



NADD ONTARIO CHAPTER

Spring 2006

A Twice Annual Bulletin
of the Habilitative Mental
Health Resource Network

NEWS

Habilitative Mental Health Resource Network

Advertise your employment opportunities FREE
of charge on the web site. Submit a copy-ready
word document with expiry date to:

contactus@dualdiagnosisontario.org

Message from the Chair – Naseema Siddiqui, Chair

It is that time of the year again when NADD, Ontario Board sends its greetings to the members. As I sat down to write this message I came across some archival material and thought it would be important to share some of the Board's past, as well as future undertakings with the members.

The NADD, Ontario chapter (formerly known as the Habilitative Mental Health Resource Network) was incorporated in 1993 and since its inception, has been a vital chapter of the National Association for the Dually Diagnosed (NADD). We remain true to our purpose, i.e., "to promote the development of appropriate resources and services that meet the needs of persons with a dual diagnosis and their families." To accomplish this purpose we have initiated a number of worthwhile projects on behalf of the membership. We have submitted proposals to the Government and responded to several policy guidelines and other Government documents related to services for individuals with a developmentally disabled and dually diagnosis.

Of course the book, "**Dual Diagnosis: An introduction to the mental health needs of persons with developmental disabilities**," published in June of 2002, remains a significant undertaking of the Board and continues to be in demand in both Ontario and USA. Also, as you know, the French translation was completed and is available, and at the recent AAMR conference in Montreal, the French version was very much in demand. Both the English and French versions are on our website at no cost, and for those who prefer hard copy, the purchase price for the full text is only \$20.

The Communication Committee has done a remarkable job with the website and there a steady increase in its usage both nationally and internationally. Through the Newsletter we have tried to communicate with the members and also provide useful information regarding other developments in the field and new resources.

Looking ahead the Board has decided to focus on advocacy for policies and dissemination of knowledge through workshops and seminars. In this regard the **Education Committee** is planning regional conferences in Ottawa, Hamilton and Mississauga, and is also co-sponsoring training sessions both live and videoconference, with Regional Support Associates for the 2006-2007 year.

Our AGM was held on April 6th at the Kempenfelt Centre in Barrie, in conjunction with the OADD's annual conference and in keeping with our focus of information sharing, a panel discussion on "Facility Closure and Best Practice" was presented.

The Membership Committee continues to make every effort to recruit new members and I am pleased to welcome 2 new Board members, Karen Hirstwood and Diane Zannier. You will be reading more about them in the Newsletter. I would also like to take this opportunity to thank Jim Hughes, Don Lethbridge and Wendy Pascoe, who are leaving the Board, for their dedication, their support, their insights and their advocacy for individuals with a dual diagnosis. The Board will certainly miss their contribution but I hope they will remain viable members of NADD and continue to provide advice to the Board.

I hope this brief overview might interest some of our members to become more directly involved with NADD, Ontario, please write to the Editor or contact any member of the Board for information, suggestions, or to participate on one of the committees.

Naseema Siddiqui, Chair

contactus@dualdiagnosisontario.org

IN THIS ISSUE:

New Funding Opportunities

Dual Diagnosis goes High Tech

**How to have input in
your local LHIN**

..... And Much More



Interministerial News

Exciting New Opportunities for Cross Sector Collaboration

In our last newsletter we noted that the Ministry of Health and Long Term Care had injected \$53.8 million in 2005/2006 into case management, crisis response, early intervention, assertive community treatment teams, supportive housing as well as increased funding for addiction services, to improve services for 34,000 Ontarians. These additional funds resulted from the *Federal Government Health Accord* agreement. This was the first installment of a total of \$117 million, to be invested by 2007/08.

A second initiative has been the *Mental Health & Justice Service enhancements* related to the need for coordinated, integrated services for persons with serious mental illness who come into conflict with the criminal justice and corrections systems. The first phase of annualized funding in 2005/06 amounted to \$27.5 million provincially. During this phase the community based services targeted for enhancement included: mental health court support, intensive case management, crisis response/outreach, short term residential crisis support beds, rent supplements and supports to housing. Persons eligible for these services are at significant risk of being charged by police, have been charged by police, have been sentenced and whose offence is low risk and whose mental illness can be managed through community based services. This includes individuals with a dual diagnosis.

