



Spring/Summer 2011

A Twice Annual Bulletin of
the Habilitative Mental
Health Resource Network

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Specialized Care
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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

Website:

<http://www.thenadd.org>

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

NEWS

Habilitative Mental Health Resource Network

Advertise your employment opportunities FREE of charge on the website. Submit a copy ready word document with expiry date to: contactus@dualdiagnosisontario.org

MESSAGE FROM THE CHAIR

Finally the rain has stopped and it's beautiful summer weather. With that, comes the launch of the Developmental Service Ontario Access Entities, the publication of the Province's new Mental Health and Addiction Strategy, updated Primary Care Guidelines and toolkit, the addition of Health Care Facilitators to the Community Networks of Specialized Care, the first national conference on Health and Wellbeing in Developmental Disabilities across the lifespan to be held in Eastern Canada, and an upcoming election – just to mention a few initiatives and changes! NADD Ontario is continuing to support, monitor and respond to initiatives that are consistent with our strategic interests in relation to developing a competent and capable workforce, family and individual self determination, advocacy and sustainability of the NADD organization.

Our first virtual AGM was held on May 13 and was very well received by participants from across the province.

We wish you all a healthy and warm summer!

Susan Morris, President

HERE AND THERE

Family Education Fund

The NADD Ontario board has established a fund for 2010 and 2011 for families to access dual diagnosis education and training. The maximum grant is for \$500. The total available for this grant period is \$2,500.00. Applicants should be NADD members or a family member who has a child with a dual diagnosis. For more information regarding eligibility and how to apply please contact susan_morris@camh.net. Applications will be reviewed by the executive and approved by the board.

Developmental Services Human Resource Strategy

<http://www.ontariodevelopmentalservices.ca/>

New website for information on a career in the field including a list of colleges and universities in Ontario that provides developmental services training. It will also have information about the Core Competencies project. To have your name added to the newsletter distribution list contact Project Coordinator: Holly Duff (hollyduff@sympatico.ca)

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FASD LEGISLATION

John Rafferty will re-introduce his bill to combat Fetal Alcohol Spectrum Disorder in Parliament. The New Democrat MP for Thunder Bay-Rainy River is calling for a national strategy on the disorder. Bill C-227 would commit the federal government to developing a strategy for treatment and prevention. “FASD is a serious, but entirely preventable, public health issue and a national strategy is long overdue,” Rafferty said. “I’ve always been concerned about FASD, and continue to have meetings with constituents who have worked to educate me and further my knowledge about the issue.” The bill will not be debated before the next federal election. (Thunder Bay Daily Newspaper. June 29, 2011)

The emotional impact of working with people with developmental disabilities and the associated risk for job burnout. CAMH researchers undertook a series of studies involving different groups of support staff to look at the emotional well-being of staff, particularly as it pertains to their experience of client aggression. Findings include: nearly all staff from all settings reported experiencing some form of client aggression – for a significant proportion this occurred nearly daily; regardless of how frequently they were exposed to aggression, staff in all settings rated themselves highly in terms of their perceived ability to manage aggressive behaviour and they reported that their work provided some positive benefit to their lives. Most staff was not experiencing job burnout, however a third or more may be at high risk. Symptoms of job burnout were associated with more frequent and more severe aggression among community and camp staff, but not hospital in-patient staff. To access the reports: http://knowledgex.camh.net/researchers/areas/work_wellbeing/Pages/default.aspx

Symptoms of job burnout were associated with more frequent and more severe aggression among community and camp staff.

PARTNERSHIP IN ACTION

Building Health Care Capacity to Serve Individuals with a Developmental Disability

The Community Networks of Specialized Care are pleased to announce the launch of a new initiative aimed at building health care capacity to serve individuals with a developmental disability. Through this initiative, which is funded by the Ministry of Community and Social Services, the Networks will be facilitating training opportunities, sharing resources and assisting with cross-sectoral service navigation between health care and developmental services.

The goal of this initiative is to build capacity in the local health care community, identify gaps, deficits and challenges that will require augmentation, as well as to expand access to the best possible health care for individuals with developmental disabilities and dual diagnosis.

As part of this initiative, new Health Care Facilitator positions, hired by the Community Networks of Specialized Care, have been established across the province. Their role is to provide information to clients, physicians, health care providers, service providers, families and staff relating to the health care needs of individuals with developmental disabilities. The facilitators will also be promoting the use of the newly revised Primary Health Care Guidelines for Individuals with Developmental Disabilities and the accompanying tool-kit which

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have been developed by Dr. Bill Sullivan of Surrey Place Centre and a team of experts in the field of developmental disabilities. The Networks will also work with Dr. Sullivan to establish Clinical Support Networks in each region for physicians and health care providers who have received training in the guidelines.

