



PLANNING STRATEGY TABLE MEETING MINUTES – November 11, 2014

Attended	Declined
Gertie Beaucage	Danette Blue
Jacque Ferguson	Lora D'Ambrosio
Jim Harris	Gisele Forrest
Terry LeBlanc	Celeste Lalonde
Nadia Martins	Elizabeth McKeeman
Sharon O'Neill	Marsha Moland
Christine Simmons-Physick	Mary Jean Watson
Stefanie Smith	
Sandy Thurston	
Deb Woods	
Kim Woodward	

Item	Minutes/Actions/Motions
1 <b>Welcome &amp; Roundtable Introductions</b>	Sharon O'Neill updated Stefanie Smith's email contact address.
2 <b>Approval of Minutes from Oct. 14, 2014</b>	Sharon O'Neill to correct spelling of names for Stefanie Smith and Terry LeBlanc for Oct. 14, 2014 minutes.
3 <b>Approval of the Agenda</b>	Agenda approved with addition of Special Needs Strategy.
4 <b>Business Arising</b>	<p><b>Infrastructure:</b></p> <ul style="list-style-type: none"> <li>-The Strategic Plan with Infrastructure input is received. Infrastructure asked for guidance from Secretariat how Infrastructure relates to the Planning table. A recent meeting of Co-Chairs deemed the new Strategic Plan will have closer roles.</li> <li>-The current Statement of Operations was reviewed and the Coalition is on target. Some member fees were outstanding but are being addressed.</li> <li>-The LEAD program had to be cancelled. Eleven people registered; however, Georgian College needs a minimum of twenty people to execute. Deb met with Trevor McAlmont and Ann Marie McAllister of Georgian College to discuss. A Survey to the Coalition will be formulated and the LEAD Curriculum is being revitalized with fresh content.</li> <li>-The Awards and Recognition program is underway. Brian Shelley from Infrastructure will be working with Stefanie Smith from this Table plus Marg Gallow who has extensive knowledge of the Coalition. There are 2 categories. One for collaborative champion and the second for an outstanding collaborative initiative within the Coalition. Deadline for nominations in March for awards event at May Council meeting..</li> <li>-Coalition website changes are on hold until Sharon O'Neill has access and some training.</li> </ul> <p><b>Secretariat</b></p> <p>Nadia reported conversations regarding the Board to Board Breakfast meeting are underway. Deb explained the Board to Board breakfast forum will be held initially with a select group as a pilot. The Dec. 5 agenda includes looking at developmental assets, introduction to the Coalition's Strategic Plan and how it impacts organizations. The intention after this Breakfast pilot is expansion to other Coalition members.</p>
<ul style="list-style-type: none"> <li>a) Update from Coalition Tables               <ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Secretariat</li> <li>• Council</li> </ul> </li> <li>b) LHIN Care Connections updates</li> <li>c) Integrated Working Task Group</li> </ul>	



		<p>Nadia provided the Strategic Plan update at Secretariat. Most meetings are scheduled for November/December with the intention to present to Council Jan. 22, 2015 (update will go to Dec 4 Council) Deb stated the Council exit tickets are important to get input from Council. Secretariat continues to review all tickets and implement actions based on this input.</p> <p><b>LHIN Care Connections:</b>          Nada updated LHIN Care Connection news on behalf of Marsha Moland who could not attend today. Nadia informed this group that Marsha will be representing the LHIN at both the Simcoe and Muskoka tables for the Special Needs Strategy. Nadia read Marsha's note for this meeting surrounding the Maternal Child Newborn Youth Coordinating Council. The Maternal Child Council of Care Connections has a new chair, Pat Campbell, CEO of Soldiers hospital in Orillia. Areas of project interest include system navigation for children with complex medical needs, They are currently discussing how to best collect hospital birthing and paediatric data to identify where issues are in the region. On this table they are also looking for MCYS representation (to be discussed with Danette).</p> <p>Jim Harris provided the LHIN Mental Health and Addictions Coordinating Council update and reported baseline funding will increase for services. Funding will be in place to continue current programs. Prioritizations are in progress. Coordinating Council meets Nov 11. Identifications for 5 pillared identifiers from the Ministry. LHIN board retreat has 3 priorities. There are waiting lists in addiction services per the CAMH populations study. Simcoe County is underserved for populations and now has tangible data on how many addiction services there are per population due to this research.</p> <p><b>Special needs strategy:</b>          Jacquie reported that the process of selecting a Chair later this week is underway for Simcoe. The question is whether to hire a Consultant for rehab and one for coordinated services. Combining may be more attractive yet would have to toggle 2 reporting deadlines. This group is working quickly due to short timelines.</p> <p><b>Integrating Working Task Group:</b>          Sandy stated Planning and Integrated Working Task Group (IWTG) worked closely together over the Summer and Fall to gain a better sense of Resilience (the "what" of the Plan). As consultations with various groups are underway, the ways in which we are contributing to child and youth Resilience will be clearer. IWTG will be responsible for the Integrated System goal of the Strategic Plan (the "how" of the Plan: access, alignment and accountability). IWTG will probably re-convene as a group once the consultations on Resilience have helped to populate the Plan.</p>
5	<p><b>Dual Diagnosis Presentation</b></p>	<p>Kim presented as primary and Stefanie as secondary for the Dual Diagnosis Assessment and Consultation Team. Background was given with information that children with mental health and co-existing issues, including intellectual disability do not have the resources within the County to access services and programs to manage in the community. Objectives and deliverables of the program were highlighted translating to a day a week for clinic services for up to 48 additional diagnoses. Kim asked for support from the Coalition The presentation was handed out to all. Particular attention was paid to the chart Proposal supplement DACS model displaying the annual estimate of children diagnosed and FTE complement. (See Attached Presentation Handout below).</p> <p>Stefanie stated this would be a front-loaded system of support. If assessments are executed sooner for complex children, strategies are available while waiting for services before a crisis ensues. Age 7-13 typically mental health issues emerge but could be 5,6 yrs or 13,14. Hope to catch children and families as soon as they are identified by a case manager in the community, serving more children locally. At present Simcoe County developed a mobile team in an attempt to prevent placement outside of the County. This would also reduce the amount of time to bring in outside help (Thames Valley crisis team and CPRI). Keeping services within the County would be more cost-</p>



