



SOUTHERN NETWORK OF SPECIALIZED CARE

NETWORK HIGHLIGHTS

Fall 2013

6th Annual Research Forum

The Southern Network of Specialized Care hosted its 6th annual Research Forum on September 23rd, 2013, at the Ingersoll Golf Club in Ingersoll Ontario. The key note address was provided by Dr. Rosemary Condillac - an Assistant Professor and a registered psychologist who teaches graduate courses in Applied Behaviour Analysis (ABA) including Research Methods, Assessment and Treatment Selection and Diverse Applications at the Centre for Applied Disability Studies, Brock University. Her key note address focused on aspects of a collaborative study completed between December 2009 - December 2011, called the Integrated Facilities Initiative study. This longitudinal study explored and summarized what happened to people with ID after the MCSS-funded institutions were closed in Ontario.

Other contributing members to the Facilities Research study were;

- Dorothy Griffiths, C.M., O. Ont., Ph.D.,
- Frances Owen, Ph.D., C.Psych.,
- Jan Frijters, Ph.D.; Lynn Martin, Ph.D.,
- Jeff Hamelin, Ph.D. Candidate, and
- Lauren Ireland, BAHons.

Rosemary was asked to comment on the rationale for using a longitudinal study design and focused her remarks around answering the question "what is longitudinal research?" and reported that it can be as simple as studying a person or a similar group of people across a period of time usually in years, however, that most longitudinal research starts with a question such as "does X change over time?" and,



Munazza Tahir, M.A. Candidate, Brock University pictured here with Beth Anne Currie, SNSC Research Facilitator and Dr. M. Feldman, Brock University, member of the SNSC Research Committee

"how much does X change over time?" and "what predicts that change over time?"

The results of the Facilities Initiative study showed that overall, well-being in the community was as good as or better than it had been in the facilities for most individuals. Generally, individuals adapted well and reasonably quickly to their new living arrangements in the community. Some key indicators of well-being for people showed trends similar to previously published research. For example, adaptive behaviours increased, physical health remained stable or improved for most people, and changes in behavioural and mental health concerns were variable, but largely improved over time within the community.

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Many former facility residents were able to exercise personal choice and to participate in community activities, but barriers to community involvement, such as transportation, cost, staffing preference and ratio, health and problem behaviour of individuals and their housemates, require on-going problem-solving. Access to out of home day programming was lower than in a previous wave of deinstitutionalization in Ontario, although some agencies have set up creative alternatives to keep people engaged. Overall, individuals are reported to have a better quality of life in the community. It is important to note, however, that Quality of Life indicators suggest that there is still room for improvement in specific aspects of life quality.

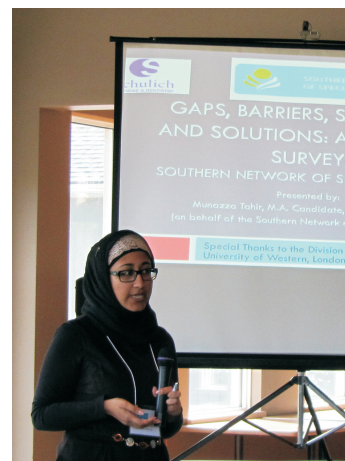
Key systemic factors related to individuals' well-being as it changed over time with community placements included: a good planning process, well prepared and trained staff, the nature and preparation of the environment, and ongoing relationships with staff and peers. In short, several aspects of the planning process worked as intended to facilitate good outcomes for individuals. There are also some lessons learned.

The studies further showed that, across all 4 studies, the Facilities Initiative had a very positive effect on relationships with family with clear evidence of increased connection with family members. For many participants, transition to the community resulted in opportunities for new friendships within their new living situations. Three areas were less successful: a) agencies were not given information to facilitate on-going relationships between former facility residents; b) agencies reported fewer individuals forging relationships with people from outside their agencies; and c) peer interests, abilities and vulnerabilities in the homes were at times ill-matched to foster strong relationships.

The studies collectively tell a story of positive outcomes for the individuals who were transitioned to the community. However, some noted discrepancies to the overall findings can inform deinstitutionalization planning in other constituencies and may inform policy direction for strengthening the current provincial service network.

