# **NADD Ontario Chapter**

http://www.dualdiagnosisontario.org/

**Spring**, 2003

#### A Twice Annual Bulletin of the Habilitative Mental Health Resource Network.

This newsletter is available to members of NADD and subscribers in Ontario and across Canada. If you wish to receive two editions a year, please see the information on page 5.

#### **Habilitative Mental Health Resource Network**

#### **Consumer and Family Support**

Excerpt from Concerned Parents of Toronto Inc.'s 2002 Resource Handbook for Persons with an Intellectual Disability and Mental Health Needs

#### **Ontario Dual Diagnosis Committees**

Updated contact list of Committees in the province of Ontario

#### **Check out our updated Website**

http://www.dualdiagnosisontario.org/



# Message from the Chair

Nominations ballots for HMHRN Board elections were sent out earlier this year and a new Board was elected in February. The 2003-2004 Board is a mix of both fresh blood and experienced members to provide continuity, while some officers also

changed positions. At the February Board meeting, the officers were elected: Naseema Siddiqui, President, Glen Walker, Vice-President, Jim Johnston Treasurer, and we were fortunate to have Connie Zieren back as Secretary. Jo Anne Nugent after 8 years in office as President is now the Past-President. As President I think I have some big shoes to fill and I am fortunate to draw on Jo Anne's experience and support of the Board to fulfill my responsibilities. As mentioned earlier new members joined the Board and they are, Don Lethbridge, Ron McCauley and Jane Summers. Our dynamic Editor of this Newsletter, Susan Morris, will be the best person to introduce the new members to you, I would simply extend a warm welcome. The Board was privileged to have the ongoing commitment from Directors, Elizabeth Arnold Shelley Bishop, Maria Gitta Jim Hughes, and Brenda Quinlan.

On behalf of the Board I would like to express our sincere thanks to Dorothy Griffiths for her dedication and participation as a Board member over the past several years. We truly appreciated her ardour, expertise and commitment to people with dual diagnosis. While Randy Secord has also decided to take a well deserved break from the Board but certainly will remain a valuable member of HMHRN, and we look forward to his ongoing involvement with the Chapter. Dr. Chris Stavrakaki kindly agreed to remain on the Board and joins Dr. Bob King as honorary Board members, and they both continue to support us in a number of ways.

This is a brief introduction to the Board, which has a lot of experience and vitality. However, a Board is effective in fulfilling the mission of its organization when the members are also active participants. I would like to encourage you to send in your suggestions to our Editor, tell us what you like that we are doing now and what changes you would like to see. Please write an article on a topic of interest or share an idea that you know would be of benefit to others.

On another note, our Education Committee is planning interesting professional development events related to the Chapter's published book on Dual Diagnosis. Information will be posted on our website. Have you had a chance to check the website? Please do.

Naseema Siddiqui, President

## Interministerial News

In the spring budget announcements the Ministry of Health is to receive \$250 million investment over 5 years related to mental health reform. The money will go toward: 1) a Premier's Council on Mental Health to raise the profile of mental health and mental illness, address key Provincial initiatives, promote collaboration and monitor progress on mental health reform; 2) a provincial public education campaign to build awareness and understanding of mental health issues and to combat stigma and discrimination against those living with serious mental illness; 3) expansion of early intervention and prevention service capacity across the province; 4) support for consumer-led activities, such as self-help support services, consumer-run businesses and leadership skills training; 5) completion of divestment of the provincial psychiatric hospitals located in Whitby and North Bay and 6) creation of a Centre of Excellence for Children's Mental Health at the Children's Hospital of Eastern Ontario. On an editorial note, a close look at the budget reveals that a large portion of this money will be devoted to divestment of the psychiatric hospitals with limited investment in the actual system and service change plans put forth by the Mental Health Reform Task Forces.

The Habilitative Resource Network Reserves the right to edit material submitted for publication.

# 2003 Board of Directors

#### Elizabeth Arnold

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#### Shelley Bishop

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#### Naseema Siddiqui

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#### Dr. Jane Summers

Area Resource Team Hamilton 905-521-2100, Ext. 14380 jsummers@hhsc.ca At-large Representative

#### Brenda Quinlan

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#### Glen Walker

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#### Connie Zieran

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#### **HONORARY MEMBERS**

#### Dr. Robert King

North Bay Psychiatric Hospital North Bay 705-494-3180 robert.king@nbph.moh.gov.on.ca

#### Dr. Chris Stavrakaki

Children's Hospital Of Eastern Ontario Ottawa 613-738-6990 csgm91@rogers.com

# **Update** from the Board of Directors

#### **Meet a New Board Member**

Ron McCauley has worked in Developmental Services for the past 23 years, mostly in the Sudbury area. Ron is currently Executive Director of Community Living Trenton. He has a keen interest in the field of dual diagnosis, having worked as a behaviour therapist, and managed programs designed specifically for individuals with a dual diagnosis. Ron has also played a part in the development of a post-diploma program in Applied Behaviour Analysis at Cambrian College where he was Chair of the Advisory Committee and is currently a part-time instructor.

