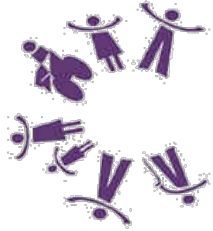




Ministry of Community and Social Services / Ministère des Services Sociaux et Communautaires



CENTRAL REGION



Central East  
Community Living Huronia



Central West  
Central West Specialized Developmental Services



Toronto  
Surrey Place Centre

# CENTRAL VIDEOCONFERENCE ANNUAL REPORT 2012 - 2013

## A YEAR OF COLLABORATION



**"Coming together is the beginning. Keeping together is progress. Working together is success." ~ Henry Ford**

Videoconferencing is the conduct of a videoconference by a set of telecommunication technologies, which allow two or more locations to communicate by simultaneous two-way video and audio transmissions. It has also been called “visual collaboration”.

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## **VIDEOCONFERENCING VISION**

Increase our capacity through collaboration to reach out to individuals, families, care providers and agency staff that must travel long distances to access the various facets of developmental services resources.

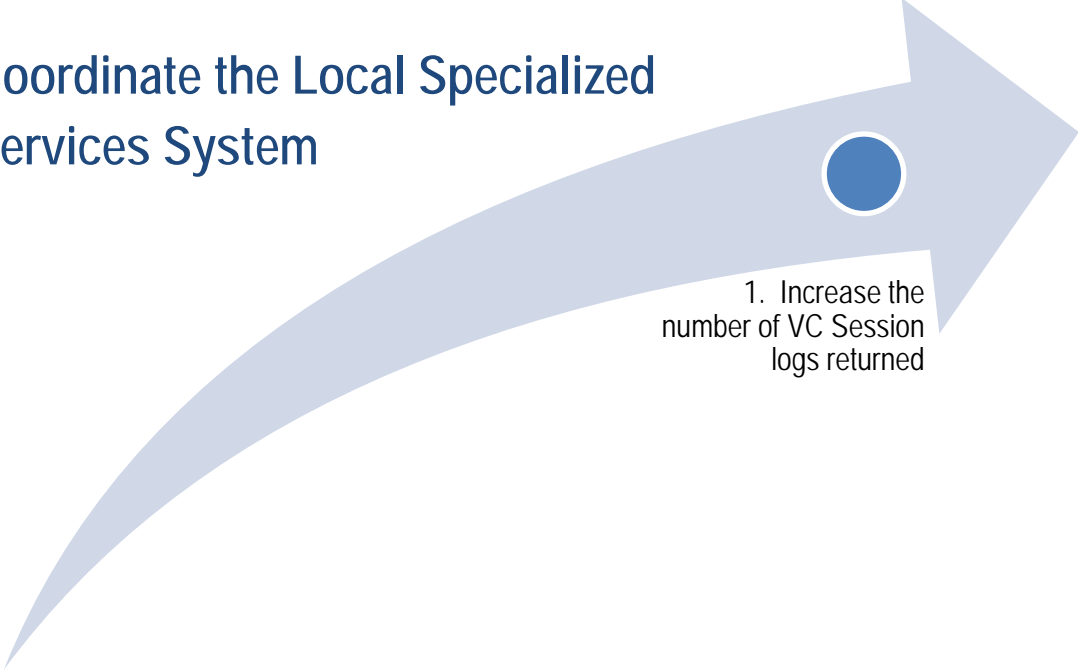
## **COMMUNITY NETWORKS OF SPECIALIZED CARE VISION**

Together we will build our capacity to make a positive difference for individuals in our communities with developmental disabilities and mental health needs and/or challenging behaviours who need timely access to effective clinical services.



## OBJECTIVES AND KEY ACCOMPLISHMENTS

### Coordinate the Local Specialized Services System

- 
1. Increase the number of VC Session logs returned

### Key Accomplishments

Our primary objective, in order to provide more accurate data, challenged us to find ways of increasing the number of education session logs returned to us by the participating sites. Our new database for tracking videoconferencing activity makes it much easier to identify missing session logs and link them to the site contact. A follow up form, which lists events the sites were involved in, for which logs were missing, is sent on to the sites as reminders.

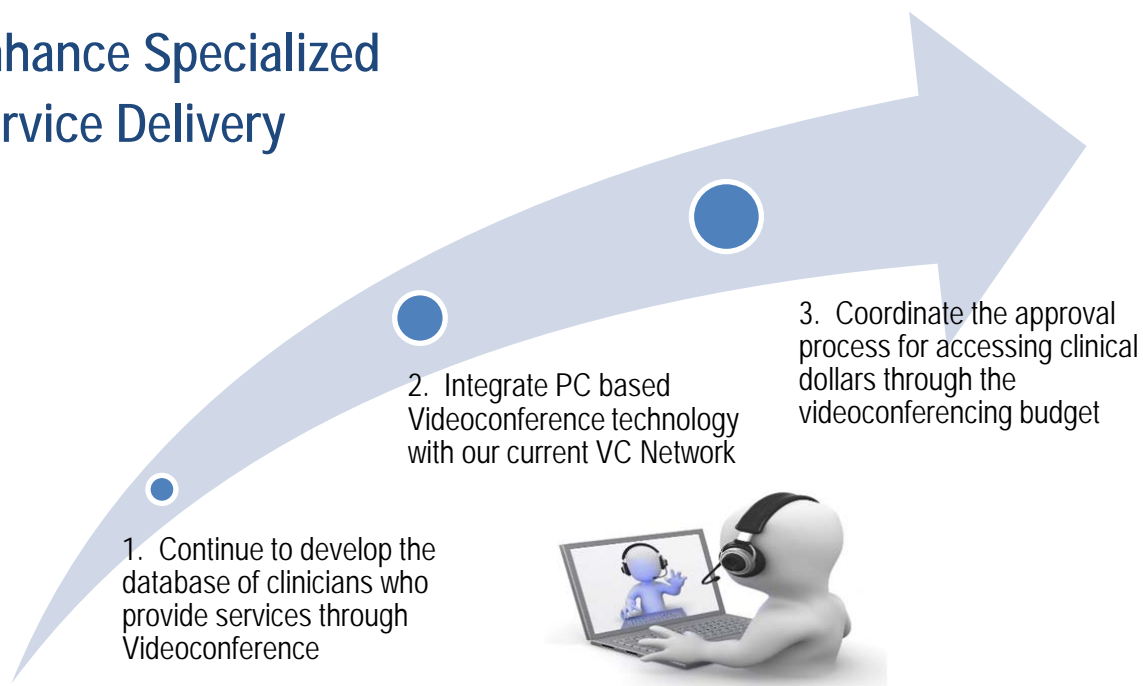
We continue to emphasize with the sites the importance of submitting the requested data for hours of usage, number of events, and number of participants as identified on the data logs. We will remain diligent in our reminders and will work with the sites that are having challenges in submitting their logs.

