



NADD ONTARIO CHAPTER

**Spring 2009**

**A Twice Annual Bulletin of the  
Habilitative Mental Health Re-  
source Network**

# NEWS

## Habilitative Mental Health Resource Network

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Inquire about family, student, individual and organizational memberships. Cost is paid in U.S. dollars with 20% returned to support Ontario Chapter activities.

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### MESSAGE FROM THE CHAIR

It's been another busy and successful year for NADD Ontario. The Annual NADD conference, held this year in Niagara Falls, attracted a record number of participants, (over 500), half of whom were from Ontario! Added to that was the first time that a family stream was incorporated into the conference. NADD Ontario is working with NADD to support the continued inclusion of this into future conferences.

Our advocacy work has also continued both within Ontario (monitoring the developments of Bill 77 and the release of the Dual Diagnosis Guidelines), as well as nationally. The National Coalition on Dual Diagnosis continues to grow – with over 400 Canadians including individuals, families and organizations on the e-mail list. We have also made inroads with the Mental Health Commission of Canada to have the needs of individuals with a dual diagnosis and their families included in various subcommittee activity – reframing some of the discussion to incorporate individuals with complex / co-occurring disorders.

The most significant initiative this year for NADD Ontario has been the review and refresh of our vision and strategic plan. One of our goals is to engage the NADD Ontario membership more actively in strategic partnerships that will be undertaken with our colleagues from other provincial associations. Read on to learn more about all of this!

As this Bulletin coincides with the Annual General Meeting, I would like to take this opportunity to thank all Board members for their dedication and leadership through out the work that has occurred over the last year. It's a very dynamic and knowledgeable group that is passionate about ensuring that Ontario has a competent and capable workforce and available services to individuals with a dual diagnosis and their families.

Thank you all,  
Susan Morris, President

### INTERMINISTERIAL NEWS Transformation is Taking Hold

There is a lot happening in both sectors at a policy level that is hard to keep track of. Below we highlight some of the more pertinent initiatives from a dual diagnosis perspective.

By now you all know that March 31, 2009 marked the official closing of the last developmental service institutions in Ontario. And Bill 77, Services and supports to promote the inclusion of persons with developmental disabilities, 2008 was proclaimed but is not yet enforced, awaiting development of regulations. It appears that some regulations will be released in the coming weeks. NADD will be responding based on our original statement that can be found on our website. Of note is that the

legislation has now been written in a plain language guide and can be accessed on the ministry website: [http://www.mcass.gov.on.ca/mcass/english/pillars/developmental/what/new\\_legislation.htm](http://www.mcass.gov.on.ca/mcass/english/pillars/developmental/what/new_legislation.htm)

The Minister of Health and Long Term Care, the Honorable David Caplan, has established a **Minister's Advisory Group on Mental Health and Addictions**. This group will help to lay the foundation for a new 10-year strategy on mental health and addiction needs and priorities. The mental health and addiction strategy will have five areas of focus: system design, healthy communities, partnerships with consumers, early identification and intervention,

and support for front-line workers.

For more information, visit [www.health.gov.on.ca](http://www.health.gov.on.ca). By July 2009 discussion papers will be on line for public input. NADD Ontario families recently attended a focus group session sponsored by the Ministry.

At the same time, there is also an all-party **Select Committee on Mental Health and Addictions, formed by the Ontario Legislature.**  
*(cont. on page 2)*

## INTERMINISTERIAL NEWS Transformation is Taking Hold (cont. from pg 1)

Hearings are now occurring across the province. NADD Ontario hopes to present to the committee in September 2009. It is expected that they will issue a report in 2010 that will also inform the long term strategy.

In February the Ministries of Health and Community and Social Services jointly released the updated **Dual Diagnosis Policy Guidelines**. You can access these on the CAMH website at [http://www.camh.net/Care\\_Treatment/Program\\_Descriptions/Mental\\_Health\\_Programs/Dual\\_Diagnosis/index.html](http://www.camh.net/Care_Treatment/Program_Descriptions/Mental_Health_Programs/Dual_Diagnosis/index.html)

While the guidelines are intended to be an update of the earlier 1997 Guideline to reflect current structures and to re-state the expectations for cooperative supports, there are some points of note.

