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MEMO TO: Area Managers
Ministry of Community and Social Services (MCSS)

JUL 17 1997

Facility Administrators
MCSS Schedule I Facilities

Executive Directors, Directors
Community Mental Health Programs

Chief Executive Officers, Chiefs of Psychiatry
Schedule I Facilities

Chief Executive Officers, Executive Directors
Specialty Psychiatric Hospitals

Administrators, Medical Directors
Provincial Psychiatric Hospitals

Executive Directors
District Health Councils

FROM: Ronald T. Sapsford
Assistant Deputy Minister
Institutional Health and Community Services

Suzanne Herbert
Assistant Deputy Minister
Program Management

RE: **POLICY GUIDELINE: THE PROVISION OF SERVICES FOR
PERSONS WITH A DUAL DIAGNOSIS**

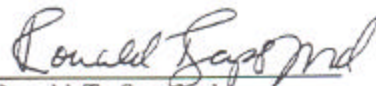
We are pleased to provide you with a copy of the above-noted policy guideline. The purpose of the guideline is to provide policy direction for planning and delivery of services and supports for persons with a dual diagnosis and to assist in ensuring access to services and supports.

The guideline will support restructuring initiatives in both the Ministry of Community and Social Services and the Ministry of Health and support the planning and implementation process regarding persons with a dual diagnosis who are scheduled to move from institutional care to the community.

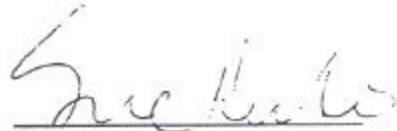
It is our expectation that MCSS Area Offices and MOH District Health Councils that relate to one another will meet to discuss the implementation of guidelines by September of 1997.

Should you have any questions on the guidelines please contact your MCSS Area Office or Catherine Brown, Policy Coordinator, Mental Health Programs and Services Group at (416) 327-8304.

Thank you for your attention to this guideline and your anticipated efforts at implementation.



Ronald T. Sapsford
Assistant Deputy Minister
Institutional Health and
Community Services



Suzanne Herbert
Assistant Deputy Minister
Program Management

Enclosure

c.c. Lucille Roch
Assistant Deputy Minister
Children, Family and Community Services
Ministry of Community and Social Services

Regional Directors
Mental Health Programs and Services

Regional Coordinators
Mental Health Programs and Services

Regional Consultants
Mental Health Programs and Services

Catherine Brown
Policy Coordinator
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Community Program Managers
MCSS Area Offices

Program Supervisors
MCSS Area Offices
Developmental Services

Community Placement Coordinators
Community Placement Initiative
Developmental Services, MCSS

Brian Low, Director
Developmental Services Branch, MCSS

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Developmental Services Branch, MCSS

Dave Morrow, Program Coordinator
Developmental Services Branch, MCSS

Placement Project Officers
Developmental Services Branch, MCSS

MINISTRIES OF HEALTH AND COMMUNITY AND SOCIAL SERVICES
Mental Health Programs and Services Unit and Developmental Services
Branch

POLICY GUIDELINE FOR THE PROVISION OF SERVICES FOR
PERSONS WITH A DUAL DIAGNOSIS (developmental
disability/mental health needs)

PURPOSE OF THE GUIDELINE

1. To ensure that persons with a dual diagnosis have access to services in either or both the mental health and developmental service sectors as their needs require.
2. To provide direction for the planning and delivery of services and supports for individuals with a dual diagnosis.

BACKGROUND

The special needs of persons with a dual diagnosis and the issues related to providing supports and services have been recognized for a long time. The Ministry of Health conjointly with the Ministry of Community and Social Services have taken on several initiatives to address these issues. For example, The Dual Diagnosis Initiative announced in July 1990 was a joint undertaking of the two ministries. The intent of funding five demonstration projects over a four year time period was to generate integrative ideas and improved cooperation that would improve the health status and community integration of individuals with a dual diagnosis. This initiative contributed to the continuation of cross sector linkages and system change activities across the province.

Key findings of the joint initiative confirmed that the developmental and mental health providers were unable to meet the needs of persons with a dual diagnosis on their own and that inter and intra sector coordination in and across the developmental and mental health sectors is required. The initiative confirmed the following:

- Collaboration between stakeholders lead to the most successful results in designing effective supports.

