



COMMUNITY NETWORKS
OF SPECIALIZED CARE
RÉSEAUX COMMUNAUTAIRES
DE SOINS SPÉCIALISÉS

CENTRAL REGION
2013 ~ 2014 ANNUAL REPORT

"The most valuable part of the day was the networking and understanding that there are some common challenges across the sectors."

(Central Region:
Engage-Think-Inspire
Community Engagement Day)



"Great Presentation! Thank you for hosting this event. Well scheduled day, adequate break times. Keep inviting well qualified presenters like Dr. Iwata."

(Provincial Specialized
Accommodations Providers)

Research



"I was excited for this opportunity for an advanced-generalist level training as there is limited opportunity to go beyond a general introduction to dual diagnosis."

(Advance Generalist
Participant CW)

Coordination



"PCVC has been a great resource to access clinical, case conferences, provincial groups and educational events. It has saved a great amount of travel time and allows me to be more responsive."

(PCVC User)



Videoconference

"Very enjoyable & informative; more awareness, financial support and advocacy needed in this area of health and diet. Keep up the good work."

(Promoting Health & Good
Nutrition—Toronto)



Education

"It was a wonderful day from start to finish. Lots of great ideas and forward thinking. . . . I liked the tips for incorporating social media into my classroom."

(Social Inclusion Revolution
Educational Event—CE)



CO-ORDINATE



LOCAL SERVICES



Did you know?

Central West (CW) CNSC has taken a keen interest in Knowledge Translation (KT) – more specifically how KT can be used towards fulfilling the CNSC mandate to build capacity. Lacking a true measure of whether staff are implementing knowledge gained in CNSC education events, and if that knowledge has changed practice in supporting individuals, the CW CNSC submitted a proposal to MCSS, and received funding as part of the recent developmental services investments to embark on a two-year training and evaluation Knowledge Transfer initiative. Aiming to change culture and practice at a team level, the CW CNSC will target local agencies who are transitioning individuals with complex needs from more specialized hospital or treatment environments back to community settings and support front line staff and program managers through a yearlong blended learning training experience to help staff teams respond to and solve issues related to complex and challenging behaviours. The funding allows for two cohorts to participate in the training over the next two years with a final evaluation and report to be provided in March 2015.

- **Central Videoconference (VC) Program** has strengthened the relationships with member sites through better communication thereby providing the opportunity to address issues in a timely way. Face to face site visits occur providing the sites with opportunities to give feedback.

- **Central East (CE) CNSC** Coordinator is a member at each of the Local Case Resolution tables. This provides a great opportunity to expedite the linkages to the specialized resources within the Central East Region when required.
- **CW CNSC** responded to requests from thirty-six (36) care providers for links to health and social service resources, case consultations, navigating across sectors and connecting to resources.
- **CE CNSC** Coordinator is the Chair of the Regional Case Resolution Committee in CER. The team receives and reviews very complex referrals both within central east and most recently from other regions in the province. The requests have been to mobilize the Mobile Resource Outreach Team and the Treatment Team to assess the environment and staffing supports in the person's home.
- **CW CNSC** participates as part of the Regional Service Resolution table, which coordinates access to regional and specialized treatment beds.
- Through collaboration with the North Simcoe Muskoka Dementia Network and their partnership with Behavioural Supports Ontario (BSO), the **CE CNSC** Health Care Facilitator successfully developed partnerships with the Psychogeriatric Resource Consultant and the Mobile Resource Team to support their efforts in supporting individuals with developmental disabilities in their agencies. These partnerships have presented opportunities to share our best practice resources to assist with their support of this population.
- **Toronto (TO) CNSC** played an important role in facilitating the process for the new MCSS funding for six (6) individuals with very high needs received placements. Transitional resources were added to aid with the transitions. The individuals selected were blocking hospital and treatment beds; choosing these individuals ultimately created capacity.