The trend for this fiscal year is positive and is a direct result of the number of reminders sent to the sites.

*"I am very grateful that the Community Networks of Specialized Care have made videoconference an important feature of the organization. The coordinators are very helpful, knowledgeable and patient with anyone who contacts them. They will hunt you down for stats, but that's a good thing."*  
Sandra S.



## Enhance Specialized Service Delivery



### Key Accomplishments

Working collaboratively with Ontario Telemedicine Network Regional Managers we are able to be identified as agencies requiring specialized services, especially when new doctors are registered to use videoconferencing technology. This effectively provides the Networks a resource for potential access to clinicians listed in the Ontario Telemedicine Network database. The introduction and launch of Personal Computer based Videoconferencing option has expanded the possibility to increase access to clinicians offering specialized services through videoconference. This is now available to all member sites.

Central agencies can apply for clinical dollars through the videoconferencing budget to cover the cost of specialized clinical services. Requests are submitted to the Videoconferencing Coordinators and are reviewed by the Central East Clinical Providers Workgroup. This allows several clinicians to review the request to ensure that all local resources have been exhausted by the requester and offer feedback and possible alternate options the requesting agency may not have thought of.

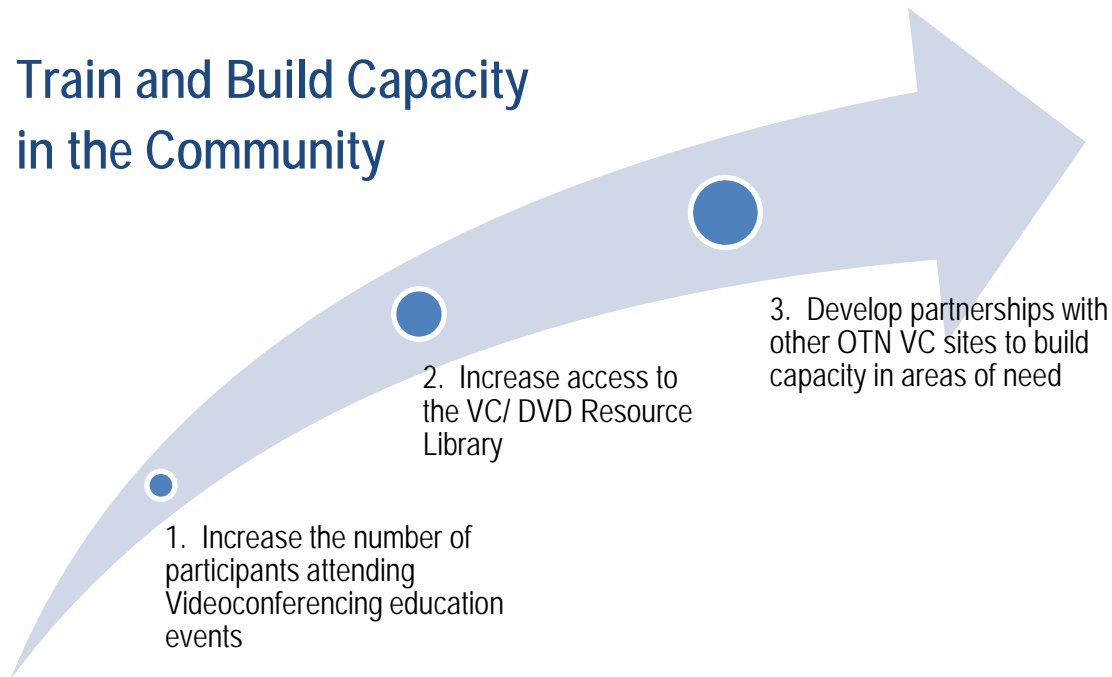
This funding has been used to cover the costs of:

- neuro-psychology assessments
- interpreter and sign language training to increase the treatment team's ability to communicate with an individual who is hearing impaired as well as to increase the person's signing vocabulary
- specialized counselling
- Adapted Dialectical Behaviour Therapy training with Dr. Marvin Lew from Florida provided training to thirty (30) new facilitators from across the Central Region. Participants were from Durham, HKPR, Simcoe, York, Toronto and also included participants from Canadian Mental Health Association, Waypoint Centre for Mental Health Care, as well as Ontario Shores.

*"Accessing dollars for specialized clinical services can make or break supports for developing and providing specialized supports for individuals." Sandra S.*



## Train and Build Capacity in the Community



### Key Accomplishments

*“The collaboration of all the participating agencies throughout Central and provincially, has given us many training options that give participants a wide range of experience and knowledge in the many different areas; from forensics to bowel maintenance.” Sandra S.*

There was a dramatic increase in the number of Network hosted events. This was seen, not only within the Central Network, but province wide. We are also seeing all day events being scheduled more often. This really indicates how the VC program has been accepted and the confidence in the technology and comfort level is high enough that people will dedicate an entire day.

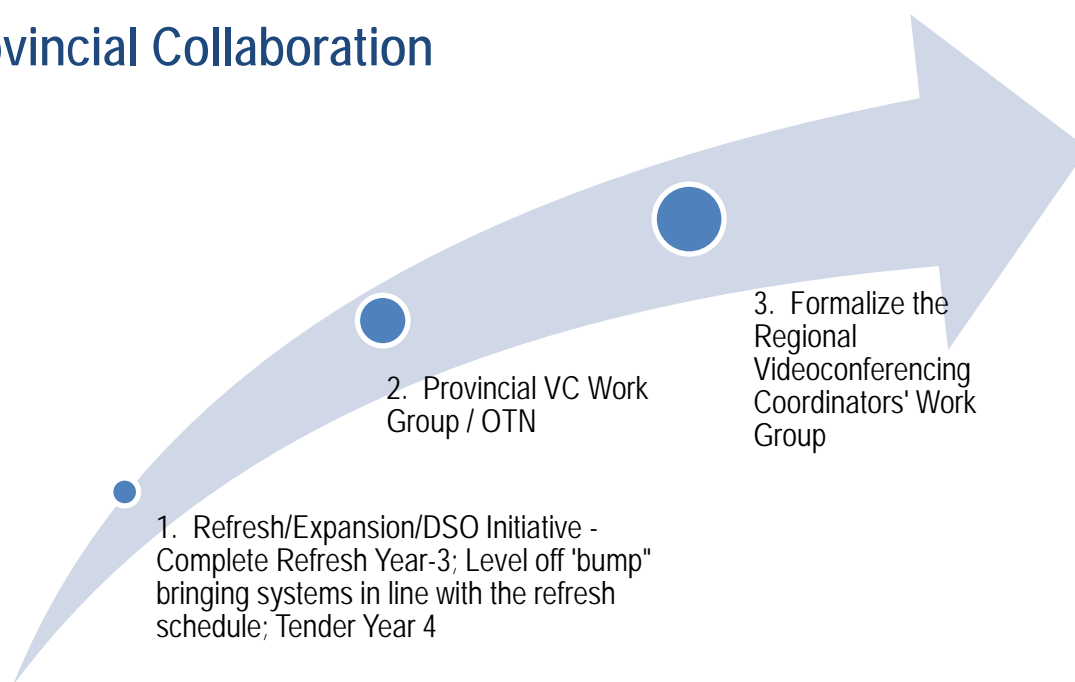
The Regional Videoconferencing Coordinators agreed that all CNSC Ontario Education Events will now be accessed through the private section of Ontario Telemedicine Network Webcast Website. A username and password will be required and we have opted to use one consistent username and password province wide. This information is added to all event flyers as well as it can be found on the CNSC Ontario Provincial Website for easy access.