As these two funding envelopes move into their next phases, there are opportunities for cross sector service development and enhancement for individuals with a dual diagnosis. For example, one of the priority objectives for the Accord envelope is “ **funding that supports and is an incentive for the development of cross sector partnerships**” and better health system integration. (Central West Region, April 2006) Additionally Concurrent Disorders, Dual Diagnosis and Psychogeriatric populations are targeted. For example, equivalent funding for approximately 9-10 FTE per LHIN has been identified to better meet the needs for these populations by creating linkages with other services like case management. For services to qualify for these funds they must demonstrate their ability to meet objectives related to integration, capacity building, evidenced based best practices. (Ibid). Based on the 2005 report by Lunsky and Puddicomb (Dual Diagnosis in Ontario's Specialty Hospitals - Qualitative Findings and Recommendations), these funds can be used to support services for individuals with a dual diagnosis who require Level 2 outpatient community supports and services including consultation and treatment, and Level 3 intensive community services.

Within the Mental Health and Justice Phase 2 envelope four at-risk populations have been identified: dual diagnosis, concurrent disorders, transitional aged (16-17) youth with mental illness and persons being released from provincial correctional facilities. The service categories are similar to 2005/06 with a focus on strengthening last year's enhancements such as through longer service hours and addressing gaps and opportunities for integration.

Additionally MOHLTC has coordinated with MCSS and the Ministry of Children and Youth in relation to **dual diagnosis and transitional aged youth**. For dual diagnosis, MCSS is the planning lead (e.g. MOHLTC will transfer the money) for Intensive Case Management services that will be attached to the Community Networks of Specialized Care, to divert individuals from the criminal justice system to community based developmental and mental health resources. (Central West Region, April 2006)

Each community has a Specialized Network, a Mental Health and Justice Committee and Local Health Integration Network. If you are not sure who to call in your area, **Contact Us** at and we will help you out. contactus@dualdiagnosisontario.org

Here & There

Opportunities and Action: Transforming Supports in Ontario for People Who Have a Developmental Disability, is the Ontario government's response to the challenges facing the developmental services system. The paper outlines key directions to achieve the Province's vision of an inclusive Ontario for people with a developmental disability, and is the product of 18 months of consultation with people who have a developmental disability, their families, community agencies, academics and clinical experts. The paper also includes a series of questions to generate thought on how best to implement changes to the system of supports in Ontario. Comments may be submitted via a feedback page, [http://www.mcscs.gov.on.ca/CFCS/en/programs/SCS/Developmental Services/Transformation/Consultation/form.htm](http://www.mcscs.gov.on.ca/CFCS/en/programs/SCS/Developmental%20Services/Transformation/Consultation/form.htm), e-mail, fax or mail until June 30, 2006. The government will also be holding focus groups with families to encourage further discussion and obtain their input about how to implement changes to the system. The input received from the consultation will guide a blueprint for the future of developmental services in Ontario.

Cont. on pg. 5



Update from the Board of Directors

Local Committee Update Peel Region Committee for Persons with a Dual Diagnosis

At the OADD annual conference the NADD held its 2005 Annual Meeting. The Board of Directors welcomed the following new Board Members: Karen Hirstwood, Alex Conant and Diane Zannier. We look forward to their participation on the NADD – Ontario Board of Directors. If you are interested in an opportunity to serve on the Board of Directors of NADD Ontario, please call Barbara Macdonald @ 416-222-1153.

Membership Committee Report:

Ron McCauley outlined the value of membership in NADD as follows:

“Since its inception in 1983 NADD has been a leading influence in the field of dual diagnosis, and since 2000 NADD- Ontario has become the most active chapter of NADD. Membership in NADD provides one with the opportunity to network with peers, as well as experts in your field. Membership also provides immediate access to current best practices and up to date informational resources. By joining, one can become a part of the effort to foster progress in the field of dual diagnosis, (and those of us who have been in the field since 1983 can attest to the fact that there has been tremendous progress made in this field.)