(Continued on page 3)

(Continued from page 2)

- **CW CNSC** facilitated access to specialized forensic risk assessments.
- **CE CNSC** Crisis Response Network Coordinators conducted a safe bed training day for managers, supervisors and direct support professionals across the region. This training was in collaboration with Centre for Behaviour Health Sciences. 
- **CW CNSC** facilitated cross sector dual diagnosis planning meetings with local Developmental Services and LHIN planning table chairs and Ministry representatives.
- **CW CNSC** coordinator co-chairs the Regional Trauma and Developmental Disabilities Committee.
- In an effort to enhance specialized service delivery the **CE CNSC** Health Care Facilitator has continued to develop partnerships that provide a collaborative approach in training and education. Working together with partners from other sectors in developing specialized training opportunities provide a more seamless continuum of care for individuals with developmental disabilities and support staff in providing quality care.
- **CW CNSC** assisted community partners in the creation of a local Aging and Developmental Disabilities Regional Committee.
- **CW CNSC** coordinated access to specialized psychiatric consultations to 27 community physicians and psychiatrist.



pathways

CE CNSC developed a “Pathways to Services” document identifying access points, and all linkages, partnerships developed throughout the Central East Region and beyond.

DID YOU KNOW

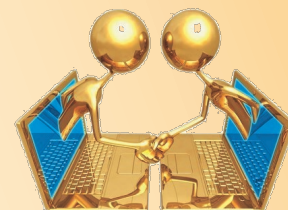


Central Regional Videoconferencing Coordinators are the primary point of contact for any agency / organization requiring information about videoconferencing technology - such as:

- ◇ How to become a videoconference site
- ◇ What’s the best solution for your agency
- ◇ Fees to become a site
- ◇ Where sites are located across the province
- ◇ Organizing / scheduling videoconference events (clinical, education, and administrative)
- ◇ A resource of available archived educational events

The benefits of having only one point of contact

- ◇ Provides opportunity to develop and build capacity in the areas where gaps have been identified
- ◇ Capitalize on the centralized bulk buying process, offering those prices to partner agencies wanting to become a VC site
- ◇ Troubleshoot ticket history and have the knowledge base to draw from to resolve issues quickly
- ◇ Opportunity to leverage the VC program as a provincial program for all and share successes vs. developing similar programs in silo
- ◇ Have a familiarity of the resources available and can advise agencies what type of system is best for the site (i.e. large unit, mobile or mounted, desktop units or Personal Computer—Video Conference (PC-VC) etc.).
- ◇ Great partnerships have been developed with our Telemedicine Provider (OTN), vendors and manufacturers, thereby providing the opportunity of having urgent matters addressed in a timely way.



SPECIALIZED SERVICE DELIVERY

DID YOU KNOW...

Psychogeriatric Resource Consultants (PRC) are strategically located in community mental health centres, geriatric facilities and Alzheimer Society chapter offices across the province. Their primary role is to educate, advise and support staff in long term care homes, community care access centre and other health care settings in the application and interpretation of assessment tools for care planning and treatment of persons with cognitive / mental health needs and associated behavioural issues.

- **TO CNSC** Health Care Facilitator collaborated with a behaviour therapist, hospital program psychiatrist and the agency's care providers, in a combined effort to enhance service delivery to individuals with intellectual disability and complex needs including eating disorder support. Adaptations were made in the mainstream eating disorders program supports, through team consultations with the eating disorders program psychiatrist, staff training, etc. Goals were met, including indicators of improved physical and mental health.
- **CE CNSC** Health Care Facilitator is working in collaboration with a Psycho-geriatric Resource Consultant to establish a

partnership between the local long term care settings and a Community Living agency to support individuals with developmental disabilities in long term care settings.

- **CW CNSC** facilitates monthly Dual Diagnosis Grand Round consultations for a local hospital specialized mental health program.
- **TO CNSC** Health Care Facilitator is participating in a Regulated Health Professions Act (1991) (*performance of 'controlled acts' in providing residential/day program care*) projects with a Toronto agency and with the Toronto Partnership on Aging and Developmental Disabilities (TPADD).

