

THE OPADD LETTER

Spring 2008

LOCAL PROJECTS: MAKE IT HAPPEN

OPADD is people making things happen on the ground. It is front line staff from the developmental services and long term care sectors delivering a cross sector program for older adults with a developmental disability. OPADD is managers from long term care and developmental services drafting a protocol to guide staff in working together. It is people involved in the dialogue about aging and developmental disabilities. OPADD is people who share a common vision: "That older adults with a developmental disability have the same rights to support and services as all older Ontarians."

This is the first generation of people with developmental disabilities to live into old age. Progress in medical care, nutrition and community living support models are factors that we believe have contributed to longevity of people with developmental disabilities. Now we must re-shape a system that has no prior experience

with the aging of people with developmental disabilities. OPADD provides the forum where this can take place. As we move forward we must also be alert to how we incorporate this re-shaping into the mainstream service system.

Local projects are an important means of making this happen. These cross sector partnerships in communities across Ontario are the catalyst to a new system where we work the seams between developmental services and seniors services (Long Term Care).

The OPADD Letter presents three exciting projects that demonstrate how this re-shaping is taking place through partnership.



Local Projects Featured in this edition:

Reena - Transition Planning Framework.

Northwest Committee training initiatives.

Wingham partnership builds new services.

Read on and discover what you can make happen in your community.

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LOCAL PROJECT: REENA TRANSITION PLANNING FRAMEWORK

Reena has developed a framework that provides guidance to staff in transition planning to older adulthood where admission to a LTC Home may be the best option to maintain quality of life. The framework is simple and effective. It has six principal features.

1. Regular Planning Meetings

We have structured transition planning meetings involving Reena, the client, family or advocate, relevant therapists, health care professionals including the family doctor.

These meetings identify community-based services for seniors through which the individual may remain in his/her own home and maintain quality of life while adapting to the aging process. If the services available through Reena, seniors community programs and other professionals is no longer sufficient to maintain quality of life, the need for a move to an alternate living arrangement including a long term care home is explored.

2. CCAC Involvement

Reena has developed a good working relationship with the CCAC. If an individual seems to require long term care residential support, the CCAC is involved and assists with assessment and planning.

3. Organising and Sharing Information

We approach those LTC homes that offer the most suitable living arrangement to meet the client's needs. We identify the types of information that each of us needs that we may be supporting together.

This facilitates the exchange of appropriate and relevant information that helps, Reena, the LTC Home, the family and other professionals to coordinate their support to the individual.

4. Transition and Orientation Process

If an individual must move to a LTC home, Reena ensures that its own staff and staff of the LTC home become acquainted with one another's services and staff. This orientation process also includes visits by the client to the LTC home accompanied by Reena staff.

5. Ongoing Support

Reena commits to providing ongoing support to every individual after he or she moves to a long term care home. This support involves Reena staff providing needed support to the individual in the LTC home and ensuring the individual stays connected to his/her friends, family and social activities.

6. Annual "Relationship Review" Meetings

Designated representatives of Reena and the LTC Home meet on an annual basis to review how the working relationship is going. This meeting looks at communication issues, information needs of staff and anything else that is necessary to support the effectiveness of the relationship.

Joseph's Story: A Case Example

A case example illustrates how the framework functions. Joseph's support requirements were becoming more complex and the support group was having difficulty finding suitable community services to meet Joseph's needs.

Reena approached Sunnybrook Health Sciences Centre for assistance. As a result of this consultation and assessment of Joseph's needs, Sunnybrook recommended that Reena explore Cummer Lodge as a residential option. Cummer was highly recommended because of their experience supporting older adults with a developmental disability.

Reena met with Cummer Lodge to explore the suitability of this option. Cummer Lodge advised Reena on the type of information they would need about Joseph. Subsequently, an application to Long

Term Care was filled out through the CCAC. The application included information gathered from those involved in Joseph's support: a behaviour therapist, Joseph's physician, Reena staff and Joseph's family.



Cummer Lodge advocated on behalf of Joseph's application, indicating that they were knowledgeable of Joseph's care needs and were in a position to fill them. A case conference was held to coordinate planning for Joseph's possible placement. The conference included Joseph's family, physician, CCAC, Behaviour Therapist, Reena and Cummer Lodge staff.

The transition plan that was developed identified the need for reciprocal orientation visits between Reena and Cummer Lodge staff. These visits served a number of important functions:

- Staff got to know one another and opened communication channels.
- Reena staff learned about Cummer Lodge philosophy, services and programs; Cummer staff learned about Reena.
- The role of each organization with respect to Joseph's continuing care was identified and clarified.

Reena staff continues to provide ongoing support to Joseph in cooperation with Cummer Lodge. This includes Reena staff being at Cummer Lodge on specific days to support Joseph and to take him to

If an individual must move to a LTC home, Reena ensures that its own staff and staff of the LTC home become acquainted with one another and their respective services. The orientation process includes client visits to the LTC home accompanied by Reena staff.

specialist appointments, community activities and social outings. Reena has found that this framework has had a positive impact on staff of both Cummer Lodge and Reena, Joseph's family and most importantly Joseph.