- Simultaneous cross sector collaboration at the individual, program system/policy levels facilitates and supports linkages and access between Ministries.

- Education within college and university programs as well as ongoing staff training are key activities that contribute to system change. Joint, cross sector, interdisciplinary approaches are most effective in this area.

Current research, program models and literature from Europe, the United States and Canada as well as experience within Ontario consistently points to the success of cross sector collaboration at the individual, program and system/policy levels simultaneously to facilitate and support integrated and coordinated services to individuals and their families.

Putting People First (1993) outlined the policy framework for the reform of Ontario's mental health system. The (draft) **Implementation Vision for Mental Health Reform** lists individuals with a dual diagnosis as one of the special target groups for attention in designing community services. The document **Challenges and Opportunities: Community Living for People with Developmental Handicaps (1987)**, outlined the most recent strategic plan for community living initiatives, which concentrated on expanding the community-based service system, and on moving people from institutions into community settings, which included people with a dual diagnosis. The Ministry of Community and Social Services restructuring objectives and the strategic direction of the Developmental Services Branch reflect similar goals to that of Health of coordination, integration and continuity of community services and supports.

This policy guideline is based on the understanding that some specific responsibilities are **shared** by the Ministries of Health and Community and Social Services while other responsibilities are **distinct**. Although the policy framework identifies the roles and functions, it will be up to ministries in partnership with districts/area offices and regions through the planning process to decide how they are to be implemented.

THE POPULATION

The Inter-Ministerial Initiative on Dual Diagnosis used the following definition for dual diagnosis: **"Individuals who have a diagnosed emotional/psychiatric disturbance as well as a diagnosed developmental disability."**

In 1994, the Ministry of Health defined the priority population for mental health reform as individuals with serious mental illness/serious mental health problems. Dual Diagnosis was specifically included within this definition. **The target group is defined as "Individuals who have a diagnosed emotional/psychiatric disturbance as well as a diagnosed developmental disability."**

It is recognized that this definition is problematic in terms of accessing the mental health sector as an individual requires a psychiatric diagnosis. Similarly, in the developmental service sector an individual requires a diagnosis of developmental handicap. When a consumer does not yet have a diagnosis it can result in the exclusion of those individuals most in need. There is a need for a definition which relates to need for treatment rather than the etiology of disturbance, intellectual functioning, or type of psychiatric illness. A definition that is acceptable to both the developmental and mental health sectors as well as families and consumers which is broader and more inclusive is **" individuals with a developmental handicap and mental health needs."**

DEMOGRAPHIC/PREVALENCE RATES FOR DUAL DIAGNOSIS

There are approximately 80,000 individuals with a developmental disability in Ontario (Health and Welfare Canada, 1988). Based on the 30% rate (conservative estimate), it can be estimated that there are 24,000 individuals with a dual diagnosis in Ontario.

VISION

That persons with a dual diagnosis and their families will have access to a continuum of supports and services within and across sectors that are integrated, coordinated and accessible and which operate responsibly and proactively.

PRINCIPLES

1. Consumers, families/natural supports and service providers, will participate as partners in the planning and delivery of services.
2. Planning for services and supports for persons with a dual diagnosis will promote the equity of access to local services in Health and Mental Health Services and the Developmental Service Sectors.
3. Local, regional and provincial mental health and developmental services planning processes will coordinate the range of supports and services required by persons with a dual diagnosis through cross sector linkages to consumers, families/natural supports and service providers.
4. Community capacity to address the needs of individuals with a dual diagnosis and their families will be enhanced through the provision of coordinated, integrated and flexible services and supports across the mental health and developmental sectors.
5. Education and training initiatives undertaken within the mental health and developmental service sectors will integrate and promote increased knowledge and skills regarding dual diagnosis.

BARRIERS TO SERVING PERSONS WITH A DUAL DIAGNOSIS

A number of significant systemic barriers prevent persons with a dual diagnosis from accessing services and supports from within or between the Mental Health and Developmental Service sectors. These barriers include the following:

1. The split jurisdiction and responsibility between the Ministries of Community and Social Services and Health for services for people with a dual diagnosis;
2. An absence of program and service linkages and coordination within and across the mental health and developmental services sector.
3. Need for cross sector education and training.
4. Fragmentation of assessment and treatment planning,
5. A lack of access to and the availability of specialized supports and services.