- **CW CNSC** engaged with local hospital to review and enhance the emergency room experience for individuals with developmental disabilities.
- **CE CNSC** Mobile Resource Team (MRT) is now using the Mobile Outreach and Behaviour Technician with the MRT to do outreach prior to individuals going through the MRT process for services.
- Program standards have been completed for the CE Crisis Response Network. These have been approved by the **CE CNSC** Advisory Committee.
- **TO CNSC** Health Care Facilitator received 31 new referrals for supports with assessing primary care gaps, advocating for health-related services and informational support regarding primary care for people with intellectual disabilities. The Health Care Facilitator's work involved linkages with Community Care Access Centres, Family Health Teams, CHCs, hospital teams, specialists, Developmental Services Ontario—Toronto and offering informational support to developmental sector agencies' care providers.
- Central East Region Committee on Aging and Developmental Disabilities include the regional municipality of Durham and the counties of Haliburton, Northumberland, Victoria, Peterborough, Simcoe and York. Committee members are from both the developmental and health sectors. The outcome results in a cross sector collaboration, partnerships and training in supporting individuals with developmental disabilities.
- Videoconferencing sites within the **Central VC** Program were involved in 2487 hours of clinical activity. A total of 1407 clinical events were held by videoconferencing technology. This is a 61% increase in number of events over last year.

FEEDBACK

"I just wanted to say 'thank you' again for your support in assisting us to inform the person's family of the benefits of dental evaluation and CT scan given her current situation. In addition, your professionalism and bringing the family on board to consent to proceed with Dr. Rao's recommendations was commendable."
CW-CNSC Clinical Case

- **TO CNSC** held 29 clinical conferences throughout the year.
 - ◇ 95 people attended on behalf of the individuals. This included family, teachers, doctor, police, lawyer, service providers and students.
 - ◇ 66 % of people presented were between 18 and 32 years of age.

Clinical Conference reports to the TO CNSC Service Resolution Committee. The gaps continue to be appropriate high support housing for transitions from treatment and jail, lack of high support housing in general, long term clinical supports, training needs and systemic issues such as transitions from youth to adulthood, young people in Long Term Care, transitions from hospitals where community exposure would be a helpful piece .

- **TO CNSC** Health Care Facilitator collaborates with the Collaborative And Individualized Resource (CAIR) program supervisor and behaviour therapist for individuals with complex medical issues and ‘alternative level of care’ in hospital settings. Dr. Amanda Sawyer requested the Health Care Facilitator join her and CAIR in presenting one of the cases in a panel presentation entitled “*Using Inter-professional Outpatient Teams to Decrease Emergency Department Visits for Mental Health Issues in Individuals with Developmental Disabilities*” at the 2014 Health & Wellbeing in DD Conference. The presentation discussed how the team worked well together to advocate and improve bio-psycho-social outcomes for an individual with complex needs.
- Monthly clinical consultations are being held with Dr. Lew from Nova Southeastern University in Florida via video-conference, for the 30 people trained in Adapted Dialectical Behaviour Therapy (A-DBT). A-DBT Groups are now being held in all four quadrants using the adapted materials developed by **CE CNSC**.

feedback

“Dr. Lew is very knowledgeable and provides the group with valuable skills. The case studies are a practical way to narrow down skills for difficult members in each region.”
(A-DBT Training Participant)

- There are limited options for permanent appropriate housing supports for people with very complex needs. Many people are blocking hospital and treatment beds due to the lack of permanent supports. Families are experiencing burnout and frustrations with the service system. In response to these pressure the **TO CNSC** hired a consulting firm to investigate local and international models of care. The recommendations provided were:
 1. **Building clinical capacity** in the system by developing a Mobile Specialized Clinical Support Team specifically related to housing.
 2. **Increase specialized housing stock** by adding beds to existing programs that are currently serving individuals with very high support needs and experiencing success in doing so. **Build capacity further throughout the developmental services system** and increase the range of options by adding beds to the general housing stock of service providers who have some capacity to expand and are willing to begin accommodating individuals with more complexity.
 3. **Develop a Systems Lead for High Intensity or Complex Needs Housing** to assume the role of systems planner for housing for individuals with developmental disabilities and other complex needs.
 4. **Spearhead the development of an urban village housing concept for individuals with developmental disabilities and complex needs**, to be funded jointly by the Ministry of Community and Social Services and the Ministry of Health and Long Term Care.



