided education to practicing primary care providers (psychologists, psychiatrist, physicians, nurse practitioners and nurses) and to future, promising primary care providers, including the Developmental Disability Elective Seminar Series. This series was started in Toronto and consists of seven sessions related to the care and treatment of clients with developmental disabilities, and is run in partnership with University of Toronto - Mississauga. The CWHCF has also been engaged in building capacity within specialized teams (e.g., CAMH Peel Dual Diagnosis Program, Grand River Hospital In-Patient Specialized Mental Health Unit), using client consultations as teachable moments that have had a ripple effect on information sharing and further educational opportunities.

- The Toronto Health Care Facilitator (THCF) role has diverse aspects, including

HCF lead for the provincial Developmental Disabilities Primary Care Initiative (DDPCI) Clinical Support Networks. The THCF supports to the DDPCI include development of new caregiver tools, education sessions for University of Toronto medical students and workshops. The THCF also participates as a member of the Clinical Conference team, providing a ‘primary care lens’ to identify potential gaps in clients’ primary care needs during the Clinical Conference process. Complex health needs are responded to by offering further support with health-related advocacy work, linkages to healthcare resources such as emergency departments, community health centres, clinics, specialists and requested teaching/training to the caregivers or agencies.

### NORTHERN REGION

- In November 2012, the North Network hosted a videoconference educational session for a group of third-year medical students from the Northern Ontario School of Medicine (NOSM). A Northern Psychiatrist, Physician and two Health Care Facilitators presented on the “Primary Health Care of Adults with a Developmental Disability: Canadian Consensus Guidelines” and “Tools for the Primary Care of People

with Developmental Disabilities by the Developmental Disabilities Primary Care Initiative”. Presently, the North Network and the NOSM representatives are developing a proposal to pilot this educational session on an annual basis to all third year NOSM students!

- In January 2013, the North Network Health Care Facilitators launched a “Primary Health Care Information Bulletin” for northern Health Care Professionals, and beginning March 2013 we will host primary health care educational webinars on a bimonthly basis.

- In February 2013, our northeast Health Care Facilitator, in conjunction with the CNSC French Language Services Coordinator, is hosting a training event in Kapuskasing with Health and Developmental Services community partners. The topic is “Tools for the Primary Care of People with Developmental Disabilities by the Developmental Disabilities Primary Care Initiative”; these tools were translated to French this year by CNSC’s French Language Services.



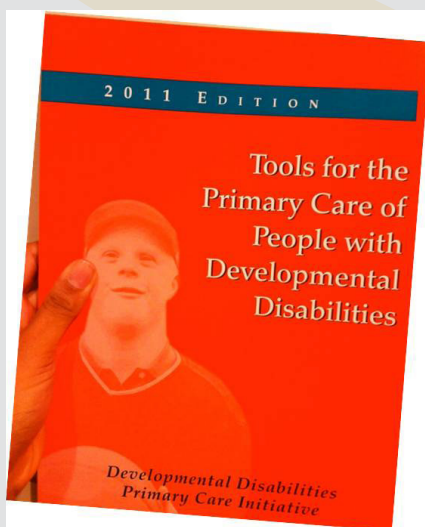
*In picture (from left to right) : Lisa Holmes, Network Coordinator, Eastern CNSC; Sandra Bricker, Network Coordinator, Central Toronto CNSC; Tom Archer, Health Care Facilitator, Southern CNSC; Angela Gonzales, Health Care Facilitator, Central Toronto CNSC; and Carole Leveille, Health Care Facilitator, Eastern CNSC.*

## EASTERN REGION

The two Eastern Region Health Care Facilitators have been working with a task force to develop a Health Information Profile (HIP) document to assist individuals with a developmental disability in communicating their health-related information when visiting the emergency department or other health care provider. The HIP is a wallet-size card which can easily be updated by individuals, caregivers or agencies to ensure current information. Several agencies have been piloting the HIP and a family physician intern is conducting a research survey of health care providers to monitor its effectiveness. The pilot project is currently underway.

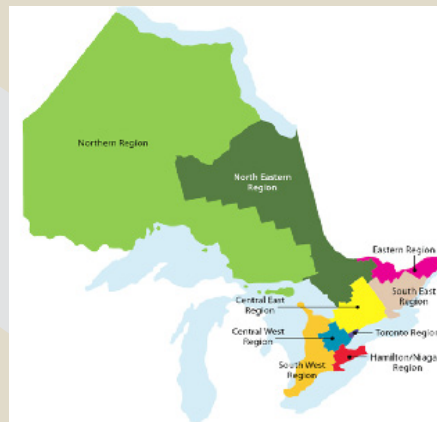
In the South East, the HCF provided training on developmental disabilities and related health care issues to staff in the emergency department at Kingston General Hospital. In addition, the hospital agreed to embed a link to the Primary Care Guidelines into the emergency department's new information system so that physicians and nurses will have convenient access to them when treating a patient with a developmental disability.

In the East, the Health Care Facilitator, who is a Nurse Practitioner, has been working directly with family physicians who have patients with DD and challenging behavior to help them implement and carry out the recommendations of the Primary Care Guidelines for these patients.



## PROVINCIAL INITIATIVES:

Through CNSC Ontario, the Networks partnered with MCSS in March, 2011 to host a Complex Behaviour Symposium which brought together service providers and professionals from across the province to look at new strategies for supporting individuals with complex behaviour. As follow up to the Forum, the Community Networks submitted a proposal to the ministry to help move the sector towards provincial standards for supporting individuals with complex behaviour. The proposal includes research on best practices, development of standards, system protocols and agency and staff training to support them.



MCSS sought the CNSC's assistance in reviewing Crisis Prevention and Management Programs and provide advice on which programs are sound. The Networks have established an expert panel with representatives from each region to conduct a review of programs.

The provincial CNSCs have developed a proposal to MCSS for an initiative to establish guidelines for behaviour therapy services in the province. The proposal looks at education qualifications and professional regulation requirements for behaviour consultants providing services to developmental service agencies in Ontario.

The four CNSCs across the province have committed funding to support the renewal of the "Health Care Access Research in Developmental Disabilities" (HCARDD) proposal led by Dr. Yona Lunsky and a team of Ontario researchers. The overall goal of the project is to engage Ontario policy makers, health and social service providers, people with DD and those that care for them with researchers in a process to improve our ability to monitor and improve the healthcare provided to adults with DD.

A French Language Service Resource (FLSR) has been established by the CNSCs with the East Region serving as lead for the initiative. The goal of the FLSR is to improve overall accessibility to specialized services, offer specific access, when feasible, to specialized clinical services in French throughout Ontario and improve local delivery capacity in partnership with Ontario agencies serving French speaking adults with developmental disabilities and psychiatric/severe behavioural challenges (target population).

Other provincial coordination and collaboration:

- Specialized Accommodation Providers Workgroup
- Dual Diagnosis Justice Case Management Workgroup (DDJCM)
- Support to Training and Education events/initiatives
- Videoconference Workgroup
- Health Care Facilitator Workgroup
- Dual Diagnosis Community of Interest Workgroup
- Website Workgroup
- Provincial Speech Language Pathologists working group
- Research & Education Workgroup
- Psychology Service Providers Ressource Group

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