1. The general definition of dual diagnosis remains the same: developmental disability and mental health needs. However 'mental health needs' are further defined as "having a diagnosed mental illness or symptoms consistent with mental illness". This latter point refers to those individuals who have not yet been diagnosed or are difficult to diagnose due to the associated complexity of symptoms that can suggest a mental illness, including challenging behaviour. This addition to the definition is intended to reflect the role of the mental health sector as an active participant in assessing whether there is a mental health need.

2. There is more of a focus within the revised guidelines on the **community mental health sector** of the MOHLTC than the broader health services, such as general hospitals and psychiatric hospitals. This is an unfortunate result of the MOHLTC structure in that the rewrite was lead by the community mental health program area. It is very important that as the guidelines are rolled out through the LHINS and Community Networks of Specialized Care (CNSC) that the hospital sector is included in the process – reflective of their current role in the continuum of supports and services for persons with a dual diagnosis.

3. The LHINs and Community Networks of Specialized Care are required to work together to implement the guidelines to build local cross-sectoral relationships, and define expectations for local service providers in both the health and social service sectors. Of note is the expectation that the LHINS will "facilitate case resolution linkages". This means that at a system level (through the LHINS), mechanisms for mental health and developmental providers to work together are expected to occur.

4. The CNSC are expected to work with the LHINs to achieve their mandate related to streamlined access to specialized services, enhanced service delivery, and capacity building.

5. The MCSS regional offices are expected to work with the LHINS to develop appropriate community program strategies for inpatients of hospitals in order to support community living options. This may present opportunities for joint cross ministry funding initiatives for housing supports to address the gap in Level 4 housing (residential treatment) for hospitalized clients to return to the community.

***“mental health sector as an active participant in assessing whether there is a mental health need”***

Of some concern is what is absent from the guidelines. Reference to the role of **community mental health housing** supports for dual diagnosis in Appendix 1. is absent. This is a carry over from the 1997 guidelines where there was a belief that the MOHLTC sector was not in the business of long term care for individuals with a dual diagnosis. We have since learned that there are some individuals (those functioning at higher level whose needs are 'more mental health than developmental' e.g., more streetwise individuals who respond less well to the structure of the developmental sector) who can and are more appropriately

served by housing supports from the MH sector.

**“an opportunity to engage with the LHINs around the multiple and complex health issues of this population”**

This gap must be addressed as it is inconsistent with the principles and assumptions of the new guidelines:

- Different types and intensity of service response are required from both sectors
- Individuals should have access to interventions that progress along a continuum from least restrictive and intrusive to more specialized
- DD is a complex condition requiring multifaceted service responses from both sectors where collaboration is key
- For those with more complex needs integrated cross sector responses may be required
- The MH and DS sectors are responsible to work collaboratively within and across sectors so that DD individuals receive the appropriate levels of service and effective case resolution mechanisms are in place

Overall the restatement and re-issue of the guidelines is a timely reminder of the shared care and collaborative approach that has been adopted in Ontario. It also provides an opportunity to engage with the LHINs around the multiple and complex health issues of this population. However there are some real challenges in this new transformed system. The first is for the LHINs, Regional MCSS offices and CNSCs to find meaningful ways of connecting and collaborating. The second and long standing concern is whether both ministries can continue to coordinate and collaborate at the corporate level to maintain the focus and intent of the joint guidelines.

## UPDATE FROM THE BOARD OF DIRECTORS

### Strategic Renewal

After the May 2008 Annual General meeting, the Board of NADD Ontario agreed to undertake a strategic thinking/planning process. The result is a new and refreshed vision and goals. Through a series of 4 workshops over the last year we arrived at the following vision and goals (also depicted in the diagram).