Specialized Services

Designed to fit your very specific needs

Central VC Program received ten (10) requests for clinical dollars through Videoconference throughout 2013/2014 - nine were approved (one was withdrawn). The funding provided:

- ◇ Three (3) individuals with psychological / specialized counselling sessions
- ◇ Two (2) individuals with specialized psychiatric autism assessment
- ◇ Two (2) individual received a neuro-psychological assessment
- ◇ Six (6) individuals received one year of ongoing anger management services
- ◇ Thirty (30) individuals had social services intakes completed through the HKPR Dual Diagnosis Psychiatric Outpatients Clinics in collaboration with Queens University and Ongwanada Resource Centre in Kingston
- ◇ Augmented the cost for a Behaviour Technician assigned to the Mobile Resource Team. The Behaviour Technician was involved with twelve (12) different individuals and did eighty-six (86) site visits
- ◇ Thirty (30) individual case presentations were done through the Dr. Lew A-DBT monthly clinical events
- ◇ Thirty-eight (38) support staff received specific A-DBT with Dr. Lew

build capacity

IN THE COMMUNITY

Surrey Place Centre website houses the Canadian Consensus Guidelines and Tools for the Primary Care of People with Developmental Disabilities. New tools are on the website with the goals of creating electronically fillable forms. www.surreyplace.on.ca

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**Central Region** was a key partner in the planning and delivery of the 2nd biennial Health and Wellbeing in Developmental Disabilities Conference. The event ran in November 2013 and successfully engaged health care providers and students from a variety of disciplines in professional knowledge transfer and discussion to improve the health and wellbeing across the life span for persons with developmental disabilities. Evaluations show that the majority of participants thought the event met the identified objectives and was relevant to their practice.

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TO CNSC Health Care Facilitator participated in the filming of [CAMH Knowledge Exchange's DD CARES](#) best practice video "Adapting a Medical Procedure" and "The Frequent Visitor".



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**Central Region** Research, Education, and Evaluation Committee (REEC) has formed workgroups to engage stakeholders to address issues including adult education evaluation and standards, standardized measures, and student placements.



- **CE CNSC** Dual Diagnosis Education Committee held a conference in May 2013 titled "The Social Inclusion Revolution." John Lord was the keynote speaker for the day and Donna Lee, from Vita Community Living Services presented on "Facebook Friends and Disability Vlogging (video blogging): Exploring the possibilities of new media for users with developmental disabilities". This creative and very interactive event was attended by 150 participants. Feedback was extremely positive due to the topic and the use of different mediums to present the material.
- **TO CNSC** Health Care Facilitator was involved in offering 45 presentations to over 1380 participants, which included self-advocates, health care providers, caregivers and school board teachers. Topics varied:
  - ◊ DD Primary Care
  - ◊ Aging and Developmental Disabilities
  - ◊ Diabetes
  - ◊ Nutrition
  - ◊ Sexual Health
  - ◊ Regulated Health Care Professions Act, application in residential care
- **CW CNSC** developed a comprehensive resource e-library for sharing resources with community partners.
- In June 2013, **Central Region** hosted a community engagement day—"Engage-Think-Inspire". The focus was on the bio-psycho-social model and 98% of participants found the event to be somewhat relevant and useful. The day featured Dr. Kerry Boyd and helped participants better understand enhanced clinical and system knowledge about complex challenging behaviours.
- **CW CNSC**, in partnership with University of Waterloo, developed a training video for comprehensive vision assessment for individuals with developmental disabilities.