New Health Care Facilitator positions, hired by the Community Networks of Specialized Care, have been established across the province.

While the principal focus of the initiative is on capacity building in the health care system to expand access to primary health care for individuals who have a developmental disability, the program description includes capacity building activities which reach beyond health care into adjacent health delivery systems. For example, the initiative also aims to further develop linkages with Community Health Centres, Family Health Teams, primary care providers, mental health programs, hospitals, Community Care Access Centres and long term care.

While the Health Care initiative is still in the early stages of development, some successes are already being realized.

For example, in the Eastern Region, the Health Care Facilitator is working with the Emergency Department managers of both Kingston General and Hotel Dieu hospitals to improve the emergency department experience of individuals with a developmental disability. As a first step, the Health Care Facilitator for the South East Region will be providing 15-minute in-service educational sessions on developmental disabilities and the Primary Care guidelines to physicians and nurses in the emergency department (ED). Future plans include a pilot project with the hospitals to have the Primary Care guidelines and accompanying tools available to ED staff as part of their new information management system. This would mean that once a nurse or physician entered certain key words such as "developmental disability" as part of the health record, the Primary Care guidelines would pop up as a resource. Eventually, the goal is to have health-related information and crisis protocols on file for individuals who are frequent visitors to the Emergency Department. This will eliminate the need for individuals and caregivers to provide medical information at each visit which will help to ensure consistency in information and reduce time spent in the ED.

Additionally, the four Community Networks are working with the Centre for Addiction and Mental Health on the development of a new web-based resource for primary care providers to assist them in navigating the developmental service system and identifying resources in their local community for people with developmental disabilities or a dual diagnosis. The site, which will be part of CAMH's Knowledge X website, is to be launched in July, 2011.

For more information on the Health Care initiative or to contact the Health Care Facilitator in your area, please contact the Network Coordinator for your region. Contact information can be found on the Community Network website www.community-networks.ca

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

www.nadd.ontario.org

or

www.dualdiagnosisontario.net

INTERMINISTERIAL NEWS

An update of what is happening

In anticipation of the release of the Mental Health and Addiction Strategy NADD Ontario wrote to the Ministers of Health, MCSS and MCYS in late March. We recommended the following to address the poor coordination of services and the serious lack of professional expertise in virtually all Ontario communities:

- a) A commitment to full access to health promotion, prevention, treatment and care for individuals with a dual diagnosis, in the same manner as all Ontario citizens
- b) A whole government approach that moves beyond the current model of an interministerial “guideline” (2009 Interministerial Dual Diagnosis Policy Guideline) to mechanisms that support interministerial stewardship and coordination
- c) A coordinated interministerial investment plan to address the shared responsibilities for health promotion, prevention, treatment and care for individuals with mental health and addiction concerns, including those with a dual diagnosis

With regard to provincial leadership for the implementation of the strategy we proposed the following principles as the basis for bringing about the necessary system changes:

1. Policy, procedure and stewardship of outcomes is clearly established as a shared responsibility across all the appropriate government ministries
2. The authority and scope of responsibility of the selected leadership model for the strategy is clearly defined vis a vis planning, funding, monitoring and reporting responsibilities to government ministries, LHINs, etc.
3. Targets and/or benchmarks for interministerial stewardship, leadership and coordination are established, and
4. The MCSS Developmental Services Transformation and MCYS Realizing Potential strategies cannot stand alone from the whole government approach to mental health and addiction. Individual ministry strategies will need to keep pace with and be updated based on the established shared targets and benchmarks – particularly as it relates to individuals with developmental disabilities and mental health needs

Below is a summary of two of the most significant initiatives in the province: the DSO entities and the Mental Health and Addiction Strategy along with NADD’s questions.

Developmental Services Ontario (DSO) – launched on July 4, 2011. There are 9 access entities operational throughout the province. All applicants for adult developmental services and supports funded by the Ministry of Community and Social Services must access the system through the DSO's to confirm eligibility and complete an application package. A valid psychological assessment is required to determine eligibility. Note: adults on a waiting list for service as of June 30, 2011 do not need to go through an eligibility confirmation process.

Through the DSO's, one can apply for Residential Services and Supports, Caregiver Respite, Community Participation Supports (social and recreational activities, work activities, and volunteer activities, including Passport), Specialized Services, such as Service Coordination or Clinical Services, and Person-Directed Planning Supports.