Other presentations at the Research Forum included updates on projects that have been funded, initiated or supported via the Southern Network.

- Munazza Tahir M.A. Candidate, Brock Univ., presented on "Southern Network Gaps, Barriers, Strengths and Solutions study". Out of 102 respondents who started the survey, 57 of them completed it. The research results included a profile of the respondents' demographics urban vs. rural; unique individuals/ with/without Dual Diagnosis and age ranges served.



Munazza Tahir



Sue Benko, SNSC Facilitator

- Sue Benko, Facilitator for the Southern Network of Specialized Care presented on the "Windsor Evaluation – the Red ER Binder".

- Natasha Durdan & Nancy Rushford are both Occupational Therapists that are studying the experiences of "Niagara Transitional Aged Youth (TAY)". Nancy and Natasha focused their remarks on their phenomenological method of studying the youth's transition-within their Journey to Adult Life. These researchers sent an abstract to World Federation of Occupational Therapists and their study has been accepted for presentation in Australia in 2014.



***Natasha Durdan, Msc. OT and
Nancy Rushford, M.A. Msc. OT,
InterPART & Associates, Niagara***



Annual Research Forum - continued



Pictured here from left to right: bottom row: Dr. Sean Horton, University of Windsor, Dr. Maurice Feldman and Phillip McKeen. Top row: Dr. Valerie Temple, Beth Anne Currie, Dr. Melanie Kelly and Munazza Tahir

- Phillip McKeen, Master's candidate, University of Windsor, presented on "The Impact of Motor Skill Training on Eye-Hand Coordination for Persons with ID" (Phase 1 and 2). This study provided an exercise program for people with Autism and Intellectual Disabilities who were reviewed periodically concerning their communication skills, activities of daily living and their motor impairments and related challenges.

- Dr. Valerie Temple, PhD, Clinical Psychologist from Surrey Place Centre, Toronto presented a snapshot of results from an ongoing study called: "Surrey Place Grey Bruce FASD Research".

This work is a partnership between the Southern Network of Specialized Care, Surrey Place Centre (Toronto), and Community Living Kincardine and District and funded by the SNSC as well as the SW HSJCC.

- Liz Froese, Coordinator of the Southern Network of Specialized Care, presented on the "Behaviour Therapist Program Evaluation" that she and Beth Anne Currie completed in the fall of 2012.

The environmental scan was commissioned following discussion at the CSNC-ON in May 2012. She concluded by saying that credentialing and regulation both need to be developed simultaneously and ONTABA is very interested in work being done by the Developmental Sector regarding credentialing of these professionals.

**Mark Your Calendars for our 7th Annual SNSC Research Forum
Monday, September 22nd, 2014.**

A message from our Network's Coordinator Liz Froese

Activities, outputs, outcomes, accomplishments, success.....this is the language of today. We continue to move our research needle toward community success as we engage stakeholders, students and university researchers. The Southern Network is currently working on over 20 research and evaluation projects: including the regional HSJCC court support evaluations.



Beth Anne Currie, SNSC Research Facilitator; Rosemary Condillac, Brock University, Liz Froese, SNSC Coordinator

MCSS has recently announced the evaluation of the Community Networks of Specialized Care (CNSC) to be completed by March 2014. We are also waiting further response from the Ministry of Health and MCSS regarding the evaluation of the Dual Diagnosis Guideline.

We live and work in an environment of assessing the impact of our work and experience.

Continue to follow what we are doing by going to our website at www.community-networks.ca.



SNSC Local and Regional Facilitators' Updates

Mental Health Law 101



Terry McGurk, Mary Jane Dykeman, Kate Dewhirst with SNSC Facilitator Nancy Hall.

This regional training event was much anticipated by service providers across Haldimand, Norfolk, Hamilton, Niagara and Brant and was sponsored by the Regional Human Services & Justice Coordinating Committee. It was held in March 2013 at Carmen's in Hamilton. With 380 participants representing Mental Health, Health, Developmental Services, Justice, and Crisis Services, this made Mental Health Law 101 the largest training event supported by the Southern Network to date! The presenters Kate Dewhirst and Mary Jane Dykeman came to the area from Toronto, representing their legal firm Dykeman, Dewhirst O'Brien LLP- Health Law.