- **CW CNSC**, coordinated and facilitated delivery of 7-module elective series for first and second year University of Toronto, Mississauga Campus medical students.
- **CW CNSC** Provided targeted training events to 28 practicing primary care providers within the Mississauga-Halton LHIN.
- A total of 501.5 hours of face-to-face education events were offered within the **Central Region CNSC** in collaboration with Health Care Facilitators, covering a variety of topics, which included:
  - ◇ Advocacy
  - ◇ Aging
  - ◇ Anxiety and Depression
  - ◇ Autism Spectrum Disorder
  - ◇ Bio-psycho-social Model
  - ◇ Bowels
  - ◇ Case Management
  - ◇ Challenging Behaviours
  - ◇ Diabetes
  - ◇ DSM 5
  - ◇ Dual Diagnosis
  - ◇ Eating Disorders
  - ◇ Mindfulness
  - ◇ Nutrition
  - ◇ Primary Care
  - ◇ Regulated Health Professionals Act (1991)
  - ◇ Sexual Health
  - ◇ Social Inclusion
- **Central CNSC** was pleased to offer several educational opportunities throughout the year. 4213 people attended various education events from a variety of roles, representing several different sectors which included:
  - ◇ Developmental Services
  - ◇ Education
  - ◇ Family
  - ◇ Health
  - ◇ Justice / Forensics
  - ◇ Mental Health
  - ◇ Primary Care
  - ◇ Research
- **CW CNSC** Developed bi-monthly education bulletins highlighting videoconference, web-based and in-person education events.

- **CE CNSC** presented “*Pathways to Psychiatric Disorder and Challenging Behaviours in Patients with Intellectual and Developmental Disabilities*”. Presenter was Dr. Lauren Charlot, a developmental psychologist from the University of Massachusetts Memorial Medical Centre.
- **CW CNSC** participated as panel presenter at a cross Canada Aging and Developmental Disabilities conference in Winnipeg.
- **TO CNSC** Health Care Facilitator participated in presenting for Toronto Partnership on Aging and Developmental Disabilities (TPADD) group on Developmental Disability Primary Care guidelines, caregiver tools and NTG early detection of dementia tools. The workshop titled “*Shifting Your Thinking: Age-Friendly Person-Centered Support*” targeted front line staff within the developmental services sector and aging sector programs.

### *TO CNSC piloted the “Cross-Continuum Behaviour Management Strategy” in Toronto.*

This targeted the interconnected systems of residential management and supervision, behavioural consultations, and front line staff within the developmental sector and was a collaborative effort between the Toronto-Central LHIN and MCSS. The purpose was to implement a continuously monitored training package. This includes quality behavioural competencies and performance management approaches. The goal being increasing the capacity of the discharging and receiving agencies to transition individuals from Alternate Levels of Care situations successfully into long term residences and be successfully maintained in the community.

- ◇ A self-paced, personalized curriculum delivered in the community service setting via a train-the-trainer model is feasible with an appropriate implementation timeline
- ◇ A significant improvement in knowledge of behaviour principles, performance, enhancement strategies, the components of an effective behaviour support plan, an improved perceived quality of rapport of staff with individuals in services, and a reduction in the frequency of incident reports were outcomes of this project.

Due to the positive results, a second training with a similar focus called “Connecting the Dots” was approved and carried out with new MCSS funding. Over 500 people were trained.

# educate



## TRAINING

The **CE CNSC** Clinical And Responsiveness Training (CART) focuses on enhancing the skill set of staff and building community capacity for agencies to be able to support individuals with dual diagnosis, behavioural challenges, complex and /or changing needs.

The training has two delivery components. The first training is Autism Spectrum Disorder Certificate Program and was conducted by Kerry's Place Autism Services. A blend of 40 managers, supervisors and direct support professionals participated in this specialized training.

The second training session focuses on CART—it has been offered to 125 managers, supervisors and direct support professionals within Central East Region. The initial training was completed face-to-face and monthly follow-up training sessions will be scheduled using videoconferencing technology. This is a two year project.

### FEEDBACK: Central Region: Training in Partnership (TIP):

*“I liked how the workshop was designed and delivered; I learned many different resources applicable to enhance my daily performance direct to a client or support team.”*