The application package is standardized across all DSO's and is typically completed in 2 meetings. During the first meeting, information gathered includes things important to the person and their family/caregivers, personal preferences, goals and dreams, current services and supports being used, services and supports that are being requested, caregiver needs and care concerns, and additional information that is important for service planning. The 2nd meeting is to complete the Supports Intensity Scale. The SIS identifies the kinds of support a person needs to be successful with everyday life activities, and supports the personal planning that follows completion of the application form. To reference the policy directives for Application Entities link to: http://www.mcass.gov.on.ca/documents/en/mcass/publications/developmental/ds_policy_directive.pdf (Thank you to DSO Central West for providing this information to NADD Ontario)

NADD question: The policy directives require referral to a ministry-funded agency for assessment by a psychologist or psychological associate where there is no previous report or further clarification is required. This may also be purchased privately. There are areas within the province where such assessments are not easily available, if at all. What efforts will be taken to ensure equitable access to these resources?

Open Minds, Healthy Minds - Ontario's Comprehensive Mental Health and Addictions Strategy, June 2011. The new strategy is organized in relation to 4 goals:

1. Improve mental health and well-being for all Ontarians;
2. Create healthy, resilient, inclusive communities;
3. Identify mental health and addictions problems early and intervene;
4. Provide timely, high quality, integrated, person-directed health and other human services.

The stated Mission is to “reduce the burden of mental illness and addictions by ensuring that all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs”. (p.7) The document also outlines strategies associated with each goal and expected outcomes. The first three years will focus on children and youth in relation to early intervention and support:

- Provide children, youth and families with fast access to high quality services;
- Identify and intervene in child and youth mental health and addictions issues early;
- Close critical service gaps for vulnerable children and youth, children and youth at key transition points, and those in remote communities.

Developmental disabilities and dual diagnosis are specifically mentioned in a few places in the report. Goal 1, Strategy 2 refers to improving mental health literacy, fostering resilience and mental wellness by “working with partners to encourage development of targeted education and awareness programs to reach people most at risk of mental health and addictions problems, such as members of the Aboriginal community, individuals with developmental or physical disabilities...” (p. 10)

Goal 4 is focused on strengthening service delivery, integrating mental health and addictions services together and with other health care and human services, and improving transitions between services. Frontenac Services is provided as an example of a multi-service mental health agency that provides a range of services including housing, justice, case management and ACT as well as dual diagnosis services. (p. 19)

More broadly, Goal 3 includes strategies on enhancing the capacity of first responders and strengthening family health care – both areas of relevance for individuals with dual diagnosis and their families.

In the section on Children and Youth (p. 20 – 24) Strategy 3 is focused on “closing critical service gaps for vulnerable children and youth and those in remote communities”. There may be some potential opportunities in this area for dual diagnosis within the next 3 years. There is also reference to transitions from child to adult services but it is not clear whether this includes those with complex needs.

Government leadership of the strategy is situated with the Deputy Ministers Social Policy Committee – a standing committee within the bureaucracy with representation from various ministries (p. 25). A Mental Health and Addiction Advisory Council will be established to provide advice to the Ministers with representation from health, adult and children/youth community-based mental health, education, justice, municipal and consumers. To access the full report: www.health.gov.on.ca/english/public/pub/mental/pdf/open_minds_healthy_minds_en.pdf

NADD's Questions:

1. There is a focus on transitions particularly the secondary to post secondary transition with the investment of \$9 million. Will any of this be available for those individuals with complex needs who transition from secondary to very limited supports and services?
2. Allocation of \$2.5 million for service coordination for children and youth with complex mental health needs – how effective can service coordination be when there are significant gaps in the continuum of services?
3. Will there be targets and/or benchmarks for interministerial stewardship, leadership and coordination to embed shared responsibility for outcomes across the ministries?

UPDATE FROM THE BOARD OF DIRECTORS

On May 13th the Annual General Meeting took place at Simcoe Community Services in Barrie with 13 additional attendees from 5 video conference sites.

The 2010 Financial Report was tabled by Karen Hirstwood and approved by the membership.

Income in 2010 was \$8657.23 representing a decrease of \$12,143.46 over 2009. This was mainly due to Dual Diagnosis book sales being lower than in 2009. This is an expected change as the book has aged without updates. Cash balance on hand as of December 31, 2010 was \$52,785.67, compared to \$62,843.85 in 2009.

Expenses in 2010 totaled \$21,068.11 which is \$2,694.65 more than 2009. This is due in part to reprinting of the book and changes in geographic location of Bd. Members, solid attendance at meetings and a reduction of in-kind support by agencies.