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		<p>effective and prevent further complications.</p> <p>Jim stated from a mental health perspective this makes perfect sense. Kim stated at present, this was one-time funding as a pilot from LHIN with the hope of gaining on-going funding.</p> <p>Nadia suggested a Motion of support:</p> <p><b>MOTION: The Dual Diagnosis Assessment and Consultation team asks the Coalition to support the idea of this project to augment clinical comprehensive assessment services for children with developmental and mental health issues to ensure timely diagnosis, guidance and service planning. All voted yes, with one member abstaining.</b></p> <p><b>Action: This Motion of support will be presented to Council Dec. 4, 2014.</b></p>
6	<p><b>Strategic Plan Theme #2 A Common Focus:</b> Resilient children, youth and families in Simcoe County</p> <ul style="list-style-type: none"> <li>• Status of consultations with Coalition networks and working groups</li> <li>• RBA Workshop for Co-Chairs</li> <li>• Reviewing priority Projects from each table</li> <li>• Joint Meeting with Infrastructure Co-Chairs</li> </ul>	<p>Nadia reported on the status of consultations with Coalition networks and working groups. Nadia stated through the use of Results Based Accountability (RBA) groups will pick one priority project to align with the Resilience theme of the Strategic Plan. Trevor McAlmont presented to the Basic Needs Task Group. All others are scheduled into November/December/January. The Basic Needs Task Group has identified their project Canada Learning Bond implementation in Simcoe County focusing on assets and protective factors. Co-chairs will attend a RBA workshop for a Turn the Curve exercise December 16 facilitated by Trevor McAlmont of Simcoe County. Jacquie asked to attend the Dec. 16<sup>th</sup> Co-Chair session.</p> <p><b>Action:</b> Deb/Sharon to send Jacquie and Kim and anyone interested from Planning an invite to the Dec. 16 session.</p> <p>Planning will look at all the pieces together and move the work along. Infrastructure will take the measurement responsibility. Sandy stated this work sounded dependent on each working group but may preclude using a common approach or one similar tool (Developmental Assets, CANS). Nadia stated she spoke to Infrastructure briefly and the approach is to introduce a common tool after the tables determine their work. YMCA and English language public board are in agreement on utilizing Developmental Assets to help measure progress towards Resilience goals: data collection from one elementary and one secondary school.</p> <p>Planning and Infrastructure Co chair meeting: Nadia, Deb, Brian Shelley, Trevor McAlmont and Elizabeth McKeeman met the week of Nov. 7<sup>th</sup> to discuss measurement progress and the roles of the two tables in the context of the Strategic Plan. Agreed to work closely and let roles evolve; review Terms of Reference once we are further along with outcomes and indicators under Resiliency.</p> <p><b>Action:</b> Deb will raise Tool/Masurement with Infrastructure Nov 13 and ask Trevor to raise with the Data Consortium to understand what data we have, don't have; updates next month.</p>
7	Meeting Reflections	Jacquie suggested Planning start to map information for a picture of the work going on. <b>Nadia so noted for action.</b>

**Next Meeting: Tuesday December 9, 1:30 – 4pm, Common Roof (165 Ferris Lane, Barrie)**

## **ATTACHMENT – DUAL DIAGNOSES – SUPPORTING DOCUMENT**

### **DISCUSSION: SIMCOE COUNTY COALITION-NOVEMBER 11, 2014**

#### **DUAL DIAGNOSES ASSESSMENT AND CONSULTATION TEAM**

**Background:** Simcoe County has the expertise within our partnership, however not the resources to meet the demand for children with intellectual disability and mental health concerns requiring diagnoses and consultation within our local communities.

Historically, Children's Treatment Network (CTN) provides a Developmental Assessment and Consultation Services (DACs) service in Simcoe County. This service provides some diagnosis and consultation with children and families with dual diagnoses and does not have the input of a full interdisciplinary team required including psychiatry, behavior consultation, occupational therapy and social work.

