Community Network of Specialized Care-Toronto Region

A review of the refreshed mandate

Downtown HSJCC Meeting May 3, 2018

Presentation Agenda

CNSC Refreshed Mandate

Service Pathway

Role of the Advisory/TNSC table

Provincial Consistency

Questions and discussion

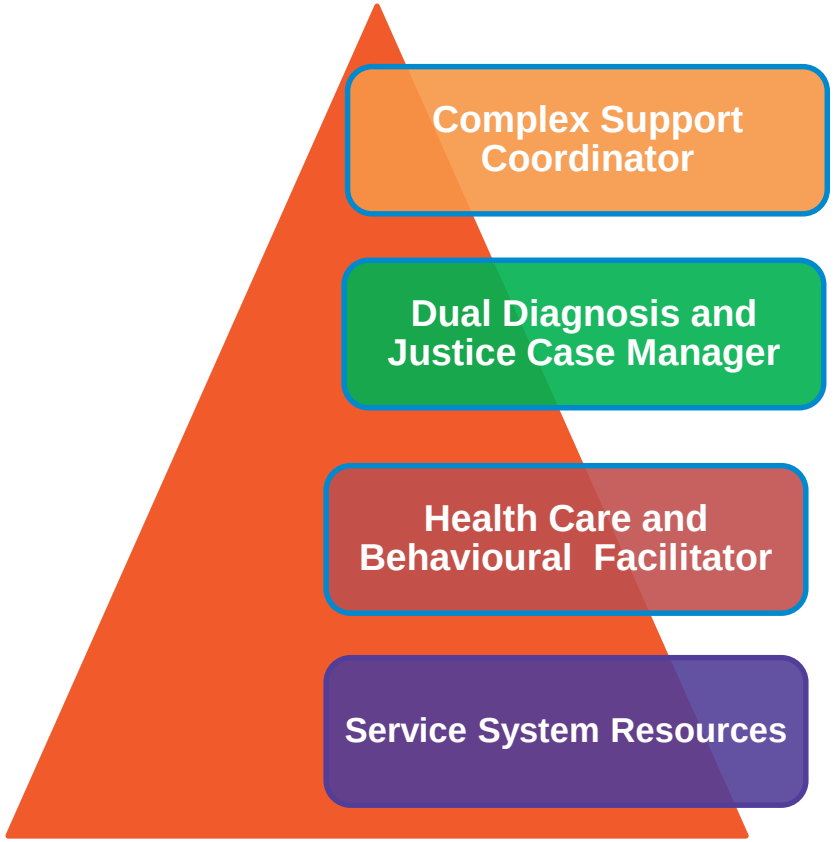
Community Networks of Specialized Care
Refreshed Mandate

Mandate

To serve adults with developmental disabilities with complex and multiple needs by:

- Coordinating support and service within and across sectors, by providing complex support coordination for individuals;
- Acting as a resource to service agencies, Developmental Services Ontario and local planning tables (including urgent response and service solutions / case resolution);
- Building system capacity to better support individuals with complex needs through education, mentorship and support to other case managers and service agencies; and
- Providing provincial coordination of videoconferencing and French Language specialized resources.

Key Functions & Roles



☑ CNSCs will…	⌦ CNSCs won't…
• Be responsible for coordinating support and service for adults with developmental disabilities and **complex and multiple** needs. • Be responsible for **building capacity** through education, mentorship and support to other case managers and service agencies. • Be responsible for overseeing coordination and delivery of the four functions. • Promote and reinforce service integration (e.g. linkages between justice and health). • Promote provincial consistency, and address the Ombudsman's recommendations, by improving access to complex support coordination.	• **Assume responsibility for all case management**. • Be responsible for delivering the services and supports that people with developmental disabilities with complex and multiple needs require (e.g. residential services; Urgent response; specialized services). • Impact funding for service agencies currently providing complex support coordination.

Target Population:
Definition: High Support & Complex Care Needs

Criteria: # identified in Toronto Region = 80 total (20 for each CSC and DDJCM) and 120 for facilitation (60 for HCF and BF) annually

- **Extraordinary medical and/or behavioural support needs:** determined by scores on SIS sections 3A (medical; scores of 7 or greater) and 3B (behavioural; scores of 10 or greater); **and**
- **High overall support needs:** individuals with overall SIS percentiles of greater than 70%; **and**
- **Safety concerns:** the caregiver has concerns about the individual's safety because of his/her medical and/or behavioural support needs (ADSS s6.3 and 6.5); **and**
- **Overnight supports:** individuals with exceptional medical supports also require overnight supports.
- **Reasonable Grounds** criteria may apply to individuals who have not yet completed the DS Application Package where they are identified by the DSO as being eligible under SIPDDA, and are in urgent need (consistent with the urgent response criteria under the SIPDDA legislative framework, currently the provincial group is developing an agreed upon definition).

Complex Support Coordination:

- Leading, developing, facilitating and coordinating, a person-centred approach:
  - With existing Case Managers who request supports
  - When there is other sector case management
  - When there is no current capacity for case management
    - Transition planning across sectors (health/justice/mental health) including case resolution
    - Facilitating access to specialized resources (e.g.. Psychiatric, behavioural, etc.) and Specialized accommodations

Health Care Facilitator:

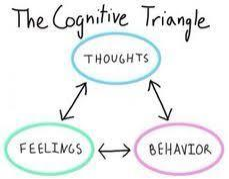
Capacity building and bridging within and between systems:

- For DS agencies
- For Health Care services (primary, community, hospitals, LTC)
- For caregivers
  - Developing and implementing resources and tools, such as the Primary Care Guidelines.
  - Identify specialized training needs and gaps
  - Provide information regarding community health care systems.
  - Facilitate and/or complete referrals and linkages to appropriate medical resources and social services.