But there are tremendous challenges before us, and in Ontario in particular the need for a strong presence has never been greater. Today we are witnessing unprecedented changes and developments with respect to government policy, funding practices, and principles of service delivery. In Health for example, there is the development of the Local Health Integration Networks or LHINs. Hospital restructuring and mental health bed reductions continue to have a dramatic impact on service delivery across the province as the system moves from an institutional base to community based service model.

On the Developmental Services side we are awaiting the Ministry's White paper on the transformation of Developmental Services. It is full steam ahead with the closure of the three remaining Provincial facilities. And there is the recent development of the creation of Networks for Specialized Care across the province.

With such a tumultuous and changing landscape it is essential that we continue to lend our voice to individuals with a dual diagnosis and their families. We must ensure that the needs of this important population are not lost in the shuffle and transformation of systems and bureaucracies. One of the most effective ways to make this happen is to ensure there is a strong and active NADD chapter in Ontario.

When you join NADD- Ontario you help to ensure that we maintain a strong voice at the policy development tables, and that there is a reliable mechanism in place for the development and sharing of best practices across sectors. And all this is in addition to access to valuable web sites, educational opportunities and resources.”

The Peel Region Committee has been focused on 3 main areas over the past year:

1. Training: A survey was conducted with agencies and Peel and Halton Regions to determine their priority training topics. Based upon the results of the survey, many educational events have been held. Two more dual diagnosis series have been offered to community staff in conjunction with Humber College. These 8 session series have provide a basic introduction to dual diagnosis to staff from developmental services, mental health services, justice, housing, and education. We have also provided a workshop on Asperger's Syndrome and another on Syndromes. Future plans include a workshop with Dr. Anne Hurley on September 15th and another workshop on Aging with Lillian Thorpe, on a date in the Fall which has yet to be determined.

2. Liaison with New Services and Initiatives: Central West Network of Specialized Care: Representatives from our Dual Diagnosis Committee are closely involved with the development of the new Network in the Central West Region and establishing an appropriate role for the Committee within the Network. A new specialized Dual Diagnosis Resource Service has opened at Oaklands Regional Centre in Oakville. We are working to create a plan for coordinated training.

3. Case Presentation System: The Committee has revived our Case Presentation system. Local service providers have the opportunity to attend a Committee meeting to present an overview of an individual they are supporting who has dual diagnosis. The members of our cross sectoral Committee brain storm to provide suggestions regarding the client's needs and potential services to access.

Jo Anne Nugent

Secretary, Peel Region Committee for Persons with a Dual Diagnosis,

Jnugent@nugenttraining.com



**CHECK OUT OUR WEBSITE FOR WHAT'S NEW,
GREAT LINKS AND RESOURCES:**

<http://www.naddontario.org>

OR

<http://www.dualdiagnosisontario.net>

A Partnership in Action: Dual Diagnosis Goes Hi-Tech

'Dual Diagnosis Community of Practice' Teleconference Rounds

The Royal Ottawa Hospital's Dual Diagnosis Consultation Outreach Team is now entering its second year of encouraging sharing of information and clinical expertise among clinicians through the use of the technology of videoconferencing. The Dual Diagnosis Community of Practice (COP) sprung from a desire to meet and talk with other individuals working in similar programs across our wide-spread province.

Once a month for an hour, Debbie Champ, RN, of the DDCOT, with the assistance of Peter Youell, of Learning and Development at the Royal Ottawa Hospital, coordinates the linking up of up to 20 sites consisting of clinicians and teams from across the province, to watch live-time case presentations highlighting the assessment of developmentally disabled clients. Clinicians from Ottawa, Penetanguishene, Brockville, Whitby, Kingston, North Bay, Owen Sound, Walkerton, London, Sioux Lookout, Timmins, Windsor and Toronto turn on television monitors at Telehealth sites located at their work-site or local hospital, to listen and talk to each other. The 'Dual Diagnosis Community of Practice' has also expanded across provincial boundaries to include participants from Nova Scotia and Montreal.