6. The absence of cross sector service agreements which identify accountability measures.

OVERCOMING THE BARRIERS

The complexity of the needs of persons with a dual diagnosis requires that they have contact with many systems, e.g., adult services, health, mental health, education, corrections, social services and long term care. From the experience of the Inter-Ministerial Initiative it was found that regardless of the sector they came from providers were able to meet many of the needs of individuals with a dual diagnosis, but they required additional supports and services from other sector(s) to complement their work. A small number of more complex situations require specialized services that combine and integrate the expertise of both sectors, e.g., for assessment, diagnosis, treatment, rehabilitation.

The developmental services sector is skilled in the areas of ongoing community living supports, and behaviour management. The health sector is skilled in the areas of physical health, mental illness and medication management. **Combining these skills and knowledge with the knowledge and experience of consumers, families/significant others across the range of supports and services offered by both sectors will address access, fragmentation and knowledge gap issues.**

Cross sector partnerships, at the system, program and individual level are key to supporting and cultivating achievement of the vision. At the **system level**, this includes inter-ministerial coordination of policy (e.g., service, education), planning, implementation initiatives and inter-ministerial service agreements which identify expectations and accountability at the system, program and individual level. At the **program level** cross sector dual diagnosis committees at the district/area office and/or regional level will develop linkages that lead to common assessment tools, coordinated access points, dissemination of best practices or joint staff training. At the **individual level** this includes flexible admission criteria, a cross sector case management buddy system, telephone support services or multidisciplinary specialized teams which will improve access to the range of services and supports within both sectors.

1. PROVINCIAL ROLES AND FUNCTIONS

Ministries of Health and Community and Social Services

Based on the knowledge, skills and expertise that currently exists in both sectors, the **Ministries of Health and Community and Social Services will jointly through a coordinated inter-ministerial approach:**

1. Ensure the availability of appropriate training and education through specialized clinical support and joint training to providers in both the developmental and mental health sectors.

2. Coordinate planning and monitor the impact of changes on service access and availability at a provincial level.
3. Support and facilitate the implementation of cross sector planning linkages at a regional/district and/or local level, consistent with reforms in both sectors.
4. Support the development of regional/district and/or local level specialized services.
5. Offer existing clients, who will be affected by institutional closures, appropriate supports and services. The ministries will ensure that appropriate settings are available that are matched to clients needs/level of risk that protect public safety.
6. Monitor and evaluate mechanisms for inter/intra ministerial planning and coordination at a provincial level.

MINISTRY OF HEALTH (MOH)

The Ministry of Health is responsible for developing, coordinating and maintaining comprehensive health services and a balanced and integrated system of health facilities in the province. The Ministry has the responsibility for setting the overall policy direction and planning guidelines for mental health reform.

In the mental health area, the Ministry of Health has a dual role of both system manager and manager of the provincial psychiatric hospitals. As system manager, the Ministry will be the funder, will continue to develop policy and provincial direction, will provide leadership and support with regard to mental health reform and will oversee the evaluation of reform.

The Mental Health Programs and Services unit (MHPS) is the area within the Ministry of Health that has primary responsibility for mental health services to adults, including those who have a developmental disability/serious mental health problem. The MHPS unit oversees the operation of the Provincial Psychiatric Hospitals, directly funds the community mental health sector and along with the Institutional Health and Community Services Group of the Ministry of Health, provides mental health policy and operational direction to general hospitals psychiatry services.

In terms of services for persons with a dual diagnosis, the Ministry of Health will:

- **fund and ensure persons with a dual diagnosis have access to the provision of a seamless range of mental health services that are responsive to individual needs. This will include: community-based mental health services and supports such as case management, 24 hour crisis response and consumer/survivor, family or joint initiatives; institutional and community based treatment programs.**
- **provide policy direction and develop corporate linkages that strengthen the range and capacity for such services as transitional day and housing programs, case management/individual/family supports and specialized services.**

- identify key personnel to act in a liaison capacity for dual diagnosis issues;
- provide relevant information within the Ministry's control to other involved decision-makers and/or service providers where legally permissible;
- support institutional and community mental health staff to work collaboratively with providers from other sectors in training initiatives regarding the needs of consumers with a dual diagnosis. (materials and/or training sessions to be developed jointly between ministries); and
- with local communities, develop a process to assess the mental health and resources needed to serve persons with a dual diagnosis and establish cross sector partnerships to implement effective solutions.

THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES (MCSS)

The Ministry of Community and Social Services has the responsibility for setting the overall policy direction and planning guidelines for a broad range of social services for children, adults and families.

The Ministry of Community and Social Services, through the Developmental Services Branch, has primary responsibility for individuals with developmental disabilities living in directly operated facilities (Schedule 1's) or receiving ongoing daily living supports through a range of community based programs. The Developmental Services Branch oversees the operation of the Schedule 1 Facilities, funds the developmental services sector through transfer payment agencies and provides developmental services policy and operational direction to the Area Offices. Community-based services available to persons with developmental disabilities and their families include: residential and day program support services, case management, life skills, vocational/employment and other supports including Special Services at Home.

In terms of services for persons with a dual diagnosis the Ministry of Community and Social Services will:

- fund and integrate persons with a dual diagnosis in the provision of a range of services that address the housing, vocational, community support and family support needs within existing resources;
- provide policy direction and develop corporate linkages that strengthen the range and capacity for such services as transitional day and housing programs, case management/individual/family supports and specialized services;
- identify key personnel to act in a liaison capacity for dual diagnosis needs;
- provide relevant information within the Ministry's control to other involved decision-makers and/or service providers where legally permissible;

- support institutional and community developmental service staff, to work collaboratively with providers from other sectors in training initiatives regarding the needs of consumers with a dual diagnosis. (materials and/or training sessions to develop jointly between ministries)
- in local communities, develop a process to assess the ministry needs and resources and establish community-based partnerships to implement solutions.

2. REGIONAL/DISTRICT/LOCAL ROLES AND FUNCTIONS: PLANNING

HEALTH SECTOR

The role of regional mental health is to provide services for persons with serious mental illness including those supports and services for persons with a dual diagnosis. Regional level services will coordinate with, support and build upon the existing continuum of district services and supports.

At this time DHC's are responsible for developing district plans and establishing regional plans that are consistent with the priorities of the Mental Health Reform policy and planning frameworks. **Regional plans for persons with a dual diagnosis will contain:**

- strategies for the re-alignment of specialized and longer-term services and resources, based on the ministry's multi-year plan and taking into account existing services in the region, including PPHs, specialty hospitals and community mental health programs.
- a plan for continual planning and co-ordination at the regional level.
- a plan for a database on regional resources and the development of tools to measure the capacity of these resources to meet the needs.

They are also responsible for developing service coordination mechanisms at both levels and between levels. In addition, they are responsible for monitoring the implementation of their plans on an on-going basis.

As hospital restructuring and mental health reform unfold, cross sector mechanisms that are established at a service, district or regional level to achieve the vision and principles for dual diagnosis must link to any new structures that are put in place (e.g., planning/authority models).

MENTAL HEALTH PROGRAMS AND SERVICES

The Mental Health Programs and Services unit is responsible for facilitating and supporting system change required for the implementation of mental health reform as well as funding, policy development and operational monitoring of a full range of mental health services in Ontario through three regional units and a policy/finance/management information systems unit. In addition the MHPS unit has direct management and operational monitoring responsibilities for the provincial psychiatric hospitals.

For persons with a dual diagnosis the Mental Health Programs and Services unit will:

- a) Support DHCs in developing plans for an integrated system of services and supports for persons with a dual diagnosis and their families.
- b) Reinforce the need to improve system integration through their role as funders and managers of mental health.

DISTRICT HEALTH COUNCIL (DHC) AND MCSS AREA OFFICE

The DHC's and MCSS Area Offices will jointly;

- 1. Ensure cross sector linkages in the implementation of Ministry of Health and Community and Social Services plans for persons with a dual diagnosis e.g., repatriation, specialized services.
- 2. Facilitate the establishment of district committees. (Note: In some districts across the province, the cross sector planning and service development committees are already established with linkages across the sectors to planning and service delivery groups. District committees should be linked into any new planning authority models that are implemented at a district or regional level).
- 3. Facilitate and support cross sector service linkages and protocols between community and institutional providers in the mental health sector and community providers in the developmental sector.
- 4. Identify and prioritize the unmet service needs at the local level based on individual needs.
- 5. Monitor changes in the developmental and mental health sectors and its potential impact on service delivery for persons with a dual diagnosis in local communities.