This full day learning session provided participants with an opportunity to increase their knowledge and understanding of relevant laws in justice, health, and in the community mental health and developmental services setting. The speakers spoke to a number of topics alongside case examples which illustrated client rights and highlighted issues including; the Health Care Consent Act, Mental Health Act, Powers of Attorney/Ulysses contracts, Personal Health Information Protection Act and risk management issues.

Participants provided very positive feedback to the organizers reflecting that over 76% felt the workshop was 'above average' to 'excellent' in terms of the delivery, relevance, acquisition of tools and strategies, clarification of consumer rights, substitute decision makers, health care vs financial decisions, privacy issues and the sharing of information.

Developing Capacity in Haldimand and Norfolk

Community Living Access Support Services (CLASS), on behalf of the Haldimand Norfolk Seniors Partnership, has recently received an Ontario Trillium Foundation grant of \$50,300 so that staff at local Long Term Care, Developmental, Health and Mental Health agencies can have increased knowledge and awareness about aging and developmental disability. This will inform treatment and interventions, with long term benefits, to the clients we serve. Through a three year funding grant, project leads are planning a train the trainer initiative to ensure that this initiative will be sustainable in the community, for the long term. Agencies involved in this project will choose specific staff to be sent forward to be trained as internal trainers on the subject, who can then offer the training within each agency, annually.

It is anticipated that 350 people will have completed the training over the course of the grant and that training will be available for use by other communities in Ontario.

As members of the senior's partnership; CLASS, the Southern Network of Specialized Care, Community Living Haldimand, the Norfolk Association for Community Living and the Alzheimer's Society of Haldimand Norfolk agreed to apply as a collaborative for this much needed funding to develop and provide training across the community.'



Jim Peters, Trillium, Toby Barrett, MP, Tricia Morris, CLASS and Nancy Hall, SNSC accept the grant



Update from our Regional Facilitators

Update from London/Oxford/Elgin/Middlesex

New Borderline Personality Disorder Network in London Middlesex

In response to challenges in supporting people who have ID and borderline personality disorder, the London Middlesex LSDN has formed a two tiered Borderline Personality Disorder Network; one tier for systems discussions on how to increase the capacity to serve this group of people; one tier for direct support professionals to collaborate and share expertise on implementing supports. The Network is involved in acquiring education and resources about Borderline Personality Disorder in people who have ID and the effective strategies for support and treatment.

Protocols with Local ER In Oxford Elgin, The LSDN is interested in developing strong protocols and engagement with local hospitals that serve people who have a dual diagnosis in their Emergency Departments; both for medical and initial psychiatric services.

An on-going challenge that service providers experience is in helping the medical professionals in these departments understand how to provide service when someone is not able to verbally communicate effectively or has a combination of behavioural and medical symptoms.

SNSC Resource Update The 3rd Edition of the Understanding Special Needs Offenders who have a Dual Diagnosis has been completed and is being distributed. It is expected to be circulated to services within the Criminal Justice System in the fall. Since the printing of the first edition, The Southern Network of Specialized Care has received positive feedback on its use to fill a significant gap in resources and expertise on how to identify, effectively interact with and provide supports for an offender who has a Dual Diagnosis. As the Network lead on the project, I have had the pleasure of integrating information and feedback from the Dual Diagnosis Justice Case Managers in the Southern Region and feedback from many clinical and corrections services across the region.



Juanita St. Croix, SNSC Facilitator for London/Oxford/Elgin and Middlesex

Trauma Initiative Update

Over the last few months the Southern Network of Specialized Care Trauma Initiative has welcomed a number of trauma partners from across our region, including sexual assault programs, women's shelters, crisis programs, and mental health partners. Working collaboratively we hope to strengthen understanding of trauma and people with developmental disabilities within both sectors.



Laura Winter, Chair of the SNSC Trauma Initiative Committee

On February 15th the Southern Network linked with the Central West Network of Specialized Care's Trauma Committee to offer a "Train the Trainer" session. The Central West Committee has offered training in their region over the past three years as a result of their work with Dr. Lori Haskell. This event offered the opportunity for some of their members to gain experience presenting the material and to strengthen their membership. This was an excellent day of training with extremely positive feedback. We are eager to share this information with community partners.