#### **Dual Diagnosis Book Sales Update**

In the Fall of 2002 each mental health and developmental service agency in the province received one free book. An additional 840 books and 100 CDs have been purchased from within Ontario, other provinces and the United States.

#### 2003 Annual Meeting

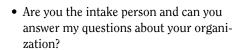
Watch for our next annual meeting to be held in conjunction with a Regional Conference in the Fall of 2003.

# Call for Partnership Ideas

Send us a one page description of effective approaches and/or programs and it will be published in this newsletter. Include the major characteristics of the individual(s) being served, the major issues, the various roles of those involved in the partnership and why it is working. Send your description to Susan Morris. Fax: 416-463-4025 Email: susan\_morris@ camh.net.

## **Consumer and Family Support**

In 2002 the Concerned Parents of Toronto Inc published the fourth edition of the Resource Handbook for Persons with an Intellectual Disability and Mental Health Needs (dual diagnosis) in Toronto. It is targeted toward an audience of consumers, family, friends, advocates and service providers. In addition to identifying key organizations in Toronto who serve individuals with a Dual Diagnosis one section of the book provides information on how to navigate the system. (For a copy of this book, contact Susan Morris at susan morris@camh.net.) With the permission of the Concerned Parents of Toronto Inc this newsletter will periodically publish parts of that section. Below is the first of such - sample questions a consumer, family member, advocate or friend might review before calling an organization to ask about their service.



- What is your name?
- What area do you serve?
- Can your program serve someone with a dual diagnosis?
- Can we come and visit?
- What choices do we have about which programs you offer? Can we choose ourselves or do you do an assessment and then assign?
- Can you do an assessment to help decide what is needed?
- Is your program flexible and can it be tailored to suit an individual?
- Is there a fee for any services?
- What age are most of the people in the program?
- What is the physical set up of the program?
- Do you offer job training or placement? How many people have you placed?
- What recreational or social programs do you have?

- What kind of activities do you do?
- Does this program operate 5 days a week?
- Do you have weekend or evening activities?
- Can you manage many different types of behavior?
- How do the medical and mental health needs of individuals get met?
- In what areas is your staff specially trained and what are their qualifications?
- What is the ratio of staff to clients?
- Do you have consultants to your program? For example do you have a psychologist or psychiatrist on call?
- Is your agency accredited?
- · How are you funded?
- What is the role of parents in your organization?
- What can I do if I have a complaint?
- If I can't get into your services, can I get in if I pay a fee for the program?
- Who don't you serve and why?
- Have you implemented the Abuse Policy? (This policy applies to developmental sector agencies in Toronto).

### **Letters to the Editor**

"...political strategizing,

system development and

negotiating with

government bureaucracy

has become a staple..."

Dear Editor,

This letter is in response to the article "Cooperation between Mental Health and Mental Retardation/ Developmental Disability Systems" edited by Dr. Ann Poindexter in the NADD Bulletin, Volume 5 Number 6, 2002. It is interesting to note that the views exemplified by

the contributors of this article to be somewhat synonymous. Education, funding and system issues seem to plague all of us whether from the southern state

of Florida, the UK or the western provinces of Canada. To quote Dr. Poindexter, these challenges are "doable". This specialized field of health care has grown in leaps and bounds because of the initiatives undertaken by leading experts such as those highlighted in this article.

In spite of the many challenges, I believe that we have excelled far more clinically than administratively. I'm sure a quick review of your individual success stories (Partnership column in this newsletter) would suggest the same. It is my opinion that the over-arching challenge of the complexity of roles referred to by Neill

Carson & Susan Morris in the Poindexter article may be the next Goliath to conquer if we wish to effectively undertake the funding and systems issues at hand. For the sake of

attempting to resolve these issues, political strategizing, system development and negotiating with government bureaucracy has become a staple in the diet of those clinicians providing front-line/consultative care to this population. If we wish to ensure on-going advancements in the care of this population, while simultaneously tackling

these additional challenges, I believe we need to put in place the administration to do so

In a perfect world, psychiatrists practice psychiatry, front-line workers provide direct front line care, behaviorists practice behavior therapy and administrators administer the framework for those that provide the services needed. I don't think this is unattainable.

Garry Fay

Regional Clinical Service Coordinator Developmental Disabilities Program North Bay Psychiatric Hospital

Please tell us what do you think? About program, treatment or planning issues. Send your comments to Susan Morris. Fax: 416-463-4025. Email: Susan\_morris@ camh.net.