Significant expenses for the year included:

- AGM expenses \$844.15
- Reprint Dual Diagnosis \$6,643.27
- Update and purchase of promotional materials \$1,983.76
- Additional conference subsidy \$2,025.81

“Our Compass” tells the story of various members of the ReachOUT program.

2011 Ontario Chapter Recognition Award Recipients

This year Tess Vo, Supervisor of the Griffin Centre’s ReachOUT program received the annual award. ReachOUT is a program for lesbian, gay, bisexual, transgender, queer and questioning youth (LGBTQQ) and adults in the Greater Toronto area. The program is inclusive of individuals with an intellectual disability and or dual diagnosis. The focus is on youth/adult engagement and their participation in the development of grants, the running of their groups and services, and the development of resources. Tess, along with the ReachOUT group have given numerous workshops to service providers and youth/adults on anti-homophobia/transphobia, anti-oppression, sexual health, sexual/gender identity, and the needs of LGBTQQ individuals. She also facilitated the completion of a series of Fact Sheets for LGBTQQ youth on Bullying titled “Homophobic and Transphobic Hate, Bullying And Harassment are Not Tolerated and accessible sexual health info cards for youth and adults. We were fortunate at the AGM to also be able to screen the award-winning video documentary entitled “Our Compass” which tells the story of various members of the ReachOUT program.

Current strategic initiatives

Each of our workgroups is interested in expanding participation from across the province. Membership in NADD is not required. For information and to provide your input, contact the leads noted below.

Organization Sustainability khirstwood@catulpa.on.ca	Lobby / Advocacy susan_morris@camh.net	Capable workforce inugent@nugenttraining.com	Family / Individual self determination npilon@mhcp.on.ca
1. Implement Governance Committee 2. F/U on graphic design and marketing resources with Georgian College 3. Discussion re impact of privacy legislation on membership follow-up 4. Facilitate board discussion re NADD Ontario relationship with NADD international	1. Follow up with ministries re guideline review and NADD role 2. Follow up on letter to Ministers and monitor MH and Addiction Strategy role out. 3. Review Bill 77 definition and DSM V vis a vis NADD definition	1. Get feedback from other Regions re Levels of Practice 2. Undertake needs assessment for Community of Practice (COP) in partnership with OADD & CNSC if agree 3. Recruit consultant	1. Key informants to CAMH Guide for Families on Dual Diagnosis 2. Develop distribution plan for BC book Success Stories from the Frontline

SUPPORT RESOURCES

<http://www.hsicc.on.ca/Uploads/JAMH%20MHLTC%20Bulletin%20Article%20Final%20Nov'10.pdf>

Support for Families involved in the Mental Health and Criminal Justice System. In 2007, The Schizophrenia Society of Ontario (SSO) established the Justice and Mental Health (JAMH) Program to meet the needs of families of persons with mental illness who have come into contact with the law. The program has helped over ninety families across the province in the last year and continues to be a reliable and useful resource to those involved in the justice system. If you or someone you know is having a difficult time coping with their family member's criminal justice involvement or legal situation, the JAMH program may be able to help.

www.kerrysplaceautismservices.org

Updated Kerry's Place website. Visitors can easily search for information on Autism Spectrum Disorder, supports and services, locate offices, sign up for various events, community programs and support groups, reserve books and resources through the e-library, and sign up for educational programs.

<http://www.surreyplace.on.ca/Clinical-Programs/Medical-Services/Pages/PrimaryCare.aspx>

The Developmental Disabilities Primary Care Initiative web site. Provides on line access to the Canadian Consensus Guidelines, physical health tools, health watch tables and a behavioural and mental health toolbox. While directed at primary care providers (e.g. physicians, nurses) some of the tools are quite appropriate for use by community providers such as the Essential Information for the Emergency Department. There's also a nice one page Guide About Emergencies for Caregivers.

<http://www.srchc.com/engagingwomenincancerscreening>

Canadian publication on improving access to equitable healthcare and screening participation across the country for all women. Includes a section on developmental disabilities.

EVENTS

Health and Well Being in Developmental Disabilities: Engaging Health Care Professionals

Toronto November 7-8, 2011

Abstract submission deadline: August 5, 2011

The target audience of the conference comprises: health care professionals, students in health care disciplines, caregivers, academic faculty and researchers and policy and decision makers.

For program and registration information: <http://www.healthandwellbeingindd.ca/>

Primary Care of People with Developmental Disabilities Training Course 2011-12

For family physicians, Nurse Practitioners, nurses and other health professionals in primary care. Mainpro-C Credits.

To find out more and register contact Duane White, duane.white@surreyplace.toronto.on.ca

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