The list of DVD resources is being promoted regularly. An online form has been built to order copies and can be found on the CNSC Ontario Provincial Website.

<http://www.community-networks.ca/en/webcastsanddvd>

Over the past year partnerships have been developed with existing videoconferencing sites to build capacity in the geographical areas identified with a need. Eight partnerships have been developed with mostly mental health agencies. These sites have also opted to be added to our distribution lists thereby providing them access to our education events.

## Provincial Collaboration



### Provincial Refresh/Expansion/DSO Initiative

Please see **Appendix A** for complete inventory list of all systems refreshed to date.

#### Refresh Project

Year 3 Refresh saw twenty-two (22) systems identified to be replaced province wide. In collaboration with the Vendor, Ontario Telemedicine Network and the Regional Videoconferencing Coordinators all systems were delivered to sites and installed within the year.

The high number of systems purchased in year 1 challenged us to level off the bump to bring the number of systems to be replaced yearly more manageable and in line with the refresh schedule. This created the need to purchase extended warranties. The Regional Videoconferencing Coordinators from each Network identified the systems requiring the extra warranties (this was based on 'live dates' of the units). With the support of the Provincial Videoconferencing Work Group approval has been received to proceed with adding extended warranty coverage on identified systems.

We have identified the twenty (20) system scheduled to be refreshed in Year 4. Equipment lists and site requirements have been compiled and a Broader Public Sector Tender process was completed.

The Tender Evaluation Team is in place – the team consists of the five Regional Videoconferencing Coordinators – they will review the tenders in early April 2013.

## Expansion Project

In 2011, nineteen sites were identified as part of the Videoconference Expansion Initiative. Over the past year seventeen of these sites became 'live'. The two outstanding sites are:

- James Bay in the North - the Ontario Telemedicine Network New Site Team is currently working with Bell and the Vendors to resolve connectivity issues.
- Rockland in the East – the site underwent some renovations – Bell circuit has now been installed; Ontario Telemedicine Network have ordered the router; once installed we can proceed with vendor installation of the equipment.

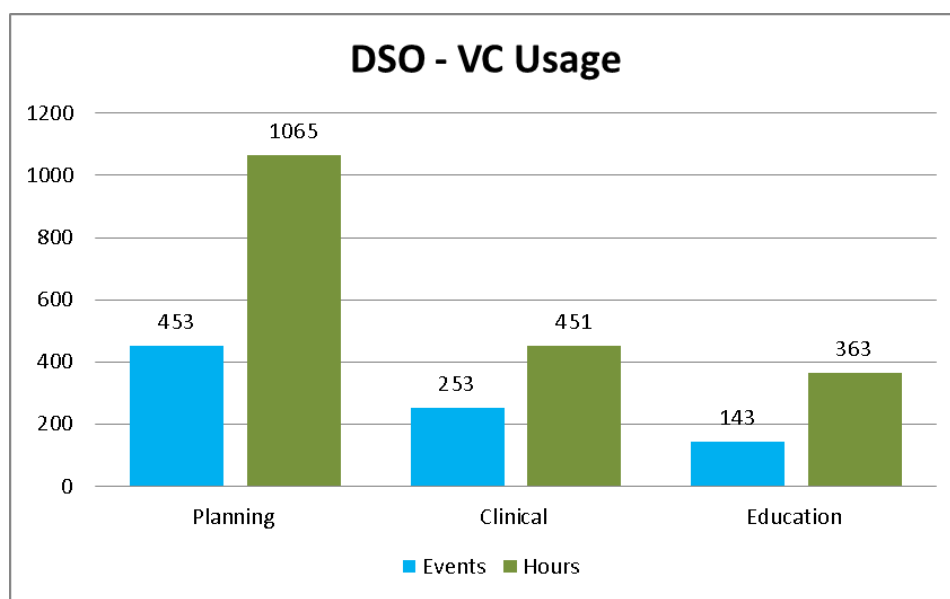
## Developmental Services Ontario (DSO) Project

Through this initiative twenty-five systems were purchased to assist the DSO's – twenty-three systems are now up and running. The two outstanding locations are DSO-CWR (Guelph and Milton area).

Information retrieved from the Ontario Telemedicine Network Website show the following total events and hours.

*"Having videoconferencing capabilities at our location has made an enormous contribution to our organization."*  
DSO-CER,

## DSO Videoconference Activity – April 01, 2012 through to March 31, 2013:





## **Provincial Videoconferencing Work Group**

A Provincial Videoconferencing Work Group was developed to address provincial issues and challenges the videoconferencing program faces. The team consists of two members from each Network Videoconferencing Program. They meet twice a year, in September and March.

Communication with Ontario Telemedicine Network (our telemedicine provider) remains a key component to a successful partnership. As part of the Provincial Videoconference Work Group meetings, Ontario Telemedicine Network Regional Managers, Service Desk staff and Administrative personnel are invited to join the first part of the meetings. This has allowed us to discuss provincial challenges that our videoconferencing sites face and address the issues in a timely fashion.

## **Regional Videoconferencing Coordinators' Work Group**

The Regional Videoconferencing Coordinators within each Network have now formalized their work group. Although they have met in the past as a group on an as needed basis, formalizing the group allows us to address some program challenges.

The team has developed and finalized their Terms of Reference. They meet on a quarterly basis and are bringing consistency province wide in standardizing documents, processes and data collection.