# Here & There

#### **MCFCS**

In November 2002 the Ontario government announced additional investment of \$58.6 million for services for children with autism, bringing the total commitment to almost \$100 million by 2006/07. This additional funding includes enhancements of \$39.6 million for Intensive Behavioural Intervention and \$19 million in new programs and services for older children with autism to support transition to school. It was also announced that the Ministry of Education will pilot Autism Program Standards in the 2003/04 school year and that elementary school-age children will have new out-of-class programs available to them to develop and improve social interaction, behaviour and communication.

#### **Court Challenge**

On April 28, 2003 the Superior Court of Ontario began hearing the trial related to a \$100 million lawsuit against the province. The lawsuit is being brought by 29 families of autistic children in relation to the "denial of essential medical

treatment and education". (To-ronto Star, April 28, 2003). The Toronto Star reported that the families are

seeking the provision of intensive therapy for autistic children as the child progresses through the school system. It will be argued that failure to provide or fund ABA, speech and occupational therapies and appropriate educational services violates the Charter of Rights and Freedoms and the Canada Health Act.

#### Length of Stay in Psychiatric Unit

Poster Abstract from NADD Conference in Denver, 2002. Factors Associated with Long Lengths of Stay for Psychiatric Inpatients with Developmental Disabilities Michelle Foley RN, Lauren Charlot Ph.D. This was a retrospective chart review of 75 inpatients who received services on a specialized 10 bed short stay locked inpatient unit at University of Massachusettes Memorial Medical Centre, Worcester MA. The mean length of stay (LOS) for inpatients without developmental disabilities was 7 days, for the specialized developmen-

tal disability unit 13 days. The study purpose was to determine if there were common characteristics between those on the DD unit with stays longer than 10 days due to need for continued treatment, and those with stays longer than 10 days due to loss of placement. Characteristics of patients in this latter category were found to be younger, more often male, experiencing diagnostic confusion, were diagnosed more often at discharge with Post Traumatic Stress Disorder and Bipolar Disorder, had a greater number of previous admissions and had been living with families or in environments with limited supports. Whereas patients with long LOS for clinical reasons, were more often female, medically and behaviourally complex and frequently diagnosed with depressive disorders. For more information contact Foleymol@ummhc.org.

#### **Welfare Update**

"...the families are seeking the

provision of intensive therapy for

autistic children as the child

progresses through school ..."

When measured in constant dollars, total welfare income for a single parent with one

child has dropped from \$19,645 in 1994 to \$13,871 in 2003. It means the amount such single-parent families now get amounts to only 58

per cent of the poverty line of \$24,069. (Toronto Star, April 11, 2003)

#### **Disability Benefit**

In February 2003 the Federal Government proposed a new Child Disability
Benefit that would provide up to \$1,600 a year to families who are paying for transportation, special equipment and drug costs that are not covered by the health care system. This benefit will be paid to families with incomes of less than \$33,487 for 2003. For those making more money, the benefit will be reduced according to the same formula used for the national child benefit. The benefit will not be paid out until March 2004, although payments will be retroactive to July 2003.

# Information

#### **Interesting WEB Sites:**

#### www.odmh.state.oh.us

Best Practice brochure, medical directors page.

#### www.kerrysplace.org www.aspergers.ca

#### www.edu.gov.on.ca

To enter the Special Education area go to the Elementary and Secondary and then in to Special Education

#### www.eyrs.on.ca

East York Residential Services with link to Ontario Association of Residences Treating Youth.

#### www.sl.on.ca/ONTABA

Ontario Association of Behaviour Analysis

#### www.incomesecurity.org

Click Policy Papers and Denial By Design for their review ODSP and their recommendations for improvements to the Application, Determination and Appeals Process.

# Support Resources

The House of Commons Sub Committee on the Status of Persons with Disabilities has set up a web site for an on-line consultation on the Canada Pension Plan. The web site is: http://www.parl.gc.ca/disability. There is information on the site about the consultation. You can also look at the stories and solutions proposed by other participants.

"Could This Happen To You". Prepared by the New York State Commission on Quality of Care is intended as a teaching tool, primarily for direct care staff. The objective of the series is to prevent mishaps in mental hygiene facilities/programs by challenging staff, sparking reflection and discussion about policies and practices, with the need to clarify or revise these to reduce the likelihood of similar incidents. Utilizing case studies it promotes quick reading and easy access for both direct care and management staff to review their own operations. http://www.cqc.state.ny.us/ Then click on Could This Happen

**Developmental Disability in Ontario 2nd Edition 2002:** eds Ivan Brown, Maire Percy. 10 new chapters including one on Aspergers. To order – http://www.oadd.icomm.ca

## **Ontario Dual Diagnosis Committees**

NADD Ontario has recently updated the contact list of Dual Diagnosis Committees in the province. This list also appears on our web site.