If you would like members of the Trauma Initiative to present this information to your agency please contact any Facilitator with the Southern Network of Specialized Care or any clinician linked with the Specialized Providers.



Dual Diagnosis in Ontario - Challenging Our Successes

"Our members struggle at home to support their adult children with developmental disabilities, mental health issues and for many of our aging children, dementia. It is extremely difficult for families to cope without any hope for residential and day supports and access to mental health services. We are exhausted and dealing with our own health issues and the many families who ask for our help see little hope since the government's definition of 'urgent situations', seems to occur only when both parents are dead or dying." (Jim Johnston, President of Concerned Parents of Toronto Inc.)

It is heart breaking to read this and the many reports that have recently appeared in the media. The system is stuck – we have very limited capacity for individuals with complex needs coming into and through the system. The only option is to react in crisis. Even the Ombudsman's Office reports that they received 505 new complaints in the four months since announcing the review of the sector's response to crisis – up from approx. 25 last year!

Remembering our achievements:

There have been many achievements over the last few decades that we can build from. Ontario is in fact one the most productive in regard to research related to genetics, health needs, health guidelines and the use of health services, particularly ER departments. We also know more about the family and caregiver experience, FASD, Autism early intervention, mental health issues, and student training than we did ten years ago (Lunsky et al, 2013). Ontario is also one of only four provinces / territories that has legislation specific to developmental disabilities or a policy on dual diagnosis (Morris, 2012).

Other noteworthy achievements include the Primary Care Guidelines . (<http://www.cfp.ca/content/57/5/541.full.pdf+html>), creative partnerships

between community and hospital emergency departments and inpatient mental health services (https://knowledgex.camh.net/dual_diagnosis), and personal communication with Lisa Holmes, Eastern Ontario Network of Specialized Care, and the role of the Community Networks of Specialized Care in leading and supporting initiatives to improve access and pathways through specialized services as well as training. (<http://www.community-networks.ca/en/healthcarecapacity>).

Leveraging our strengths

• Below are a few thoughts on current opportunities to leverage our successes in regard to human resources and client supports:

1. Human resources - developing a competent workforce

- Align training with annual Regional/Network priorities for service development and coordination
- Articulate the intended audience for training (e.g. generalist or advanced generalist) and the knowledge and/or skill competencies to be gained from attending (Levels of practice for supporting individuals with dual diagnosis, 2003)
- Implement a consistent approach to evaluating training including follow up assessments to measure skill acquisition (knowledge transfer)
- Partnerships between DS and Mental Health specialized providers, as well as academic institutions to enrich cross sector relationships and academic grounding
- Explore accreditation and certification opportunities, for example, The NADD, (<http://thenadd.org/products/accreditation-and-certification-programs/>)



Susan Morris, MSW, RSW
Guest Columnist

2. Help for individuals, families and caregivers

- Provide outreach to families, particularly those who are coming into the adult system for the first time, to help them understand the new DSO processes
- Offer families opportunities to access mental health prevention and support services such as mindfulness based groups
- Join your local Service Collaborative located in 18 areas across the province (<http://servicecollaboratives.ca/>).
- Back Ground: The Collaboratives are a joint initiative between MCYS and MOHLTC to implement the Mental Health and Addiction Strategy as it pertains to transitional age youth moving into the adult system and between hospital and community.



Dual Diagnosis in Ontario - cont'd

Increase partnerships between health and social service by proposing projects that leverage the current priority health funding areas:

- Reduction of clients stuck in hospital or community treatment beds,
- Reduction of avoidable and/or serial emergency department use,
- Health Links – a new service model to facilitate movement of care between primary health care, community based services, hospital and specialized care, and linkages with social and support services

Back Ground: The priority focus of the LHINs is the 5% of the population that accounts for 66% of health expenditures and includes those with dual diagnosis. Increased public attention to autism, dual diagnosis and/or challenging behaviour as well as the Ombudsman and Dual Diagnosis Guideline reviews are also bringing renewed energy to discussions between MOHLTC and MCSS

To read more, view the National Coalition site (<http://care-id.com/dual-diagnosis/>) and the NADD Ontario site (<http://www.naddontario.net/>).