Their work plan includes, but is not limited to:

- Develop a standard Letter of Agreement for all sites.
- Develop a consistent format for flyers, brochures, etc. This goes hand in hand with the branding exercise currently happening within the Networks.
- Provide consistent data collection based on the MCSS Standards; Videoconference Database presentation has been given; the Regional Videoconferencing Coordinators are currently reviewing the system to see what value it offers. Preliminary feedback shows that everyone agreed this database will be a fantastic data collection tool.
- Development a Presenters' Package, which will include consent agreements for DVD recording

## **Ressource de service spécialisé en langue Française**

The Videoconferencing Coordinator is the member representing Central CNSC on this provincial group. Early January saw Ressource de services spécialisés en langue française (RCSS) hire a new coordinator and a team meeting was held in February 2013 to discuss next steps. A work plan development meeting will be held in Toronto (face to face) in April or May.

Ressource de services spécialisés en langue française (RCSS) have also begun to develop a list of experts offering French Language clinical services through Videoconference – Central's list of available clinicians has been updated to include these valuable resources.

Please see **Appendix B** for complete list of clinicians offering services through videoconference.

## DATA AND CHARTS

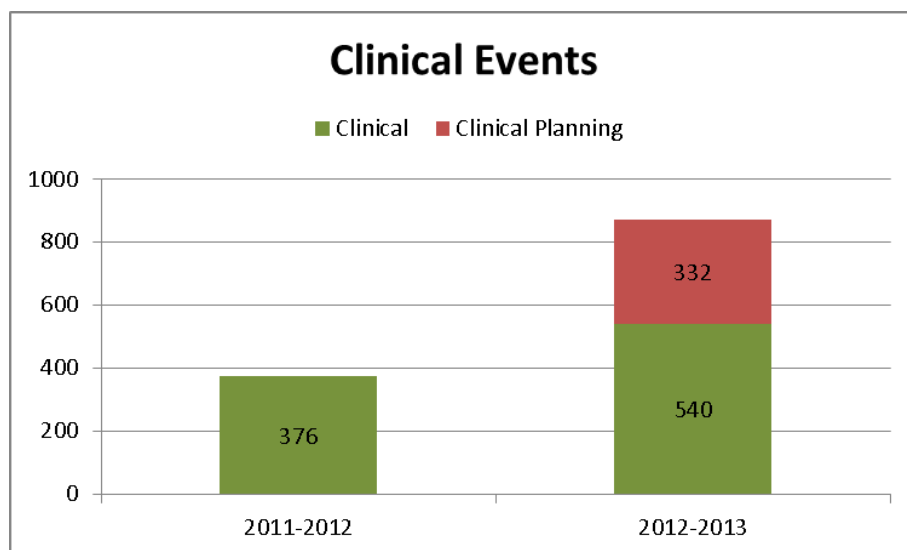
### Clinical Services

The year saw clinical activity through videoconference increased by 132%.

540 people received clinical services through videoconference technology over the year at multiple sites. These events totaled 498 hours of clinical activity.

*"Thank you very much. I've been very sick and being able to access my doctor using video saved us trisp downtown Toronto."*

KG (clinical patient)



The new MCSS data standards saw a bit of a change from previous years in our collection of clinical data. These standards are now broken into two categories

- a) clinical events – where the person is in attendance, and
- b) clinical planning – where the person is not in attendance.

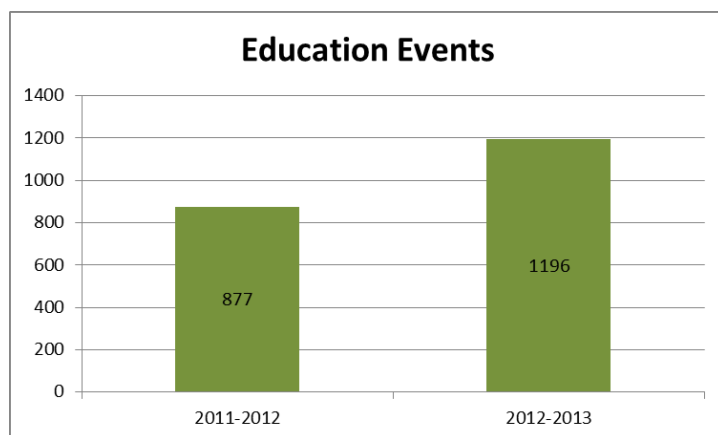
This is important to note especially when comparing clinical data to historical information collected from previous years.

*"Videoconference has allowed us to stay connected to a larger group of colleagues in order to share information and work together; it avoids any issues of isolation and is creating a consistent standard of care."*

Rose C.

## Education and Training

The videoconference technology continues to provide a cost effective delivery mechanism for education. The number of events involving our systems increased by 36% over last year. This is largely due to the increase in the number of events being offered and promoted by the Community Networks of Specialized Care in all regions.



The partnership with agencies and access to their educational resources continues to flourish. In particular, Kerry's Place Autism Services offered three (3) events province wide in addition to their monthly family orientation sessions.

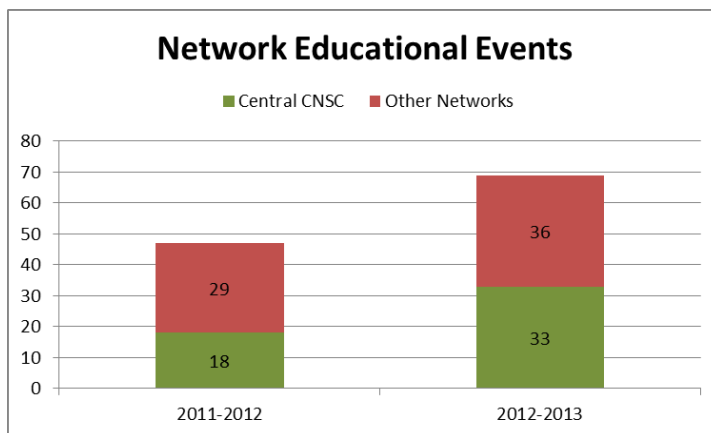
The Adapted Dialectical Behaviour Therapy group, hosted by Dr. Lew and Marnie McDermott ran eight (8) sessions over the year.

Christian Horizon in Toronto has again partnered with Humber College to host twenty-nine (29) sessions via videoconference.

*"Not only do we utilize the systems for CNSC events, we also utilize them for internal meetings, Christian Horizons Central District has partnered with Humber College to offer DSW and Apprenticeship Training across the province. This is a great example, in my opinion, of leveraging a resource to accomplish far beyond what was intended."*  
 Dwayne M., Executive Director

Some of the familiar presenter names, like Dr. Jay Rao, Sandee-lee Parker and Christa Outwaite-Salmon were back this year bringing new topics for our sector, and some welcome new presenters are showing up. Lake Ridge Community Support Services recently offered three (3) events and we hope to see more.