### NADD Vision

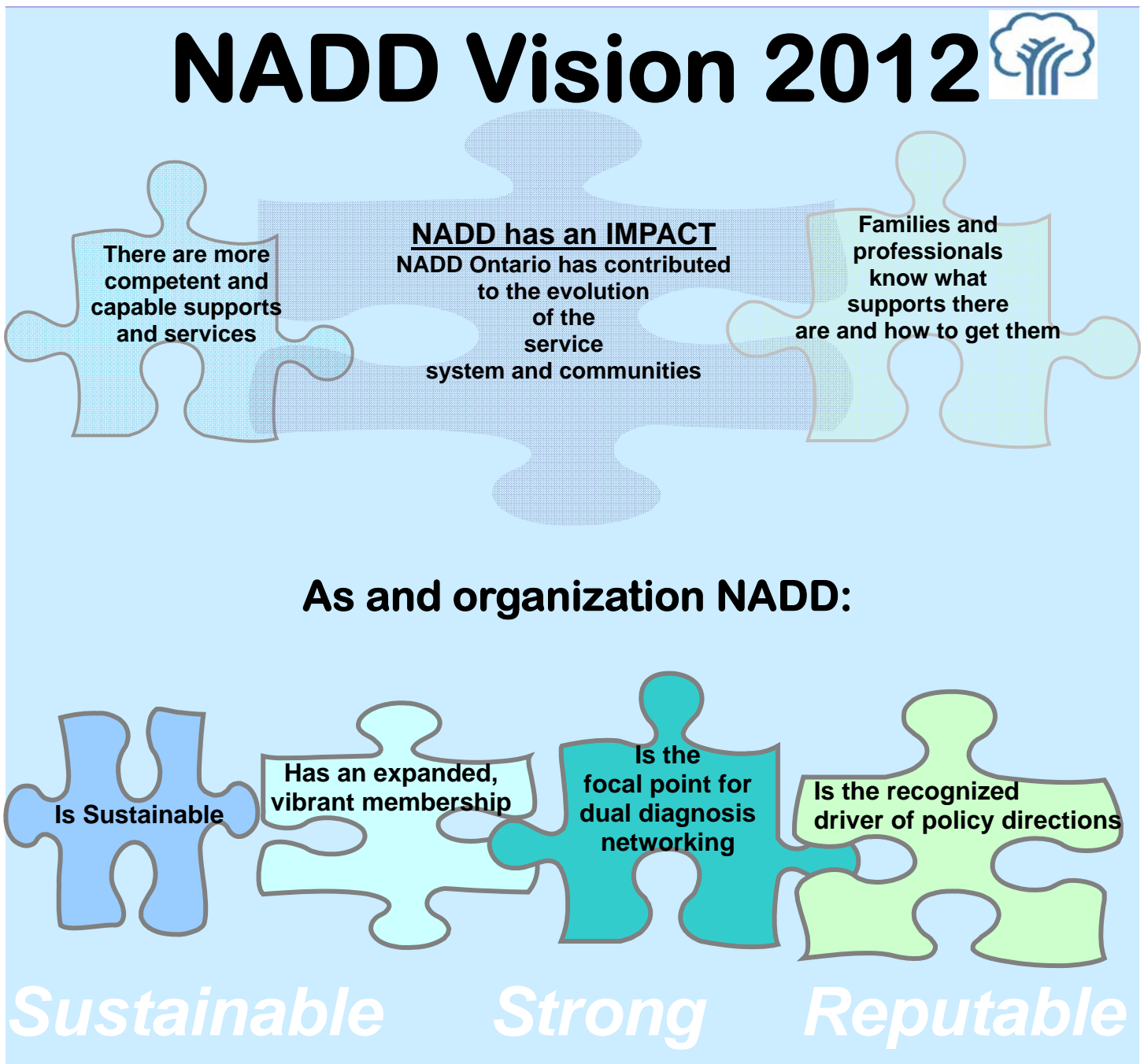
NADD has contributed to the evolution of the service system and:

- Families and professionals know what supports there are and how to get them
- There are more competent capable services and supports

As an organization our goals to 2012 are:

- To establish a more sustainable organization
- To expand with a vibrant membership
- To be the focal point for dual diagnosis networking
- To be a recognized driver of policy directions

At the AGM on May 30<sup>th</sup> 2009 we will present these goals and actions plans for membership discussion and input. It is noteworthy that our membership is at an all time high due to the recent conference (at 100 individuals and/or organizations).



## NADD Ontario Chapter Recognition Award

Join us in congratulating and celebrating the achievements of this year's recipients of the annual NADD Ontario Chapter Recognition Award.

### Gabriella Capelletti

Is recognized for contributions to enhancing delivery of services to individuals with a dual diagnosis and their families

### Paul Federoff and Debbie Richards

Are recognized for contributions to increasing understanding and awareness of the abilities and needs of individuals with dual diagnosis.

### Bruce McCreary—Lifetime Achievement

Is recognized for outstanding service as a researcher, clinician, teacher and leader contributing to significant advances in the field of dual diagnosis and improved quality of life for persons with intellectual disabilities and mental health needs in Ontario.

## PARTNERSHIP IN ACTION

### DUAL DIAGNOSIS EDUCATION— LEARN ONLINE ANYTIME

The vast distances between communities in Northern Ontario pose a great challenge in terms of access to education and training opportunities. The Ministry of Community and Social Services has been working to enhance access to specialized services for individuals with a developmental disability and co-existing mental health issue(s) and/or challenging behaviour(s). With the establishment, in 2006, of the North Community Network of Specialized Care to enhance community specialized supports, video-conference technology was introduced to the North to expand access to specialized services and training opportunities. To further build capacity in the North through education, the North Community Network decided in 2007 to add E-learning to its repertoire of learning formats.

The North Community Network's primary target audience is front line staff. Northern clinicians had envisioned building core competencies by making a foundation course available to front line staff across the North, regardless of geographic location. The resource of choice was NADD Ontario's text *Dual Diagnosis: An introduction to the mental health needs of persons with developmental disabilities (2002)*, editors: Griffiths, Stavrakaki and Summers. Select clini-

cal staff from the developmental and mental health fields developed a dual diagnosis introductory course based on the first four chapters of the NADD text. Learning module topics include a basic introduction to the nature of developmental disabilities, recognizing and understanding the mental health needs of persons with developmental disabilities within a biopsychosocial model, and implications and strategies for optimizing supports. Learners are also introduced to the criteria used by health care professionals to recognize and differentiate various psychiatric conditions.

*“Learners enjoy the flexibility in accessing the course anytime, anywhere”*

Although developed initially to target front line staff, it is now evident that staff working in a wide variety of roles/disciplines would benefit from this foundation course. The goal is to maximize service delivery outcomes by ensuring core competencies amongst staff working with individuals with a developmental disability and co-existing mental health issue(s) and /or challenging behaviour(s).

This innovative *Dual Diagnosis* E-Learning course was successfully pi-

loted in 2008, with 70 staff (61% front line) from 23 agencies across the North successfully completing the four modules. Formally launched and promoted across the province in Nov 2008, total learner registrations from the developmental, mental health, justice and education sectors now number more than 400, with 40 successful completions to date. Learners span North, South, Central and Eastern Ontario. Those completing the course within the three-month deadline receive a Certificate of Completion. Of those registered, learner job roles include residential support worker/counsellor, program manager, supervisor, registered nurse/practical nurse, behaviour analyst, social worker, probation/parole officer, resource teacher, school mental health consultant, mental health clinician, etc.

Feedback to date has been positive. One learner commented, “Great format, well laid out, great information” while another stated “...the information will be useful to me in assisting clients to set goals.” Learners enjoy the flexibility in accessing the course anytime, anywhere!