MCSS AREA OFFICES

MCSS Area Offices are responsible for the allocation of funds for the provision of services in their catchment areas. They are responsible for facilitating and supporting system change as outlined in MCSS' business plan. In addition they are responsible for the management of human, fiscal and material resources of community services in specialty areas such as Developmental Services, Child Welfare and Young Offenders. Area office decisions are made in context of Ministry priorities with the advice of local planning or advisory groups.

For persons with a dual diagnosis the Ministry of Community and Social Services, Area Offices will:

- 1. Ensure cross sector linkages that strengthen the capacity for the planning and coordination of services and supports for persons with a dual diagnosis.
- 2. Coordinate with, support and build upon the existing continuum of services and supports in local communities, in partnership with mental health.
- 3. Address unmet service needs and pressures in local communities by identifying and prioritizing the gaps and barriers to access throughout the developmental service system based on individual needs.
- 4. Participate in education and training initiatives within and across mental health and developmental services.

5. Ensure planning and coordination in local communities for persons with a dual diagnosis is consistent with MCSS policy direction.
6. Determine unmet service needs and pressures in local communities by identifying and prioritizing the gaps and barriers to access throughout the system that exists in local communities.

LOCAL PLANNING OR ADVISORY GROUPS

Within the MCSS system the structure and organization of local planning groups vary across the province. Notwithstanding this, their existence provides an available functional equivalent across the sectors from which to begin to develop and maintain linkages, etc. For example, a dual diagnosis committee may be a sub-committee for the local mental health planning structure and the local developmental services planning group. Some committees may also find it valuable to include membership from other sectors (e.g. education, corrections).

For persons with a dual diagnosis local dual diagnosis planning or advisory groups will:

- **facilitate the linkages between community and institutional mental health and developmental service providers, ministry staff and other involved community stakeholders to plan for services and supports.**
- **function at a local level and facilitate the development of protocols and agreements between service providers involved in serving people with a dual diagnosis.**
- **assess community needs and opportunities and provide advice to MCSS, DHC's and MOH about the allocation of resources to meet priorities and support restructuring in their communities.**
- **develop and strengthen effective bridges with other relevant planning and service organizations/sectors in their communities.**

3. REGIONAL/DISTRICT/LOCAL ROLES AND FUNCTIONS : SERVICES

Services within the mental health and developmental services sectors will be part of the continuum of supports and services across both sectors for persons with a dual diagnosis. Therefore inter and intra sector coordination among providers within the Mental Health and the Developmental Services sector is required, e.g., coordinated access points, specialized multidisciplinary teams, will be monitored through cross sector service contracts which identify accountability measures.

The Provincial Psychiatric Hospitals role as a tertiary centre is to deliver specialized programs to people with severe mental illness/mental health problems at the hospital site and within the communities that they serve. PPHs offer a range of services including assessment, diagnosis, treatment, rehabilitation, and continuing mental health care. Research, training, and

education, program consultation and advocacy are also essential functions of the PPH. Consistent with Mental Health Reform, resources within the PPH will be reallocated from inpatient care to other community supports and services for the severely mentally ill. The role of Regional level services is to provide tertiary care to individuals with complex serious mental illnesses whose needs cannot be met at a local level.

For individuals with a dual diagnosis, Provincial Psychiatric Hospitals (PPH)/or other tertiary service providers will:

- **offer a range of specialized institutional/community based services: assessment, diagnosis, treatment, rehabilitation and continuing psychiatric care, research, training and education, program consultation and advocacy at a tertiary level.**
- **provide specialized programs at the hospital site and within the communities they serve.**
- **provide consultation and education to community mental health programs and developmental service providers, general practitioners, local providers throughout the mental health and developmental service system.**
- **provide specialized short term joint case management to support individuals returning to the community.**
- **improve linkages and access to the general hospitals.**
- **link with the Ministry of Community and Social Services planning and service development initiatives in the developmental service sector related to Schedule 1 Facility closures.**

GENERAL HOSPITAL PSYCHIATRIC UNITS

General hospital psychiatric units serve people with severe mental illness/severe mental health problems and people who suffer from acute episodes of mental illness that are of short duration and very disabling.