#### Algoma District Dual Diagnosis Committee

Annette Katajamaki Annette@cmhassm.com

#### **Brant**

Keith Hudson bdacl@oasisonline.ca

#### Essex

Mary Harper mary.harper@css.gov.on.ca

#### Grey-Bruce Dual Diagnosis Committee

Ruth Ann English RuthAnn.English@gb.ccac-ont.ca

#### Hamilton

Rose Johnson 905-522-9922, ext. 117

#### Kent

Dawn Maziak 519-944-5888

Lambton Ken Holmes 519-542-8036

#### **London Middlesex**

Warren Brooks fsl@execulink.com

#### Niagara

Steve Novosedlik stephen@contactniagara.org

### Peel Region Committee for Persons with a Dual Diagnosis

Leanne Baldwin lbaldwin@thc.on.ca Jo Anne Nugent jnugent@nugenttraining.com

#### Simcoe

Vito Facciolo vito@class.on.ca

#### South Simcoe

Brenda Quinlan Brenda@golden.net

#### Southwest Region

Glen Walker gwalker@wgh.on.ca

#### Sudbury

Sandra Watson sandraw@acmsdhc.on.ca

### **Toronto Dual Diagnosis Implementation Committee**

Susan Morris susan.morris@camh.net Ana Vicente anavi@fsatoronto.com

#### Waterloo Wellington Dufferin

Alison Johnston ajohnston@lwdcoda.org

#### York Region Dual Diagnosis Committee

Patti Reed patti@dhc.simcoe-york.on.ca

# Local Committee Update

York Region Dual Diagnosis Committee reported in their November 2002 newsletter that they have done the following: completed a Plan for the Provision of Services to Individuals with a Dual Diagnosis; implemented educational initiatives that reached over 1000 individuals; implemented a hospital/agency protocol; completed research and evaluation outcome measures on diagnostic overshadowing; developed Community Needs Questionnaire for assessing high risk individuals; began implementation of Safebed Network for York Region. For more information contact patti@dhc.simcoe-york.on.ca

# Do you want to join NADD?

Call or write NADD at 132 Fair St, Kingston, New York 12401-4802. Telephone 845-331-4336, Fax 845-331-4569. E-mail: nadd@aol.com. Web site: http:// www.thenadd.org

Inquire about family, student, individual and organizational memberships. Cost is paid in US dollars with 20% returned to support Ontario Chapter activities. With NADD membership you receive this bulletin free of charge.

# Do you want to subscribe to this Newsletter without joining NADD?

Send ten dollars (fifteen dollars for residents outside Ontario) with your request to:

#### **NADD Ontario News**

c/o Plaza 69 Postal Outlet, 1935 Paris St., Box 21020 Sudbury, ON P3E 6G6

Please make cheque payable to the Habilitative Mental Health Resource Network.

# **Educational Events**

## **International Certificate Programme in Dual Diagnosis**

Intensive training courses in habilitative mental health for persons with developmental disabilities. A certificate programme offered by Brock University, St. Catharines, Ontario, Canada, in association with Niagara University, New York, USA, and the NADD. For more information call: 905-688-5550 ext 3740, fax 905-682-9020 (Janet Sackfie) or email the Registrar (Margaret Bernat) at mbernat@spartan.ac.brocku.ca

#### **Non-Violent Crisis Intervention**

For new staff or those who have not had this training, Friday, June 20, 2003. 9:30 - 3:30 Salvation Army Citadel, Woodstock, COST: \$35.00(Lunch is provided) Presented by RSA and Laura Winter, Dip. BST, CPI, Master Level Instructor. To register or for information, call Jayne Joyes at 1-800-640-4108 or 421-4248 Ext. 2412.



# **MarketPlace**



### **Behaviour Therapist, Dual Diagnosis Program**

(Counsellor/Therapist I)

#### **Centre for Addiction and Mental Health**

#### **Position Description:**

Reporting to the Manager of the Dual Diagnosis Inpatient and Day Treatment program and working under the clinical direction of the psychologist, the successful candidate will work as part of the multidisciplinary team to support and develop a therapeutic milieu for individuals with an intellectual disability and mental health needs. The successful candidate will be responsible for functional behavioural assessments, development and overseeing implementation of behaviour protocols/plans, developing data monitoring protocols and reports, training nursing staff to support interventions and on data collection, as well as individual therapy and group. This position also involves time limited outpatient follow-up and consultation to clients in the Peel region.

#### **Qualifications:**

Individuals with a minimum of Community College or Bachelors degree or above and 3 years field experience in developing and implementing behavioural programs and strategies. Strong interpersonal and communication skills and experience in training are required. Knowledge and experience of clients with cognitive impairments and/or serious mental illness is an asset. A willingness to provide educational opportunities required.

For more information, contact Susan Morris at 416-535-8501, ext 1136 or send resume to susan\_morris@camh.net