- The **Central Region** Dual Diagnosis Community of Interest continued its partnership with the Evidence Exchange Network for Mental Health and Addictions (EENet) this year. The group completed a Research Capacity Survey in order to better understand how to help individuals and agencies connect to the research resources they need. A space on the CNSC Website, under [Research / Evaluation](#), was finalized to hold the group’s knowledge transfer products, which includes:
  - ◊ *Out of the Ivory Tower: Primary Care of Adults with Developmental Disabilities.* This articles is an opportunity for multiple stakeholders to comment and discuss how it relates to their work and/or life; reviewers for this article include a program director, health care facilitator and peer navigator
  - ◊ *Improving the Emergency Care of Adults with Developmental Disabilities—DD CARES.* This article will profile an initiative focused on emergency care. Led by Dr. Jacques Lee at Sunnybrook Health Sciences Centre, DD CARES is an exciting partnership with the Dual Diagnosis Program at the Centre for Addiction and Mental Health (CAMH)
- **CE** and **TO CNSC** partnered to offer a one-day behaviour training day - *“Unlocking the Mysteries of Challenging Behaviours: Using the Science of Applied Behaviour Analysis”*. The training was for front line staff from the developmental services and mental health sectors and was provided by clinicians from Centre for Behaviour Health Sciences, Surrey Place Centre and Centre for Addictions and Mental Health.

### FEEDBACK

*“Great job putting together this workshop, please do it more often, especially with new strategies that work with people with developmental disabilities.”*

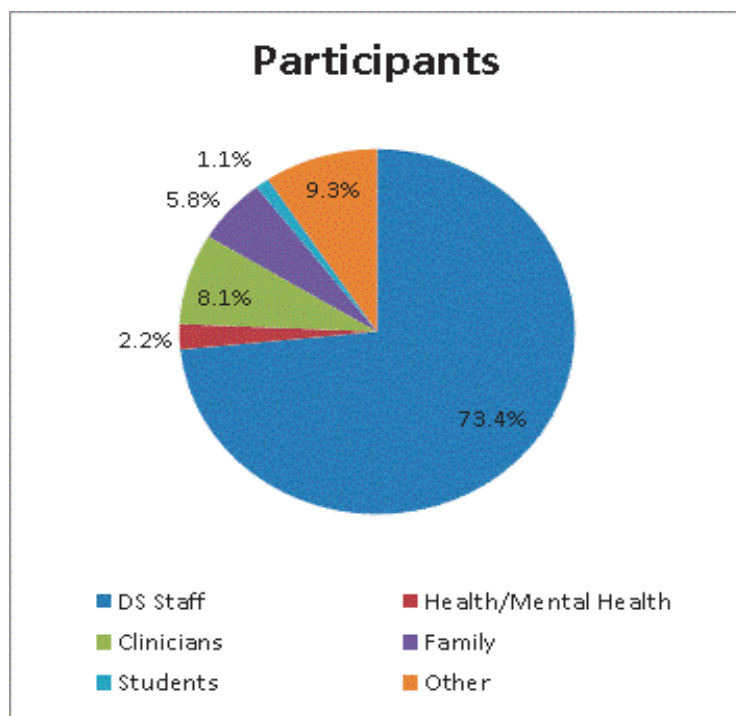
Toronto and Central East Collaboration  
~ Unlocking the Mysteries of Challenging Behaviours