Dual Diagnosis and Justice Case Manager:

Work collaboratively and support court diversion for people with developmental disabilities and/or dual diagnosis:

- With DS agencies and community partners
- With court support workers, discharge planners, mental health services, local correctional and custody facilities
  - Be a central point of contact
  - Coordinate a continuum of services to plan appropriate discharges and maintain community engagement
  - Refer to mental health services and other supports



Behaviour Facilitator:

Identifying and supporting changes for transitions, environments and interactions that enhance challenging situations:

- Create Safety Plans and provide training to families, care providers and community partners to enable improved safety;
- Provide support in implementation of existing behavioural plans in new environments (e.g., hospitals, new housing, shelters)
- Create changes in existing behavioural plans to adapt to new situations
- Have BCBA certification or equivalent experience

Service Pathway:
Making our System Better

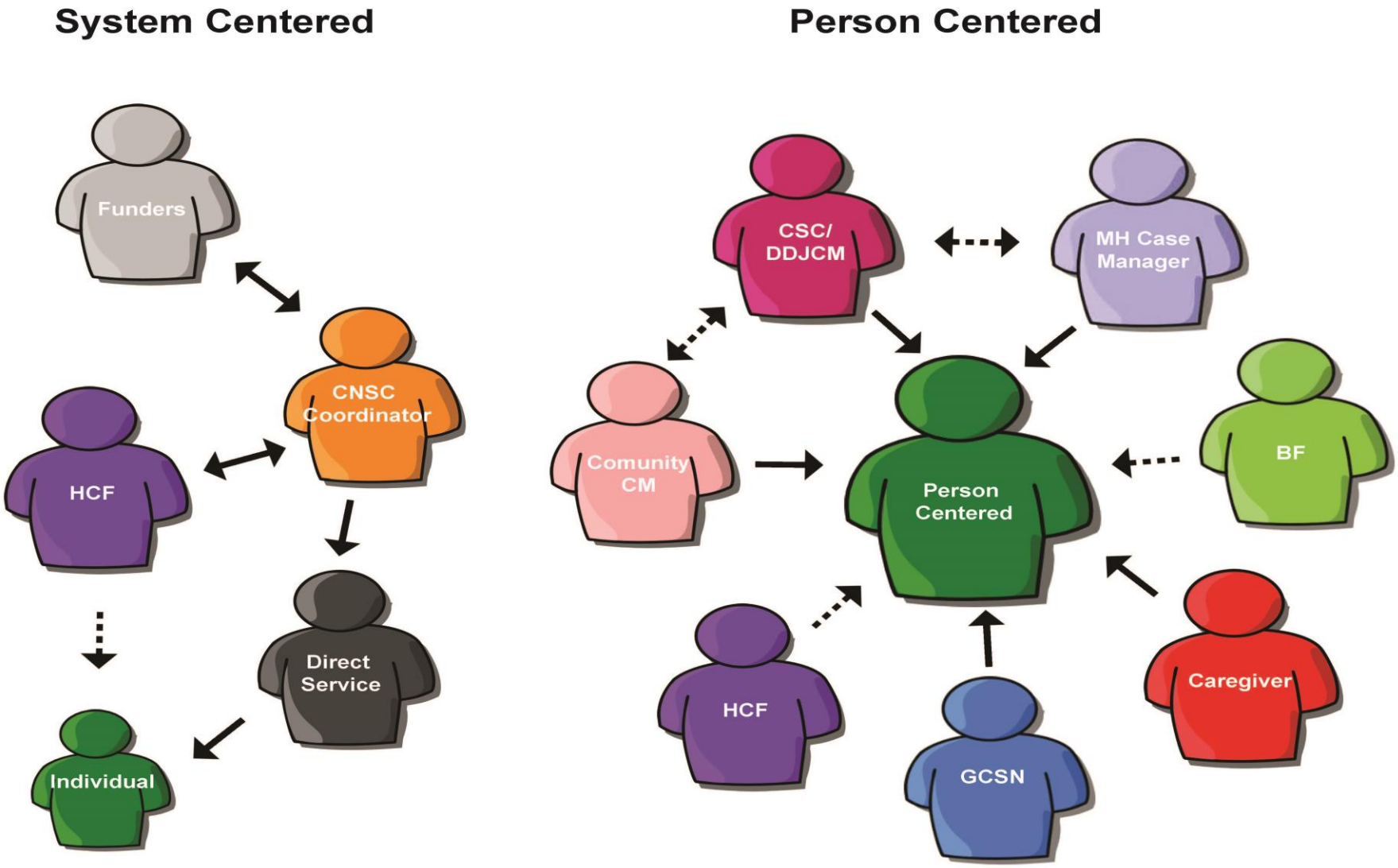
- MCSS commitment to the system: Continued evolution towards more **person-centred approaches to service delivery** and system management is essential for transformation and modernization amidst growing service pressures.

- Referrals to the CNSC Toronto services will be made through the DSO TR

- Individuals, care providers, service agencies can contact the DSO to identify and determine the support pathway

- Individuals may access multiple paths concurrently (e.g., Urgent, CNSC, Specialized supports)

Shifting to Improved Consistency in Planning Functions



Connection Across Sectors

Health Connections

Health Care Facilitator

Health Links

Behaviour Facilitator

Complex Support Coordinators

Justice Connections

Dual Diagnosis Justice Case Managers

CNSCs

Existing Planning Tables/Mechanisms

Urgent Response

Community Planning Mechanisms

Coordinating Housing Solutions

Housing Connections

Questions