NETWORK PHILOSOPHY

The Central East Network of Specialized Care endorses the Bio-Psycho-Social model to service delivery.

The Central East Network of Specialized Care strives to conduct all treatment activities within the ethical guidelines as articulated in the “Standards of Practice for Behaviour Analysis in Ontario” document, prepared by the Ontario Association for Behaviour Analysis Standards Development Task Force - November 1998.

Embracing the bio-psycho-social model and the ONTABA standards, the Network assures ethical, effective treatment to the individuals receiving treatment in these environments.

Person Directed Planning is also integral to the Network’s goals and objectives. It is an ongoing process that helps determine life paths.

Person Directed Planning builds on dreams, strengths and capabilities while focusing on the development of relationships as well as ways a person can access community resources.

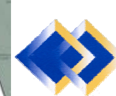
CENTRAL EAST REGION LOCAL ACCESS MECHANISM CONTACT INFORMATION

Durham Region

Agency	Phone
Christian Horizons	416.630.3646 x.247
Community Living Ajax, Pickering Whitby	905.427.3300
Community Living Durham North	905.985.8511
Community Living Oshawa / Clarington	905.576.3261
Durham Association for Family Respite	905.436.2500
Durham Mental Health Services	905.683.9124 x. 227
Kerry's Place Autism Services	905.579.2720
Lake Ridge Community Support Services	905.666.9688
Participation House Project	905.579.5267
Resources for Exceptional Children/Youths	905.427.8862

HKPR

Intake Resource Team (IRT)
Access Mechanism Manager



Simcoe County

One Stop Access for Intake
1.888.247.8880 (Toll Free)

YORK REGION

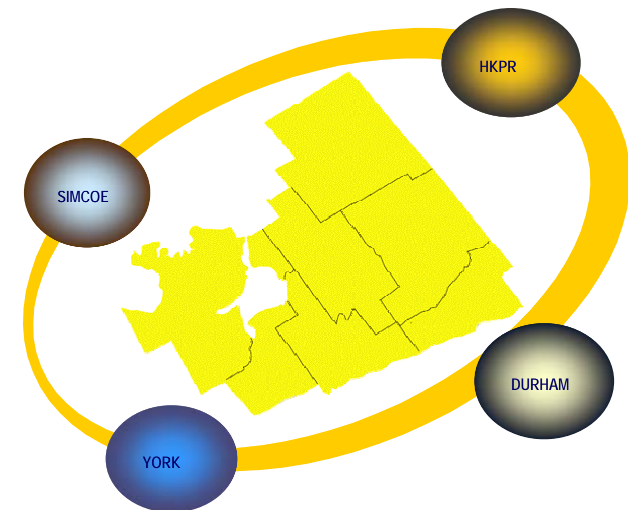
Developmental Services Access
1.905.898.3721

CENTRAL EAST NETWORK OF SPECIALIZED CARE

Marnie McDermott, Coordinator
6 - 230 Aberdeen Blvd.,
Midland, Ontario L4R 5N4
Phone: (705) 526-0311 x. 321
Or (705) 526-5758 x. 321
Fax: (705) 526-4403

MOBILE RESOURCE TEAM

CENTRAL EAST REGION



COMMUNITY NETWORKS OF SPECIALIZED CARE

CENTRAL EAST REGION

REFERRAL PROCESS FOR ACCESSING THE MOBILE RESOURCE TEAM

- An individual must be eligible to receive developmental services
- 18 years of age or older
- Individual has a developmental disability, mental health needs and/or challenging behaviours
- A resident of the Central East Region; may already be in service or new to the sector.
- All community resources have been exhausted
- Consent is required for assessment by the Mobile Resource Team
- Individual has a residence to return to or move to after the treatment period has been completed (preferably within his/her own community)
- Psychiatrically stable prior to an admission to a treatment home (a recent psychiatric assessment is required)
- Medically stable prior to admission to treatment home (recent medical assessment is required)
- Case Manager is assigned / identified

THE MOBILE RESOURCE TEAM

The Mobile Resource Team is comprised of both local and regional specialized resources. The Mobile Resource Team may be able to support the local team and identify alternate strategies accessing additional resources.

The Mobile Resource Team Coordinator is available for consultation and strategizing prior to a referral package being completed. This allows case managers the opportunity to ensure that they have exhausted all of their local resources before making a referral to the local case resolution committee.

The Mobile Resource Team must review the referral and make recommendations prior to the case being referred on to the Regional Case Resolution Committee if the referral is a request for a treatment bed.

MOBILE TREATMENT TEAM

The team is self directed and based on what is in the best interest of the person. The goal of this model is to provide treatment to the person in their existing living environment, utilizing the current staff supports as well as the Mobile Treatment Team. In addition, trained staff specializing in positive based behavioural supports will be available to liaison and shadow the community based staff/family in their home environment.

ROLES AND RESPONSIBLITIES OF THE MOBILE RESOURCE TEAM

- Reviews the referral package
- Conducts face-to-face assessments as required
- Identifies additional clinical resources as appropriate
- Identifies and provides specific training for the referring family / agency if necessary.
- Makes recommendations that could include accessing clinical resources in person or via videoconferencing and / or an admission to a treatment bed
- Makes all attempts to support the individual in their home
- Refers to the Crisis Response Coordinator if an immediate or impending crisis is identified

ROLES AND RESPONSIBLITIES OF THE MOBILE TREATMENT TEAM

- Provides clinical supports to individuals with developmental disabilities and mental health needs and/or challenging behaviours who are having difficulty living in their current environment.