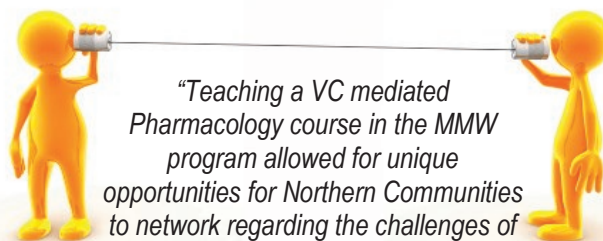
## RESPONDING TO THE NEED

- The Ministry of Community and Social Services, Quality Assurance Measures requires compliance on the Regulated Health Professions Act (1991). In response to this regulation, the **Health Care Facilitators** across the province have been responding by providing education on this topic.
  - ◊ April 2013 a videoconference presentation was developed and offered across the province to anyone with an interest
  - ◊ November 2013 presented at the Health and Wellness Conference
  - ◊ February 2014 presented to the local planning table in HKPR; as well as developmental services agency's compliance committee
  - ◊ The Ottawa Rotary Home has initiated a training solution for compliance and best practice on controlled acts with developmental services. The Controlled Act Training program has nine key components that meet Quality Assurance Measures, Regulated Health Care Professions Act (1991) and the College of Nurses of Ontario best practice guidelines
- **CW-CNSC** developed and delivered education sessions on diabetes and developmental disabilities both in face-to-face and videoconferencing events; as well as presented at the OADD Conference
- Through collaboration and partnerships on committees such as the Central East Aging and Developmental Disabilities, the North Simcoe Muskoka Dementia Network, Developmental Disabilities Ontario Nursing Network and the **CE-CNSC** Advisory Committee provides a multitude of opportunities to collaborate in cross sector training events, as well as promote and share best practice guidelines that have been developed to support individuals with developmental disabilities.
- **CW CNSC** delivered a two-day Advance Generalist dual diagnosis training event to practicing clinicians and health care professionals.
- **CE-CNSC** Health Care Facilitator continues to receive requests for education, training and resources in the area of aging from both the Developmental Services and Health sectors. It is evident as individuals with developmental disabilities are living longer that they generally have more complex health needs. Once community health resources can no longer support them in their community settings they will enter long term care setting.
- **CW CNSC** coordinated twenty-three (23) face to face education events across sectors for 846 participants.

- Videoconference technology continues to be the preferred mode for many events. It provides an opportunity to reach more participants with minimal cost. Over the past year the **Central CNSC VC Program**
  - ◊ Hosted 44 events; this is a 25.7% increase over last year.
  - ◊ Provided 126.5 hours of VC educational events; this is a 68.7 % increase over last year.
  - ◊ We continue to reach out to sites beyond the DS sector. Statistics show that 11.6% of the sites joining CNSC hosted events are non-DS agencies/sites.
  - ◊ Information gathered from logs submitted by sites show the following breakdown for participants joining VC education events.



## Customer Feedback



*“Teaching a VC mediated Pharmacology course in the MMW program allowed for unique opportunities for Northern Communities to network regarding the challenges of supporting people with a dual diagnosis in remote areas of the province. Students were able to discuss both their challenges and solutions with each other despite hundreds of miles away from each other. This course is only possible through VC support and although there were challenges with power outages in different sites due to severe weather, no one had to drive or navigate treacherous conditions to engage in learning opportunities.”*

Professor, Faculty of Human Services, Fanshawe College

# Provincial

## OUR PROVINCIAL PROFILE



The **Central CNSC VC** Program, in partnership with the East, North and South Networks completed Year-4 of the Provincial Video-Conference Refresh Initiative.

The Tender Review Team consisted of the five Regional Coordinators thereby providing each of the four Networks a voice in the decision making process involving the Tender. Year-4 saw twenty systems, across the province refreshed with replacement equipment.

**The Dual Diagnosis Framework Project:**  
**CE CNSC** has assumed the lead management role for the Dual Diagnosis Framework Project. CE CNSC will work closely with Ministry of Community and Social Services / Ministry of Health and Long Term Care and other experts across the province.

**CNSC Ontario** will assist with the framework development, broader consultation and will assist with the implementation efforts. This is consistent with the recommendations from the Dual Diagnosis Evaluation report and CNSC's mandate to improve access to dual diagnosis services including creating joint protocols between the various sectors; and their research and education mandate. This direction is also aligned with CNSCs' recent submission to the Select Committee, where they recommended stronger leadership of CNSCs to coordinate across social, health and justice sectors.

The **Central Region** continues to deliver the Effective Specialized Response (ESR), and the Training in Partnership (TIP) Curricula. In addition, we have been assisting to build capacity provincially by supporting the delivery of both courses in the Eastern Region to help them deliver the training on their own, and supporting the Southern Network in their efforts to deliver TIP.

The **Central Region** continues to provide leadership to the Provincial Education and Research Workgroup; in partnership with the Regional Videoconferencing Coordinators the workgroup delivered it's 2nd Annual Provincial Collaborative Case-Study. This education event involved panelists from across the province and was offered through videoconference and webcast technology. This year Using a Team Approach to Support Adults with Developmental Disability and Challenging Behaviour was delivered both in French and English.

### The Provincial CNSC Videoconferencing Program have:

| <u>Provincially</u> | <u>Central</u> |
|---------------------|----------------|
| 134 Sites           | 38 sites       |
| 162 Systems         | 47 systems     |
| 33 PCVC Users       | 19 PCVC Users  |

The CNSC Provincial Regional Video-Conferencing Coordinators, continue to meet on a quarterly basis to standardizing specific VC documents and processes.