Using the case presentation format to highlight clinical practices and to encourage team problem-solving and innovation, participating teams take turns presenting. Although the ROH's DDCOT has taken the lead with Debbie's encouragement, the Dual Diagnosis Community of Practice is maintained through shared contribution and facilitation. The core value is to place community welfare above individual goals. Presentations have highlighted the involvement of each discipline, including the perspectives of nursing, occupational therapy, speech and language, audiology, therapist, social worker, psychology, and psychiatry. Using a biopsychosocial template diagnostic signs and symptoms, new hypotheses, and multidisciplinary intervention strategies are discussed in light of the contribution of genetic profiles, competency issues, current research and common service challenges.

Participants at each site sit in front of a TV monitor on which is mounted a small camera. The presenter gives an interactive presentation. When a participant wishes to comment or ask a question, there is a five second delay during which the camera tracks to that site. The person's face is seen and his or her voice is heard by all sites. Participating members are linked through the Ontario Telehealth network, which includes CareConnect, North Network, and Videocare, with the help of the telecoordinators assisting at each site.

The meeting begins with a quick video check-in of all sites and a review of administrative and systemic issues, and then the appointed team presents its case. With the help of Debbie as the moderator, questions and comments are encouraged, and the time races by. For most of us there was a learning curve to become comfortable with Telehealth technology as a means of communication. At first, 'stage fright', appropriate clothing (it's so hard to see yourself on TV), and how to use the 'mute/speaker button' were challenges, but we are all moving forward.

The Dual Diagnosis Community of Practice newsletter has recently been added to communicate upcoming events, share articles and keep each other informed of team changes. In the future, challenges will include planning an interactive videoconference meeting with multiple sites, keeping topics interactive and relevant, and reflecting on how best to become catalysts for change. For further information on the teleconference or on DDCOT, please contact our chair-facilitator Debbie Champ at DDCOT - 613-722-6521 ext 7136. or dchamp@rohcg.on.ca. Submitted by Donna Lougheed MD DLoughee@rohcg.on.ca



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 or

via email: Susan_Morris@camh.net

Information Resources:

Interesting Websites



http://www.ontario.cmha.ca/content/reading_room/mhnotes.asp A free weekly newsletter published by CMHA, Ontario, featuring mental health news and events

Here & There

Cont. from pg. 2

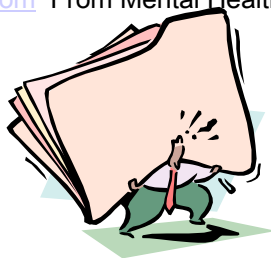
\$84 million investment into the Developmental Services sector was announced by Minister Meilleur May 2006. This is the largest single 1-year infusion of resources in the history of the sector. \$11.1 million for the Passport program will support approximately 900 more young adults in a range of community participation supports and mentoring activities. \$12.5 million for the Special Services at Home program, to support approximately 3,150 more individuals and their families including respite, parental relief or assistance with daily living skills. \$30.2 million to help more than 370 community-based agencies across the province address salary and other operating costs. \$10 million to create approximately 200 new residential spaces across Ontario including group, independent and family supported living arrangements. \$20 million in permanent funding so agencies can provide long-term residential care for approximately 250 people, many of whom previously received services from the child welfare system or have aging parents.

The Local Health Integrations Networks (LHINs) are required by legislation to involve a wide range of stakeholders in developing an Integrated Health Services Plan (IHSP) for health services. The IHSP will include a vision, priorities and strategic directions for the LHIN. The legislation governing LHINs also says that they must engage a diverse range of persons and groups in developing the IHSP and setting priorities. Patients, health service providers and employees of the health care system are to be included in community engagement. Each LHIN must provide their plan to the ministry by September 2006. The provincial strategic plan is expected in the spring of 2007. LHINs will be using a variety of methods to involve the community, including surveys, town hall meetings and information sessions. People interested in having input *regarding the health and mental health needs of individuals with developmental disabilities* can contact their LHIN to find out details on how to participate in these discussions. For a list of LHINs, including a LHIN locator by postal code, see "Local Health Integration Networks," at www.lhins.on.ca