The number of children with a potential dual diagnoses who can be seen is limited under the current model.

Current best practice guidelines highlight the importance of a comprehensive and interdisciplinary assessment that utilizes the biopsychosocial model for individuals with a developmental disability and mental health needs and/or challenging behaviours. It is agreed in the literature that the best way to support an individual with a dual diagnosis is through a multidisciplinary team that can advise on and complete a biopsychosocial assessment (Griffiths & Gardner, 2002; Bradley et al. 2002; Barnhill, 2008; Davies et al., 2008; Antonacci et al. 2008).

It is proposed that we augment current diagnostic assessment and consultation team services specifically for children with intellectual disability and mental health issues in order to:

- Prevent development of health issues for the child or issues within the family and environment
- Create opportunities for the child and family to access appropriate services
- Provide an interdisciplinary assessment and road map for use by the child and family in consultation with their case manager.

- Provide an interdisciplinary assessment and service plan for use by the local team surrounding the child and family

Building on existing community partnerships the team would consist of a range of professionals that can be accessed for the assessment within their area of expertise including but not limited to: clinic coordinator, Developmental Pediatrician or Psychiatrist, Social Work, Psychology, Occupational Therapy, Speech Language Pathology, and Behavior Consultation.

This team would focus on providing comprehensive diagnoses and assessment in situations where the community team has not been able to do so in order to enable a child and family to effectively engage in their home and community life. The Behaviour Consultant will provide training and consultation to build the capacity of the local team within the community and environments the child would be participating in. This could include schools, daycare and camps.

**Inclusion:** Children residing in Simcoe County (typically between 7 and 13 years of age) with a intellectual disability and mental health concerns, who have a case manager.

#### **OBJECTIVES AND DELIVERABLES OF THE PROGRAM**

1. The clinical coordinator-triages, coordinates information and acts as a liaison for the team with the referring case manager and local team. This includes formulation of the appropriate interprofessional assessment team based on the child and family needs.
2. Complete up to 48 additional diagnoses and consultations, assessing physical cognitive and adaptive functioning. Depending on the child's needs, the following areas may be assessed:
  - a. Mental health/Developmental/medical history
  - b. Motor/sensory integration
  - c. Visual Perception
  - d. Play
  - e. Speech and language
  - f. Challenging behaviour
  - g. Social Skills
  - h. Verbal and non-verbal cognitive abilities
  - i. Self-help skills
3. The outcome of the assessment enables 48 families to access appropriate services, develop personal goals and expectations and is provided to the family with the case manager through a feedback session with the team.
4. The referring case manager receives the assessment results and recommendations, to help guide 48 families to access appropriate services, develop personal goals and expectations.

5. The Behaviour Consultant works with the case manager, family, child and local team regarding the child's specific needs and strengths related to the environment and their physical, cognitive or adaptive functioning to assist in service planning for 48 children.
6. The Behaviour Consultant accesses short term psychiatric support for child as needed.
7. Training across environments to better understand the child and family needs and strengths.

Short Term Outcomes:

- New and or augmented community collaboration which connects thorough assessment with implementation of recommended strategies in the child's environment.
- Reduced family stress
- Increased family ability to support children with a dual diagnosis
- Fewer children with a dual diagnosis in care.

Long Term Outcomes:

- Increased capacity of local teams to support those who have been diagnosed with dual diagnosis
- Increased capacity of families and children to engage within their home, school and community.

Operating Rules: Upon availability of funding and staffing

1. The function of the Children's Treatment Network (CTN) Developmental Assessment and Consultation Services (DACS) clinic will be augmented by additional services.
2. Host agencies and partners will make employment decisions and hire workers
3. CTN will continue to receive these referrals at ACCESS and distribute accordingly to the clinic coordinator per the DACS model. Referrals to be made from various agencies via CTN ACCESS, triaged and coordinated by the team coordinator.
4. Diagnostic clinic runs once per month
5. Coordinator works up to 1 days per week to coordinate diagnostic clinic
6. Team would make final decision on best practice evidence based practice facilitated by team coordinator
7. Team to use CTN's electronic record for record keeping.
8. Managing Team would consist of managers from host agencies to ensure MOU's were signed, service targets established and reached.

<b>Proposal supplement DACS*</b>	<b>Estimated # of Children Annual</b>	<b>FTE</b>	<b>Estimated Budget</b>
Developmental Paediatrician (includes psychiatry consultation from Mackenzie Health)	48	.2	
Psychology/Psychometrics	48	\$1500 per child or .3 FTE	
Occupational Therapy	48	.2	
Speech Language Pathologist	48	.2	
Admin Support/Service Navigation	48	10%	
Specialty clinic lead-Coordinator	48	.2	
Program Support costs	48		
Behaviour Consultant	48	.75	
Social Work	48	.5	
<b>Total Estimated Budget</b>	<b>48</b>	<b>2.35 FTE</b>	<b>\$347812</b>

\*Agencies involved in partnership to provide additional staffing likely to include CTN Partnership for Pediatrician, OT and SLP services; New Path for Social Work; and Mackenzie Health for Psychiatry and behavior management consultation.