Something new this year was a provincial collaboration via videoconference. This involved a panel of experts from each of the four CNSC regions coming together to run a 'tutorial' style event. This proved to be very successful in the attendance and the feedback regarding the format. Being a tutorial, it was much more interactive and heavily encouraged participation. This event also reached well beyond Developmental Services agencies. Of the seventy-five (75) sites that participated, eight (8) were family health/hospital and seven (7) were mental health. From the survey results, it was also identified that 3% of the respondents worked in the education sector and 6% worked in justice.





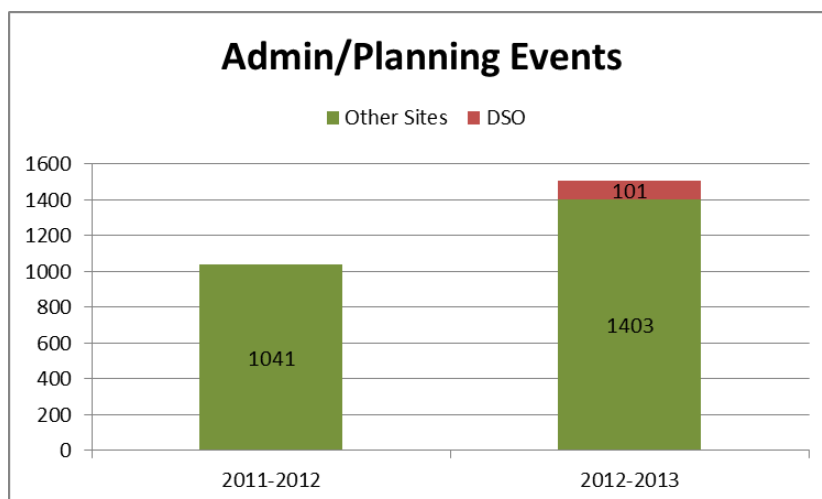
## Planning and Administrative

Planning / Administrative events increased by 35% over the past year. Agencies have been most appreciative in the amounts they have been able to save (i.e. less traveling expenses) while still having staff representation on both regional and provincial workgroups.

*"My car and agency expense budget truly are thankful for the savings videoconference allows."*  
Sandra S.

Central Regional Videoconferencing Coordinators continue to be the point of contact for some provincial events. Our involvement is scheduling of events, providing the information to specific groups, and assisting where possible to find videoconferencing sites for the groups to use.

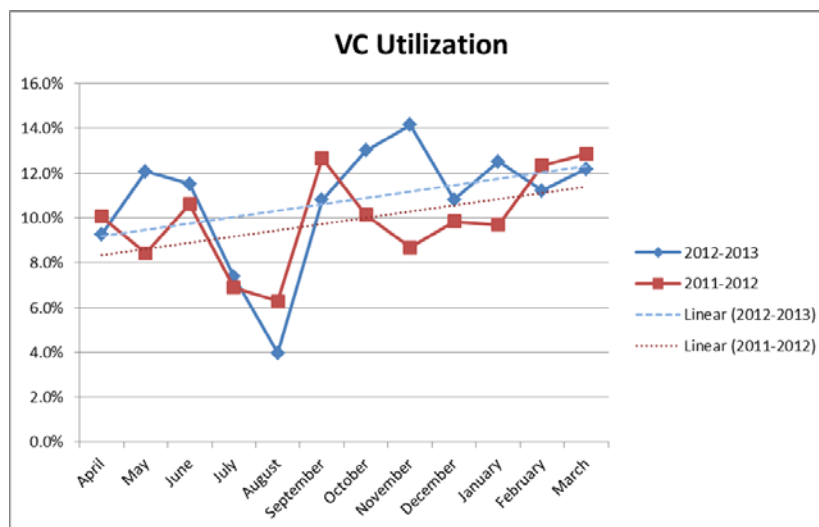
- MCSS / Assessor administrative/training events
- DSO specific administrative events
- Provincial Family Home Group administrative events
- NADD



*"Videoconference technology has allowed us to participate in planning meetings without the need to travel; to connect others from a distance to events they may not otherwise have been able to attend; to include larger staff groups in valuable psychiatric consultations; and to increase opportunities for our community partners to also enjoy these benefits.."*  
DSO-CER

## Utilization Trend

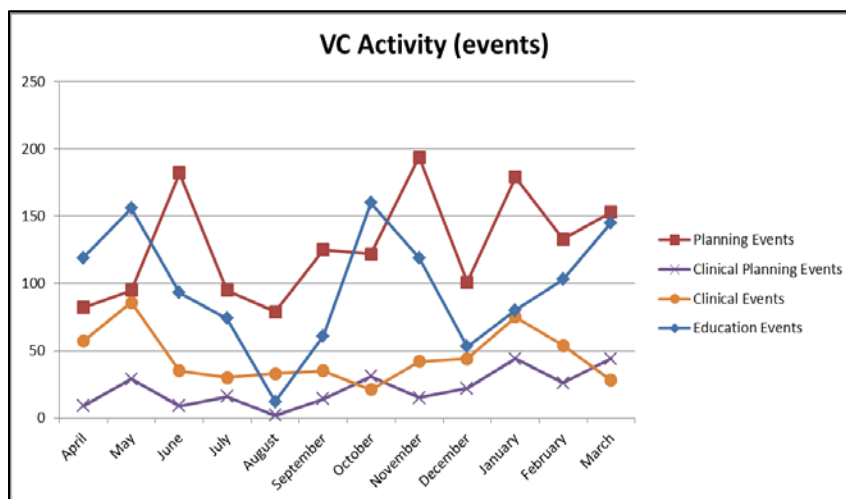
The data that has been used for written reports as well as the data elements defined by the Ministry of Community & Social Services have been a good indication of usage. One of the challenges has been that these numbers do not take into account increases in systems over time. As such, we have developed a new data set which includes the number of 'available' system hours. On a month by month basis we have a system count and make the assumption that the systems are available 8 hours per day. This is then compared with the actual hours of usage to calculate the *utilization rate*. This provides us with more accurate information for comparison and trending purposes.



The chart shows during the past two years our utilization trend has been increasing consistently. The rate is calculated to be an average of .28% per month for both years.

## Annual Patterns

We continue to see the expected patterns within the year. July and August we see the drop due to summer vacations and the resulting scheduling conflicts. December has a similar drop due to the Christmas holidays.



## Year to Date View

Below is a tally of events and hours per site for the year.