Sixty-one percent of persons with intellectual disabilities receive care from a family member, but only 5% of government spending is directed toward family care according to a new US study. (State of the States study by David L. Braddock at the University of Colorado) While family spending increased 16% from 2002-2004, it still constitutes a small fraction of public spending on developmental disability services, reveals new data from the well-known. In 2004, 395,978 families received family support services, an increase of only 2,249 families from the number supported in 2002. In 2004, the average spending per family across the states was \$5,005, ranging from \$235 per year per family in Alabama to over \$10,000 in nine states. With more state budget cuts planned and a shortage of direct support workers, family support services remains more vulnerable than ever. Read the data from the study at <http://ici.umn.edu/products/prb/171/default.html>

Accessibility Standards Advisory Council of the Ministry of Community and Social Services provides advice to the government on how to achieve a society that is accessible. The council was established by the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). In addition to providing advice on accessibility standards, the council also provides advice on sector-specific and general public education to support the implementation of the AODA. David Onley, a journalist with CITY-TV and an advocate and educator on disability issues, was recently named chair of the Council. There are another 12 members, representing leaders from the disability community and private sector. The majority of the members are people with disabilities. Members are appointed for a term of up to three years. See "McGuinty Government Launches New Accessibility Council," December 13, 2005, at www.cfcs.gov.on.ca

The nature of the working relationship between a case manager and client is one factor that predicts improvement in the client's community functioning, including behavioural problems, community adjustment and social competence. This was the result of a study recently published in the Psychiatric Rehabilitation Journal, where the experiences of 30 participants with severe mental illness were examined. It was found that stronger working alliances between the case worker and client predicted more support, more visits in the community, and a focus on social skills and activities of daily living. Improvements in community functioning were associated with stronger alliances and less housing and medication support. The authors say their findings suggest that the working alliance is critical to the delivery of case management services and to community functioning outcomes. See "Which Factors Predict Case Management Services and How Do These Services Relate to Client Outcomes?" Psychiatric Rehabilitation Journal (Winter 2006; 29 (3): 219-222) available at www.prj.metapress.com From Mental Health Notes: April 6, 2006 CMHA Ontario.



Support Resources

Special Services at Home program has extended criteria for funding to include individuals who are not living at home with their families and compensation of some family members to provide respite and/or personal development and growth. Primary caregivers can now use their SSAH funding to compensate eligible family members to provide services for respite or personal development and growth, with the exceptions of primary caregivers regardless of residence; a child under the age of 18; spouse of the individual who has a developmental disability, regardless of residence. The SSAH program is not designed to fund supports for activities that are already provided by (or available from) the transfer payment system. For more information: Ministry of Community and Social Services website

<http://www.mcsc.gov.on.ca/CFCS/default.htm>

www.uic.edu/orgs/rrtcamr/News/NewsletterMay2005.html

Access the Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTCADD) where you will find a Sibling Connections newsletter. A resource for siblings who are interested in advocacy and care issues for their brothers and sisters with disabilities.

<http://www.vrri.org/smoketalk.htm>

SmokeTalk: A Tobacco Awareness Kit for Persons with Developmental Disabilities. An awareness course on the effects of tobacco use and environmental tobacco smoke for individuals with developmental disabilities. Prepared by the Vocational and Rehabilitation Research Institute in Calgary.

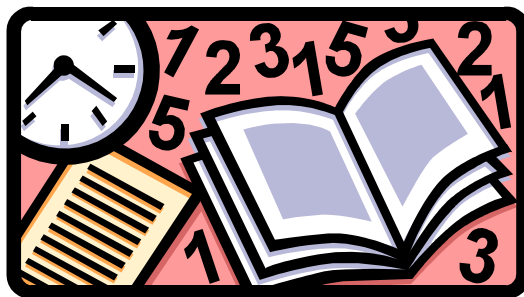
<http://hctransitions.ichp.edu/resources.html>

Health Care Transitions, University of Florida College of Medicine web site. Work books, ages 12 –14, 15-17, 18+, English and Spanish: "Envisioning My Future: A Young Person's Guide to Health Care Transition" is a booklet that introduces youth with disabilities and special health care needs and their families to the issue of health care transition and independence.

