What are the Community Networks?

Ontario's five Community Networks of Specialized Care (CNSC) - Northern, Southern, Eastern, Central and Toronto- are a way of linking specialized services and professionals to pool their expertise to treat and support adults who have developmental disabilities and mental health needs and/or challenging behaviours (i.e. dual diagnosis) in the communities where they live. The CNSC bring together people from a variety of sectors including, developmental services, health, housing, education and justice, in a common goal of improving the coordination, access and quality of services for these individuals who have high support complex care needs.

Background

The Ministry of Community and Social Services is committed to transforming developmental services into a more consistent, fair, accessible and sustainable system of supports for people with developmental disabilities, which, in turn, will support greater inclusion, independence and choice.

Visit our website for more information:
www.community-networks.ca

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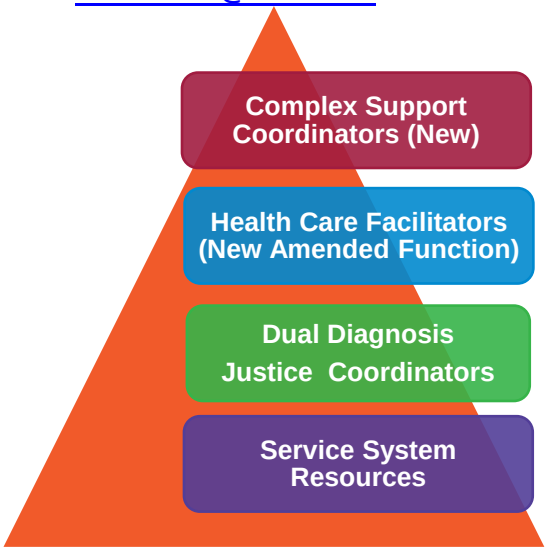


Central West Region

COMMUNITY NETWORKS OF SPECIALIZED CARE
RÉSEAUX COMMUNAUTAIRES DE SOINS SPÉCIALISÉS

Building Health Care Capacity to Serve Individuals with a Developmental Disability

The refreshed mandate of the CNSC reconfirmed the Ministry's commitment to improve access to health care for individuals with a developmental disability that have high support complex care needs.

Role of the Health Care Facilitator

Capacity Building:

- Support and educate primary health care providers and non-developmental services agencies about people with complex and multiple needs;
- Provide support to developmental services agencies so that they feel equipped to better address the health care requirements of people with complex and multiple needs;
- Identify specialized training needs and gaps, and provide trends to agencies;
- Provide information to people with complex and multiple needs, caregivers, service providers and staff regarding community health care systems.

Bridging Within and Between Systems:

- Facilitate and/or complete referrals and linkages to medical resources and social services;
- Create linkages to health services and identify deficits/gaps in order to meet person-specific health care needs within the existing service system;
- Develop linkages between health care professionals within the developmental services community, and share knowledge with the existing developmental services community;
- Promote equal and fair access/connection to community health services;
- Participate in multi-disciplinary case conferences to assist in service planning and coordinating specific health care needs/supports;
- Provide an advocacy role ensuring that the rights of people with complex and multiple needs are upheld;
- Collaborate with other health care facilitators from across the province.

Dual Diagnosis Justice Coordination Services

Purpose and Role of the DDJC:

To provide cross-sector coordination support to divert people with a developmental disability or dual diagnosis in conflict with the law through securing appropriate services or treatment in place of the usual criminal proceedings of trial and/or incarceration.

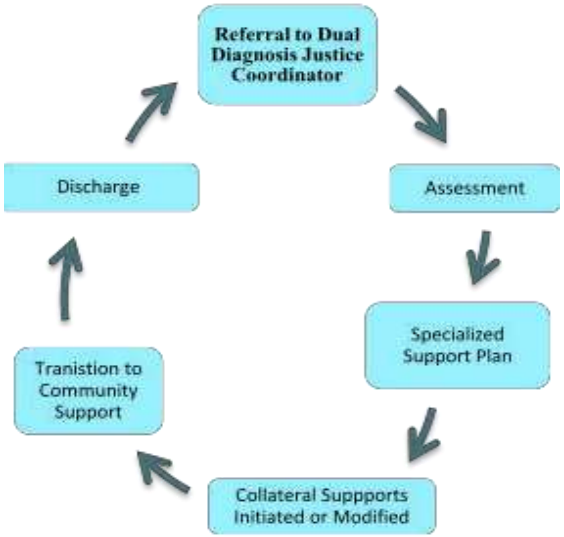
The core functions of the DDJC are:

- Outreach and client identification;
- Comprehensive individualized assessment and planning;
- Coordination and support;
- Monitoring and evaluation; and,
- Systematic advocacy and coordination.

Referral Process:

Referrals can be made by:

- Court staff (duty counsel, crown, lawyers)
- Family
- The Individual
- DS agencies
- Developmental Services Ontario (DSO)
- Correctional facilities



Complex Support Coordination

A New Function:

Complex Support Coordination (CSC) may be required when the available resources are not sufficient to address a person's needs and/or supports have exhausted all existing resources within the local system. The CSC's provides the right type of service and supports at the right time and place that span the service continuum/system. Services and supports are based on what is appropriate for the person.

Key Functions of the CSC's are:

- Leading, developing, facilitating, coordinating, monitoring and updating a person-centred plan with people and caregivers. This would include transition planning to and from hospitals and the justice system.
- Cross-sector coordination support for case resolution such as assessment, clinical planning, housing, planning tables, including:
  - Facilitating the acquisition of required supports and services;
  - Coordinating support to enhance existing resources and services; and,
  - Liaising with different sector partners, including those with the criminal justice system, health care system and others;
  - Assisting with system navigation, including at urgent response and other planning tables.
- Referral and facilitating access to/from specialized resources, including at the local, regional and provincial levels. This would include clinical supports, psychiatric support, psychological support, and specialized accommodations.