		YEAR TO DATE	Planning Events	Planning Hours	Clinical Planning Events	Clinical Planning Hours	Clinical Events	Clinical Hours	Education Events	Education Hours	Training Recipients	Training Hours
CENTRAL EAST SITES	0518_01	BMS-Barrie	52	120.4	12	23.14	52	44.73	48	119.98	114	277.64
	0514_01	CNSC	85	205.37	5	10.15	13	10.17	52	112.66	133	279.37
	0514_02	CNSC/CTN	32	70.08	0	0	5	3.83	35	74.58	50	107.66
	0354_01	CLAPW	9	26.58	1	3.25	8	7.08	21	46.82	24	52.82
	0352_01	CLH	9	28.58	5	8.99	4	5	37	81.41	54	117.07
	0452_01	KPAS-Aurora	119	306.02	34	107.24	14	13.92	48	118.58	219	567.75
	0517_01	LRCSS	13	28.76	0	0	10	12	25	62.58	50	153.08
	0517_02	LRCSS	10	23.51	7	16.31	1	1	19	47.32	37	103.82
	0517_03	LRCSS-Desktop Unit	30	84.01	29	90.08	13	14	5	11.5	6	13.5
	0353_01	TCCSS	15	31.67	20	54.98	9	10.25	50	124.24	106	255.74
	0353_02	TCCSS-Desktop Unit	36	100.27	27	82.57	37	29.66	11	28.5	20	69
	1540_01	CH-Central East (Peterborough)	103	322.42	0	0	0	0	25	54.08	35	70.66
	0990_01	SCS-Barrie	13	26.67	0	0	2	2.5	20	44.07	56	127.01
	0990_02	SCS-Barrie	6	15.75	0	0	1	1.5	7	17.42	20	46.67
	1522_01	SCS-Orillia	12	18.67	0	0	3	2.75	34	74.91	51	111.49
	2567_01	BMS-Richmond Hill	50	118.53	6	26	24	31.15	26	57.58	26	57.58
	2567_02	BMS-Desktop Unit (Richmond Hill)	5	8	0	0	13	7	0	0	0	0
	2744_01	CH-Oshawa	29	117.22	0	0	0	0	31	68.24	31	68.24
	3227_01	Access-Port Hope	14	34.75	1	0.5	2	3	38	87.99	44	101.49
	3228_01	DBOS-Newmarket	4	8.17	0	0	2	4.58	34	88.24	63	169.99
	3239_01	CLASS-Alliston	8	15.68	0	0	0	0	35	77.49	78	174.49
	3366_01	HAPS - Cobourg	0	0	2	4	5	7.75	4	8.58	10	25.08
	2504_01	KPAS-Belleville	85	227.85	0	0	9	6.5	33	75.5	33	75.5
	3248_01	DSO-CER - YSSN	33	78.26	9	22.47	20	29.29	20	43.07	109	242.17
	3248_02	DSO-CER - YSSN	16	35.5	5	13.15	3	4.5	12	24.5	31	65.75
	<b>TOTAL</b>		<b>788</b>	<b>2052.72</b>	<b>163</b>	<b>462.83</b>	<b>250</b>	<b>252.16</b>	<b>670</b>	<b>1549.84</b>	<b>1400</b>	<b>3333.57</b>
CENTRAL WEST SITES	0451_01	CWSDS-Oakville	33	80.68	5	6	33	22.99	57	141.74	113	311.49
	0451_02	CWSDS-Desktop Unit	45	96.52	2	3.25	28	22.5	3	6.5	3	6.5
	0513_01	CH-West District (Kitchener)	53	157.31	0	0	1	2	59	205.49	80	304.99
	0456_01	CLD-Orangeville	5	11.83	1	1.5	9	5	48	190.83	68	286.33
	0515_01	DSAC-Kitchener	24	50	1	1.08	9	11.5	44	110.57	78	216.82
	0516_01	KPAS-Brampton	73	189.33	2	1.98	9	12.96	28	69.41	38	102.16
	0516_02	KPAS - Desktop Unit - Brampton	1	2.17	0	0	0	0	0	0	0	0
	0449_01	PBS-Mississauga	28	56.68	0	0	0	0	32	72.99	58	122.47
	2625_01	KPAS-Belwood	21	47.93	0	0	4	7	23	53.17	38	90.54
	2600_01	CK-Corporate (Kitchener)	187	546.36	0	0	1	1.5	7	11.92	14	23.52
	TBD	DSO-CWR - Guelph	0	0	0	0	0	0	0	0	0	0
	TBD	DSO-CWR - Brampton	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>		<b>470</b>	<b>1238.81</b>	<b>11</b>	<b>13.81</b>	<b>94</b>	<b>85.45</b>	<b>301</b>	<b>862.62</b>	<b>490</b>	<b>1464.82</b>
TORONTO SITES	0742_01	CH-Central District (Toronto)	51	157.66	0	0	0	0	43	173.75	294	1423.75
	0742_02	CH-CD - Toronto - Desktop	55	153.64	0	0	0	0	7	16.25	7	16.25
	0753_01	KPAS-Toronto	75	204.54	0	0	0	0	24	58.09	27	68.59
	0280_01	SPC-Sheppard	23	50.08	0	0	0	0	41	84.08	57	128.08
	0230_04	SPC-Desktop Unit (Toronto)	9	17.58	80	121.45	186	137.91	26	54.58	28	58.58
	3226_01	Vita	13	30.58	7	13.23	8	11.83	33	74.98	63	144.12
	0230_05	DSO-TO - SPC (Toronto)	21	49.92	0	0	2	11	16	44.42	16	44.42
	3314_01	DSO-TO - SPC (Milner)	35	67.36	0	0	0	0	14	17.75	14	17.75
	<b>TOTAL</b>		<b>282</b>	<b>731.36</b>	<b>87</b>	<b>134.68</b>	<b>196</b>	<b>160.74</b>	<b>204</b>	<b>523.9</b>	<b>506</b>	<b>1901.54</b>
<b>GRAND TOTAL</b>			<b>1540</b>	<b>4022.89</b>	<b>261</b>	<b>611.32</b>	<b>540</b>	<b>498.35</b>	<b>1175</b>	<b>2936.36</b>	<b>2396</b>	<b>6699.93</b>

## **EFFECTIVENESS AND BENEFITS**

### Testimonials from Central Sites and Users

**From: Central West Specialized Developmental Services, Oakville (existing site)**

*“Approximately eight months ago videoconferencing coordination was added to my job function here at CWSDS. Having little previous exposure to this technology, I was a slightly apprehensive. However, the support and training I received was tremendous, both in-house, from Marnie Russell, who previously provided this service since its inception here at CWSDS, to the support from both regional videoconferencing coordinators, Louise Spicer & Tony Gougeon.*

*The on-line training required for scheduling events with OTN was easy, with step by step instructions, that were clear and user friendly. Although, on occasion, some of the on-hold wait times with OTN can be a little long, once I am connected, everyone has been able to help rectify whatever issue I may have been having, in an efficient & friendly manner.*