Educational Events

Partners In Education & Training in Southwestern Ontario: NADD Ontario is pleased to be able to offer a number of new and exciting educational opportunities in partnership with Regional Support Associates. These training events will take place live as well as via videoconference to allow for attendance from various communities across Southwestern Ontario and beyond. Live workshops have a minimal fee of \$45 and videoconference workshops have no cost to attend. **MEETING THE CHALLENGE: Risk Assessment & Relapse Prevention for Sexual Offending Behaviours** is the first of these events. Individuals with intellectual disabilities who present with sexual offending behaviour, pose particular assessment and treatment challenges compared to those without disabilities. Subsequently, they often receive minimal risk assessment and limited relapse prevention support. Current models attempt to "fit" these individuals into mainstream assessment and treatment models. This interactive workshop proposes shifting the focus onto the person and their environment. Lengthy discussion will be around an integrative model that incorporates both person-centered and environmental factors to produce assessment and treatment plans that are fluid and responsive to each person's individual circumstances.

Date: Friday, February 23rd, 2007
9:30 – 3:30, Best Western Lamplighter Inn,
London. Darren Rene, MSW, RSW, Clinical Supervisor



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 U.S. dollars with 20% returned to support Ontario Chapter activities.

Board of Directors 2006

Elizabeth Arnold
At-Large Representative
Community Living Owen Sound
Port Elgin
519 832-5554
arnoldr@bmts.com

Shelley Bishop
North Region
Cochrane Temiskaming Resource Centre
Kirkland Lake
705 567-5379
sbishop@ctrc.on.ca

Alex Conant
At-Large-Representative
Dual Diagnosis Consultation Outreach Team
Providence Continuing Care Centre
613-530-2400 x 24
conanta@pccchealth.org

Maria Gitta
At-Large Representative
Developmental Disability Program
University of Western Ontario
519 455-5110, ext 47693
mgitta@uwo.ca

Karen Hirstwood
Central Region York Support Services
Network
905-722-6484 ext. 228
905-722-6484 ext. 228
khirstwood@yssn.ca

Jim Johnston
Treasurer
Toronto Region
Concerned Parents of Toronto Inc.
Toronto
416 492-1468
thejohnstons@attglobal.net

Ron McCauley
Chair, Membership Committee
East Region
Community Living Trenton
Trenton
613 394-2222
Communitylivingtrenton@directway.com

Barb Macdonald
At-Large Representative
Griffin Centre
Toronto
bmacdonald@griffin-centre.org

Susan Morris
Chair, Communications Committee
Toronto Region
Centre for Addiction & Mental Health
416 535-8501 xt 1136
susan_morris@camh.net

Jo Anne Nugent
Past President
West Region
Nugent Training & Consulting Services
Mississauga
905 891-1790
jnugent@nugenttraining.com

Diane Zannier
Secretary
North Region
North East Mental Health Centre
705 675-9193 xt 8433
drzannier@nemhc.on.ca

Brenda Quinlan
Chair, Education Committee
Central Region
Community Living Association
South Simcoe
705 435-4972 xt 229
Brenda@golden.net

Naseema Siddiqui
President
Eastern Region
613 692-8619
nsidd@rogers.com

Dr. Jane Summers
At-Large Representative
905 521-2100 xt 74380
jsummers@hhsc.ca

Glen Walker
Vice-President
Western Region
Regional Support Associates
519 421-4248
gwalker@wgh.on.ca

HONORARY MEMBERS

Dr. Dorothy Griffiths
Brock University

Dr. Robert King
North Bay Psychiatric Hospital

Dr. Chris Stavrakaki
Children's Hospital of Eastern Ontario

Statement of Income and Expense to December 31, 2005

Balance as at December 31, 2004

\$45,207.55

INCOME:

NADD Membership Rebate (20%)	\$ 2378.23
Sale of Training Book	4718.01
Conference Income, Subscriptions*	748.00
Interest	<u>767.65</u>
Total Income	\$8,611.89

Balance Before Expenses

\$53,819.44

EXPENSES:

Newsletter - one edition	\$469.65
Board Expenses	3711.00
Training Manual Expenses	1487.83
Conference expenses*	638.83
Insurance	1188.00
Web Site	<u>82.04</u>
Total Expenses	\$7,577.35

Balance as at December 31, 2004

\$46,242.09