Where you might leverage the strengths in your region for better results, and where might you start?

Cautionary note:

An estimated 4,800 people (based on 40% of 12,000) with complex medical, environmental, behavioural and/or psychiatric needs are on the wait list for housing supports in Ontario. The adequacy of the current available resources is a much more fundamental question that must be addressed, and soon."

Thanks to Susan Morris, MSW, RSW, Clinical Director for the Dual Diagnosis service at CAMH Toronto, Ontario.

Dual Diagnosis Clinician Retires in Grey Bruce

On July 17, 2013, Grey and Bruce Counties said a final farewell to our retiring Dual Diagnosis psychiatrist, Dr. Andy Wilson. A party was hosted by Southeast Grey Support Services in Flesherton for people he has helped, family members and staff from both developmental services and mental health. A good time was had by all! Dr. Wilson and his wife Carol received warm thanks and a lovely basket of items from local artisans, food producers and other Grey-Bruce memorabilia. Thanks to everyone who contributed to this recognition event, we know he was very pleased by it.

Dr. Wilson started at the 2-day specialty clinic at Grey Bruce Health Services -Meaford in 2003, where he saw hundreds of adults with ID and behavioural or mental health challenges. He acquired his knowledge over years of consulting to the Mental Health Centre Penetanguishene, Huronia Regional Centre, and agencies in Bracebridge, Huntsville and Barrie. Everyone he worked with appreciated his thorough, thoughtful and respectful approach to considering problems. He will be very much missed but we wish him a well-deserved retirement.



*Submitted by:
Jennifer Healey and Dianna Cutting,
Dual Diagnosis Program
Grey Bruce Health Services*



Profiling: Leo Massi

Leo Massi is the Executive Director of Haldimand- Norfolk REACH in Townsend. This is an agency that provides both Developmental and Mental Health Services to the local area.

Leo is committed to collaboration and has found effective ways to integrate his agency's services so they work together in a collaborative, complementary and seamless manner.

He has sat as a member of the Southern Network Advisory Committee and the Network's Research Ethics Committee since their inception.

Leo states; *"It has been a real privilege to be part of this work, it is long overdue, long awaited and very needed by families and individuals."*

Leo has been married for 32 years and has two grown children. He has more than 33 years of experience in social services.



Upcoming Events Mark Your Calendars!!

- October 18th - "Vicarious Trauma and Compassion Fatigue" - Videoconference
karaujo@wgh.on.ca
- November 12-13th - Health&Wellbeing Conference
<http://www.healthandwellbeingindd.ca>
- November 1st - Alcohol and Drug Exposure during Pregnancy
bernadine.qua@facsniagara.on.ca
- November 15th - Mental Health Law 201
nhall@bethesdaservices.com
- November 15th - When Trauma Happens at Work - Consequences and Interventions
Videoconference - karaujo@wgh.on.ca
- November 25-27th - HSJCC Provincial Conference
sherry@innovative4you.com

SNSC Advisory Committee

Dr. Jay Rao - Regional Mental Health Care London

Leo Massi - Haldimand-Norfolk R.E.A.C.H

Mary Westerhof - St. Joseph's Health Care Hamilton

Maurice Voisin - South-East Grey Support Services

Nancy Wallace-Gero - Community Living Essex

Shelley McCarthy - Family Counselling Centre of Brant

Mark Benner - Fanshawe College

Connie Smits - Community Living Sarnia

Heather Callender - St.Leonard's Community Services, London

Heather Riddell - HNBHN LHIN

Dawn Maziak - Erie St. Clair LHIN

Patty Chapman - South West LHIN

Lea Pollard - DSO Hamilton Niagara

Mary Gregg - Alexandra Marine and General Hospital, Goderich

Kathy Strauss, WDDS

Mike McMahon, CMHA Oxford

Co-Leads

Brian Davies

Bethesda - Network Co-lead

Jason Young

RSA, Woodstock Office - Network Co-lead

Ex-officio

Liz Froese - SNSC Coordinator

Rosanne Perron - MCSS Southwest Region

Representative - MCSS Hamilton



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