*Visiting staff from other agencies attending educational events and/or patients using our site for clinical services, all remark on the convenience and cost savings in both travel and time. It would be great to have other associate sites in the Central West region (particularly Wellington County) given our large geographical region. Overall the transition experience into this role has been a pleasure for me.”*

Quote from a user:

*“OTN videoconferencing at CWSDS provides the ability to disseminate uptake of best practices and resources province-wide across the LTC sector. We are able to reach out to many participants and it's easy for participants. It also increases our participation in initiatives as there is always a site nearby. The on-site support is excellent, they have been great. One of the many benefits to VC to our agency is the savings in travel costs. Overall, it's great technology and an effective method of sharing and facilitating discussions throughout the different sites.”*

**From: Christian Horizons, Central District (existing site)**

*“We're quite pleased to be part of the CNSC's Videoconference Network at Christian Horizons, Central District (the communities of Toronto and Durham). At our office in Toronto we have two systems - the full system in our training room and a desktop system in the office area, which we simply call the 'big one' and 'little one' respectively. There is also a large system at our education and vocational services location in Oshawa. Having three systems in these two communities allow our staff to enjoy much of the education offered through the CNSC without having conflicting room bookings impede availability.*

*Not only to we utilize the systems for CNSC events, but we also utilize them for internal meetings and in partnership with Humber College to offer DSW and Apprenticeship training across the province within Christian Horizons, hosted from the Toronto office. This is a great example, in my opinion, of leveraging a resource to accomplish far beyond what was intended.”*





**From: Access Community Support Services, Port Hope (new expansion site)**

*“For the last 6 years I have been using videoconferencing in a variety of different ways. It has been a valuable addition to my “toolbox”. Meetings, training and clinical consultations are the main focuses of my use of videoconferencing and I will touch on these in this testimonial.*

*On a monthly basis, I attend at least two meeting using videoconferencing technology. It has become a regular feature in my daily planner. Even a meeting with just one other person, I would rather use videoconferencing rather than telephone. As it is said, “communication is so much more than the words”. As the past chairperson of the Central East Dual Diagnosis Education Committee, videoconferencing made our committee viable and productive. Agencies don’t have the money or resources to free up their staff on a regular basis for a full day meeting, for such a committee on a bimonthly, sometime monthly basis. Travel time alone to get to a central location for these meetings, for some of the members, would have taken 1.5 to 2 hours depending on the traffic. With practise (and help from our awesome Regional VC Coordinators- Louise and Tony) we are able share multi-media resources and documents for immediate review and discussion. My car and agency expense budget truly are thankful for the saving videoconference allows.*

*Being a small agency having access to the videoconference training sessions is great. It allows us to bring staff in with little cost to get training on a variety of topics. Over time the training being offered has evolved to meet the needs of new or training support professional, well versed clinician and even board members. The collaboration of all the participating agencies through Central and provincially, has given us many training options that give the participants a wide range of experience and knowledge in many different areas from forensics to bowel maintenance.*

*Accessing dollars for specialized clinical services can make or break supports for developing and providing specialized supports for individuals. Over the last few years I have been accessing videoconferencing clinical funding. I found the process to be easy to follow and helpful since it asks you to look at all other supports/resources in your area before moving to the clinical dollars. The clinicians, I have worked with, once these dollars have been secured, found the videoconference component complimentary to the clinical tools being implemented. For individuals who are not comfortable traveling or can’t travel, both clients and professionals, this has made getting clinical supports possible. I have even managed to secure and successfully use these funds and videoconferencing to get an ASL signing clinician, who is profoundly deaf, to develop a communication strategy for an individual in a treatment bed. The possibilities for accessing different clinician can be limitless if you understand and use these dollars appropriately. This is my favourite use of videoconferencing.*

*I am very grateful that the Community Networks of Specialized Care have made videoconference an important feature of the organization. I find both Tony and Louise very helpful, knowledgeable and patient with anyone who contacts them. They will hunt you down for your stats - but that is a good thing.”*



From: Vita Community Living Services and MensSana, Toronto (new expansion site)

When asked – “How has Videoconference assisted your agency?”

*“Videoconference technology enables us to meet with teams in different parts of the city and province. Vita has many partnerships, and this technology makes our participation possible. It has allowed us to stay connected to a larger group of colleagues in order to share information and work together; it avoids any issues of isolation and creating a consistent standard of care.*

*This technology makes it possible for members of Vita to connect with their out of town supports including family and professionals, this supports progress through treatment for people. It also assists Vita and community workers in communications and plan, as well as assists in facilitating important clinical meetings with support teams that are at a distance.”*

When asked – “How is videoconference used within your agency and can you comment on any savings to the agency?”

*“Videoconference enables attendance at meetings, discussion groups and opportunities to attend trainings offered through the system. Information sessions on Prader Willi Network, Adapted Dialectical Behaviour Therapy support/learning group, training, service reviews, clinical meetings, and family contact are some of the events our employees have been able to attend. Staffs have also been able to participate in “In Service” type presentations that may be out of town or generally hard to access when taking into consideration time and peoples’ schedules.*

*Savings to the agency: cost of staff’s mileage; not having staff travelling to various locations. videoconference is great and very useful. The support we receive from Central Network is excellent; responses to emails are always quick.”*

From: York Support Services Network (Developmental Service Ontario Central East Region site)

When asked – “How has Videoconference assisted your agency?”

*“Having videoconferencing capability at our location has made an enormous contribution to our organization. It has allowed us to participate in meetings without the need to travel; to connect others from a distance to events they may not otherwise have been able to attend; to include larger staff groups in valuable psychiatric consultations; and to increase opportunities for our community partners to also enjoy these benefits. We are most appreciative for the videoconferencing equipment and the wonderful support that has been provided.*

*Both of our video conference units are used regularly. Having read about the experiences of others who have the portable desktop units, our only wish would in the future to have access to a smaller portable unit. This would allow us to hold smaller videoconferences in offices and free up our larger group meeting rooms for other meetings/events.”*

## LOOKING FORWARD

We will continue to develop the database of clinicians who are available and approve the use of videoconference technology for providing consults, counseling, and assessments. The French language list of clinicians has also been added to the list of provincial resources. Our challenge continues to be finding available clinicians who are willing to offer services to the Developmental Services population as well as finding these resources in multiple languages will compound the challenge.

The videoconferencing database for collecting and reporting videoconferencing statistics has been developed and is currently being tested within all four Provincial CNSC Videoconferencing Programs. The objective is to collect and report consistent videoconference data province wide. The focus in 2012-2013 was primarily on education and training data; the process will be expanded to include the clinical and planning statistics in 2013-2014.