General Hospital Psychiatric Units will coordinate with, support and build upon existing district and local services. **For persons with a dual diagnosis General Hospitals will provide:**

- emergency services
- short-term inpatient assessment
- stabilization and short-term treatment
- discharge planning
- consultation
- support training initiatives for medical students and psychiatric residents
- link with the Ministry of Community and Social Services planning and service development initiatives in the developmental service sector related to Schedule 1 Facility closures and downsizing.

COMMUNITY MENTAL HEALTH PROGRAMS

Community mental health programs will assist in improving the quality of life and level of wellness of individuals with a dual diagnosis and increase their potential to live in their own preferred community as continuously and as long as possible. This is accomplished through a range of services that seeks to reduce the level of disruption that these individuals often experience on a daily basis. Programs comprise a range of services with the priority on case management (including supports for housing), 24-hour crisis response and consumer/survivor and family and joint initiatives. These services and supports may be offered on a local or district basis, the specifics of which will be determined through the planning process at the district level.

In terms of services for persons with a dual diagnosis, community mental health programs will:

- **work in partnership to adapt and/or develop the mental health supports and services in concert with developmental service providers.**
- **participate in prevention, education, case management, development of specialized services and cooperative service coordination with other sectors.**
- **support and where appropriate, enhance case management functions specific to other systems (e.g. developmental services).**
- **provide support to access such services as transitional day and residential programs, case management, behavioural and individual supports offered in the developmental service system.**
- **provide appropriate housing supports based on individual needs.**
- **assist in educational initiatives for service providers from other sectors about the needs of people with mental health problems.**
- **link with the Ministry of Community and Social Services planning and service development initiatives in the developmental service sector related to Schedule 1 Facility closures.**

SCHEDULE 1 FACILITIES (MCSS)

The facilities provide a full range of residential, highly specialized treatment, and training programs and services to enhance and maintain the quality of life for residents as well as to prepare them for community living. Consistent with the provincial direction of facility downsizing, and the goal of community living for all residents of the Schedule 1 facility system, a four year plan supports the closure of three institutions by March 31, 1999 and to downsize another three facilities by March 31, 2000.

For persons with a dual diagnosis Schedule 1 Facilities will:

- **promote cross sector partnerships with mental health to ensure the appropriate range of services and supports are available to individuals upon discharge.**

- participate in education and training initiatives within both the developmental service sector and mental health programs and services.

TRANSFER PAYMENT AGENCIES FUNDED THROUGH DEVELOPMENTAL SERVICES

The role of the Developmental Services funded transfer payment agencies is to provide services and supports that allow individuals with developmental disabilities to participate in community living. The transfer payment agencies provide a range of daily living supports based on individual needs which include; case management, residential and day programs, vocational/employment, and community support.

In terms of services for persons with a dual diagnosis the transfer payment agencies will:

- **work in partnership to adapt and/or develop a range of supports in concert with mental health providers.**
- **participate in prevention, education, case management and cooperative service coordination with other sectors.**
- **support and where appropriate, enhance case management functions specific to other systems (e.g., mental health, Buddy System).**
- **provide support to access assessment, treatment, rehabilitation and discharge planning services offered in the mental health system.**
- **provide appropriate housing supports based on individual needs.**
- **assist in educational initiatives for service providers from other sectors about the needs of people with a developmental disability.**
- **link with the Ministry of Health planning and service development initiatives in the health sector re: PPH downsizing.**

ACCOUNTABILITY

The Ministry of Health, the Mental Health Programs and Services unit and the Ministry of Community and Social Services, Developmental Services Branch will monitor progress on implementing the guidelines through Operating Plans, Service Contracts, Individual Support Agreements, Year-to-date reporting and other accountability mechanisms currently in place.

CONCLUSION

This policy guideline identifies at a Provincial, Regional, District and Local level the means of addressing system barriers to effective planning and delivery of services and supports for persons with a dual diagnosis. Establishing the leadership and approaches that combine the knowledge, skills and experience currently in existence across both the

mental health and developmental sectors will be key to the success in addressing this issue.

NEXT STEPS

MOH and MCSS will jointly develop an implementation plan for these guidelines .