At this time the Letter of Agreement for all sites, the Permission to Record forms, Event Flyers, and Presenters Package have all been standardize, also addressing the need to brand the CNSC. Terms of Reference have been developed and the Team meets quarterly with Ontario Telemedicine Network (OTN), to address provincial service provider site issues in attempts to resolve them in a timely way.

*"Having videoconference as an accessible option to consultation and support is a very valuable resource to some of the families. Videoconferencing vastly reduces the time and the expense families would need to spend travelling to London (3+ hours round trip), often with children who have high needs in the vehicle."*

Service Coordinator,  
 DSRC—Waterloo Region

March 31, 2014

## MESSAGE FROM THE CENTRAL REGION LEADS

**E**xciting developments have been happening across the province which has impacted all of the Networks. The Ministry of Community and Social Services (MCSS) released new funding this past year, which was directed at services for adults with complex needs and/or changing needs through training and the acquisition of furnishings and equipment. The Networks in Central East, Central West and Toronto developed specialized training packages and have been delivering the content to all communities. The result has seen an increase in knowledge and skills for people working in this field to better meet the needs in supporting individuals with complex, challenging behaviours.

The provincial Networks are working together on major projects to achieve effective changes. The Dual Diagnosis Framework Project will have the Networks working closely with the Ministry of Community and Social Services, the Ministry of Health and Long Term Care and other experts across the province, to develop the framework and assist with the implementation efforts. The second major project, involving all of the Networks provincially is the Care and Treatment Guidelines. A symposium was held in March 2014, bringing partners and experts from multiple fields together to begin to formulate the framework that will inform and become practice. Stay tuned for more information on these two projects as we begin the work. Finally, the Ministry of Community and Social Services, Research and Evaluation Unit, Policy Research and Analysis Branch has begun an evaluation of the Networks to ensure there is a positive impact on our communities and in the lives of the people we support.

It has been a very fruitful year continuing to develop cross sector partnerships, working at local, regional and provincial levels to enhance specialized services and supports while building capacity. We anticipate new developments and directions for 2014-2015 which will lead to positive outcomes for individuals we support.

The Central Community Network of Specialized Care is a large network of community partners, collaborating together to better coordinate and enhance specialized services for individuals with developmental disabilities and mental health needs and/or challenging behaviours across central Ontario. Community partner involvement, contributions and wisdom has increased the likelihood of achieving our mission, our mandate, our goals and objectives. We thank each and every one of you and look forward to many more years of collaboration.

### **Central Region CNSC Leads**

Tony Vipond, CER CNSC

James Duncan, CWR CNSC

Steven Finlay, Toronto CNSC





**COMMUNITY NETWORKS  
OF SPECIALIZED CARE**  
**RÉSEAUX COMMUNAUTAIRES  
DE SOINS SPÉCIALISÉS**

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.

## **Central East Community Network of Specialized Care**

### **Community Living Huronia**

Tony Vipond, Chief Executive Officer

Marnie McDermott, Regional Coordinator

Beverly Vaillancourt, Health Care Facilitator

Joanne Boulard, Administrative Assistant

Louise Spicer, Regional Videoconferencing Coordinator (Central CNSC)

Tony Gougeon, Regional Videoconferencing Coordinator (Central CNSC)

## **Central West Community Network of Specialized Care**

### **Central West Specialized Developmental Services**

James Duncan, Executive Director

Trevor Lumb, Regional Coordinator

Sabrina Vertolli / Tara Hyatt, Health Care Facilitators

Kelly Stockdale, Program Assistant

## **Toronto Community Network of Specialized Care**

### **Surrey Place Centre**

Steven Finlay, Chief Executive Officer

Sandra Bricker, Regional Coordinator

Angela Gonzales, Health Care Facilitator

Patricia Tomlinson, Office Assistant

Megan Primeau, Education and Research Coordinator (Central CNSC)

Patricia Beckford, Office Assistant (Central CNSC)

[www.community-networks.ca](http://www.community-networks.ca)