A communication flyer has been developed to share information with Central sites. The flyer consists of 'What's Changed' (Appendix C) as well as quick facts of information the site contacts often ask for. Based on the information that needs to be shared, the intent is to provide this document to the sites as needed. Distribution will be through the mailer module of the CNSC Ontario Provincial website that will allow us to track statistics on how the recipients use the information (i.e. was the file opened, was it forwarded etc.). We will continue to collaborate with existing partners to allow us to offer great education and training events and develop more. We will look for great presenters through networking and partnerships to develop relevant and best practice educational topics. A recent provincial collaboration received very positive feedback for continuing the tutorial format.

Training and education events are being developed for the Francophone population. Several sessions are scheduled over the next year and will now be available as part of our list of available educational events. We will build our distribution list to reach out to the Francophone communities within Central Region and develop the DVD resources of French education events.

We will continue to evaluate new and existing technologies to see how it could potentially enhance service delivery, education and general collaboration. Collaboration amongst the four Networks will continue to address and resolve challenges as a group. Any processes and documents developed will be shared with the Regional Videoconferencing Coordinators Work Group.

***"The strength of the team is each individual member.  
The strength of each member is the team". ~ Phil Jackson***

Respectfully Submitted

Louise Spicer  
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[illegible]

Titre	Prénom	Surnom	Type de ressource		Contacter	Téléphoner	Courrier électronique
			Catégorie	Provincial Régional			
	Claude-Michèle	Renaud	Troubles d'apprentissages - psychologique	1	Tanya Viner	613-249-8593 Ext. 222	<a href="mailto:tviner@solution-s.ca">tviner@solution-s.ca</a>
<b>Biographies détaillées</b>	Psychologue agréée et membre en règle de l'Ordre des psychologues de l'Ontario dans le domaine de la psychologie clinique et scolaire; Elle pratique la psychologie depuis maintenant 20 ans auprès d'une clientèle enfant/adolescent et parents ainsi qu'avec les adultes; En plus d'offrir des services psychologiques en pratique privée, elle offre également des services aux organisations, groupes et conseils scolaires qui desservent la communauté francophone et ce, partout en Ontario; La gamme de ses services comprend un service de consultation, un service de formation sur les troubles d'apprentissages et les troubles psychologiques, des ateliers sur la motivation face aux devoirs, des ateliers de groupes sur la réduction de stress par la pleine conscience (Mindfulness) ainsi que la possibilité d'achats de services psychologiques pour répondre aux besoins de votre clientèle.						
	Louis	Renaud	Intervention - santé mentale	1	Tanya Viner	613-249-8593 Ext. 222	<a href="mailto:tviner@solution-s.ca">tviner@solution-s.ca</a>
<b>Biographies détaillées</b>	Louis Renaud œuvre présentement comme Directeur des Services et Soutiens à l'AOCPTI (OCAPDD) à laquelle il s'est joint en 2006; Il a complété la formation intensive en intervention multimodale au CEM-TCG en 2008; Entre 2000 et 2006 il était gestionnaire de programme à l'ECTI-Ottawa de l'hôpital Montfort; Originaire d'Eastview, ON, Louis a reçu la Maîtrise en Psychologie de l'université d'Ottawa en 1979 et a exercé en santé mentale communautaire au Nouveau Brunswick jusqu'à l'an 2000						
	Julie	Ruel	Inclusion sociale	1	Tanya Viner	613-249-8593 Ext. 222	<a href="mailto:tviner@solution-s.ca">tviner@solution-s.ca</a>
<b>Biographies détaillées</b>	Julie Ruel, PhD agente de planification, programmation et recherche, Pavillon du Parc, Co titulaire de la Chaire Interdisciplinaire de Recherche en Littératie et Inclusion – Pavillon du Parc (CIRLI); Elle coordonne les activités de recherche au Pavillon du Parc, le centre de réadaptation en déficience intellectuelle et en trouble envahissant du développement de l'Outaouais; Elle est co titulaire de CIRLI, chaire rattachée à l'Université du Québec en Outaouais, déployée en 2011; Elle est aussi professeure associée à cette université; Ses intérêts portent sur l'inclusion des personnes en situation de handicap, sous l'angle des stratégies permettant aux communautés et aux services de mieux les accueillir; Particulièrement, les travaux de CIRLI s'inscrivent dans une perspective inclusive de la littératie; Ils ciblent l'identification de stratégies qui soutiennent les milieux et les services à prendre en considération les compétences en littératie des personnes qu'ils desservent afin de mieux les informer, de mieux répondre à leurs besoins et d'augmenter leur participation citoyenne; Ce faisant, ces milieux vont favoriser l'inclusion d'importants segments de la population et contribuer ainsi au développement de communautés inclusives						



COMMUNITY NETWORKS  
OF SPECIALIZED CARE  
RÉSEAUX COMMUNAUTAIRES  
DE SOINS SPÉCIALISÉS

CENTRAL REGION

Central CNSC Videoconferencing Program  
# 6 - 230 Aberdeen Blvd., MIDLAND, ON L4R 5N4  
705-526-0311

# **VIDEOCONFERENCING**

## **WHAT CHANGED 2012 / 2013**

- The Provincial CNSC Website was upgraded.  
Go to: ([www.community-networks.ca](http://www.community-networks.ca))
- You can order copies of archived DVD's online.  
Go to: <http://www.community-networks.ca/en/DVDRequest>
- There have been some changes on how to access all of the CNSC Webcasted events (LIVE or ARCHIVED).  
Go to: <http://www.community-networks.ca/en/webcastsanddvd>
- PCVC introduced for Regulated Health Care Professionals. For more information please contact your Regional Videoconferencing Coordinator



### *Quick facts*

- Central CNSC is made up of three Networks; Central East; Central West; and Toronto.
- There are Submitting your logs for each event your sites are involved in provides us the data required by MCSS and allows us to continue the VC Program
- 2013/2014 will see 20 systems refreshed across the province
- Developmental Services Ontario offices across the province now have VC capabilities. There are six DSO systems within Central
- AUDIO LINES can be requested for Education and Planning/Administrative events (even if the event is in progress). When you request Audio Lines for an event you need to specify how many people will be calling in (1 to 10). Callers need to be reminded that they must call audio lines using a land-line
- Central CNSC sites were involved in 1175 Education events
- Central CNSC sites were involved in 1801 Planning/Administrative VC events
- Central CNSC sites were involved in 540 Clinical VC events
- For all sites who are using a Cisco C-40, by default the system is “mute” when a new event starts
- Those groovy patterns, stripes and polka dots are fun to wear, but can give the viewer at another site a real headache or even motion sickness. The best choices for being on camera are solid colours or small subtle prints, not too dark or too light. Blue is the colour many people on TV wear most because it enhances your natural skin tone