TO ACCESS THIS COURSE, PLEASE GO TO: [www.learninglibrary.com/ncnsc](http://www.learninglibrary.com/ncnsc). The FEE is \$5.00. To learn more about the course, please contact Rosanne Stein, Training Coordinator - North Community Network of Specialized Care: [rstein@handstfhn.ca](mailto:rstein@handstfhn.ca)

## HERE AND THERE

**National Coalition on Dual Diagnosis Update** In addition to the launch of the Advocacy Toolkit in the Fall 2008, the Coalition prepared a response to the Mental Health Commission draft strategic framework. NADD Ontario, CARE-ID/ACREDI, the Developmental Disabilities Section of the Canadian Psychiatric Association and the Dual Diagnosis Program at CAMH are the founding sponsors of the Coalition. The key message to the Mental Health Commission is that:

*A National Strategy should define the population(s) that are the subject of its transformative goals. We ask that people with dual diagnosis and other kinds of complex problems be included in that definition and their needs be taken into account.*

The Coalition is beginning to serve as a link between Commission initiatives and the dual diagnosis national community. For example we have a task group that has formed under the leadership of Laurie Dart, bringing the dual diagnosis perspective to the Child and Youth Committee's work on their Evergreen document. <http://www.mentalhealthcommission.ca/English/Pages/ChildandYouth.aspx>

**Registered Disability Savings Plans (RDSPs)** is a federal initiative available to social service recipients. Changes to Ontario's social assistance rules now make it possible that both RDSP assets and withdrawals are fully exempt. RDSP contributions will not impact eligibility for social assistance, and people on social assistance can take money out of an RDSP without affecting their social assistance payments.

**The Ontarians with Disabilities Act, 2001** requires each government ministry to make its facilities, practices, programs, publications and internet sites more accessible and inclusive. Section 10 of the ACT specifies that each ministry is responsible for preparing annual accessibility plans and making them available to the public. . Public sector organizations, including the Ontario government, will need to comply with this standard by 2010. Private sector and non-profit organizations will need to comply by 2012.

## INFORMATION RESOURCES

[www.wellesleyinstitute.com/files/collaborationinthethirdsector.pdf](http://www.wellesleyinstitute.com/files/collaborationinthethirdsector.pdf)

Collaboration in the Third Sector: From Co-opetition to Impact Driven Cooperation. Part of a series of reports on collaboration – this latest one established a vision for a new collaboration framework, with recommendations and actions for the non profit sector.

[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca) The Mental Health Commission of Canada (MHCC) regularly publishes newsletters, detailing its activities and identifying opportunities for both regional meetings and online consultation. See "MHCC News".

[www.thenadd.org](http://www.thenadd.org) Click on Selected Recent Research Articles on Dual Diagnosis (right hand side of the page) Summaries of recent articles provided by the Dual Diagnosis Program at the Centre for Addiction and Mental Health.

## SUPPORT RESOURCES

<http://www.vvri.org/Research/Publications/Plain-Language-Resources.html> Plain language resources developed by the Vocational and Rehabilitation Research Institute. A research and service agency affiliated with the University of Calgary. They have a variety of plain language documents promoting health and wellness.

<http://www.ld-medication.bham.ac.uk/download.htm>

University of Birmingham guideline on medication for behaviour problems in ID – includes a quick reference guide, an easy to read guide for clients and technical documents summarizing the literature reviews.

## EDUCATION EVENTS

**International Certificate Programme in Dual Diagnosis. Summer Institute 2008.** Brock University. For information email [dualdiagnosis@brocku.ca](mailto:dualdiagnosis@brocku.ca) Registration: [www.brocku.ca/dualdiagnosis](http://www.brocku.ca/dualdiagnosis)

**International Dual Diagnosis Conference – Toronto, Ontario** April 14-16, 2010. Stay tuned to NADD Ontario for the announcement.

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**Check out our website for what's new, great links and resources**

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