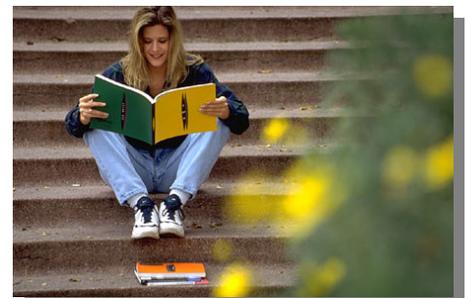
A designated Reena manager now meets annually with a designated management representative of Cummer Lodge to review the working relationship between the two organizations. This meeting identifies any problem areas, confirms solutions and clarifies mutual responsibilities of the partners.

LOCAL PROJECT: NORTHWEST REGION CONTINUES TRAINING INITIATIVES

The Northwest Committee on Aging and Developmental Disabilities has been planning and delivering educational programs on aging and developmental disabilities for years now. The committee has recently finalized another educational series. The new series, called 'Staying Connected', is being presented over three months for families caring for older adults with developmental disabilities.

It began with a one day workshop, March 7th, 2008 with Judith Wahl, Executive Director, Advocacy Centre for the Elderly (ACE). Judith is an expert on substitute decision-making and related topics. On March 8, Judith conducted a two hour workshop advising families on power of attorney legislation. Two more workshops will be held the first Saturdays of April and May from 9:30 a.m. - 11:30 a.m.

Students from DSW program at Confederation College will be part of the project and will help with respite care for the caregivers.



LOCAL PROJECT: WINGHAM: PARTNERSHIPS BUILD NEW SERVICES

Wingham & District Community Living Association (WDCLA) and Midwestern Adult Day Services developed a cross sector service delivery model that has been going strong in Huron County since March 2004.

Prior to the partnership being formed, WDCLA had been engaged in consultations with Midwestern on how older adults with a developmental disability could access the adult day program. These discussions affirmed the need for additional day programming. Consequently, the two organizations began to explore the feasibility of developing a new day program that offered greater structure for older adults with symptoms of dementia.

A proposal was developed that the organizations would operate the new program jointly. This required internal re-allocations of staff and other resources.

WDCLA offered space and staff resources. Midwestern brought staffing and training to the table. Following training of designated WDCLA staff by Midwestern staff and a planning phase of several months, the new program was ready to go.

In March 2004, the Senior Link Program was initiated. The program operates once a week offering a range of activities to improve, maintain and enhance general health and well being individuals who are aging and have a developmental disability or signs of dementia. The program also partners with long term care facilities in the area. Senior link provide resource material volunteers and support services for some residents of local LTC Homes.

As a result of the partnership, additional day program spaces were

As a result of the partnership, additional day program spaces were created with no new resources. Consequently, older adults with a developmental disability enjoy access to two day program opportunities where there had been only one previously.

The Senior Link Program, operated through a cross sector partnership provides opportunities for older adults with a developmental disability to maintain quality of life while adapting to the aging process. For more information please contact Connie Dawson, Team Lead, Wingham & District Community Living Association, 519-357-1318.

Find out more about:

WDCLA at: <http://www.wdcla.org/>

Midwestern Adult Day Services at:

[http://www.](http://www.midwesternadulthoodservices.org/)

[midwesternadulthoodservices.org/index.html](http://www.midwesternadulthoodservices.org/index.html)

REGIONAL UPDATES

REGIONAL COMMITTEES: REGIONS SPREAD THE VISION

Eight regional committees connect to local communities and projects to encourage cross sector initiatives that support quality of life and help people adapt to the aging process.

SOUTHWEST COMMITTEE

The Southwest group is putting the final touches on a work plan. We are trying to recruit a co-chair from the LTC sector. We have had dialogue with the local VON regarding initiatives to maintain and improve physical fitness with older adults in our sector. We are "meeting" via videoconference which cuts down on driving time immensely and plan to have a face to face meeting in the spring. Regional Support Associates, who are represented on the Southwest group, are in the process of re-evaluating their workshop series and one favorable idea is a new day-long presentation on ageing.



REGIONAL UPDATE: NIAGARA NETWORK WORKSHOP

The Niagara Network on Aging and Developmental Disabilities has been actively building steam since 2006. On the heels of a Regional workshop hosted in Hamilton (South Central Region) in 2005, two Niagara Region staff from within the developmental sector forged ahead with plans to create a Niagara Network.

Some of our first steps included a presentation to the Niagara Region Executive Directors Forum to recruit participation of an executive director; recruitment of other staff from within the developmental sector that were passionate and knowledgeable about aging issues and the pressure being faced within the developmental sector; and recruitment of partners from within seniors sector care.

Our ability to solicit senior sector participation was aided by the knowledge of staff within the developmental sector that had previous working relationships or contacts. One contact lead to another and soon we had some real “champions” participating on the NIAGARA NETWORK from Region Niagara Seniors Community Programs; Alzheimer’s Society; and Community Care Access. Initial meetings allowed for the development of our Terms of Reference and brainstorming about the opportunities, barriers, and strengths within the Niagara Region. We quickly identified a need to “get the word out” about OPADD and about the formation of the NIAGARA NETWORK.

Workshop plans were developed for March 2007, with a guest speaker from OPADD and a local psychiatrist specializing in dementia and aging issues related to persons with a developmental disability. Invitations were circulated within senior sector care and the development sector and about sixty people attended with good representation from both sectors. This was the spring board for the development of three additional workshops.

We recognized a need for specific sector training and hosted a September 2007 workshop specifically for staff from the developmental sector with guest speakers presenting on The Natural Aging Process; Aging and a Developmental Disability and an overview of P.I.E.C.E.S., a best practice assessment tool used within senior sector care and exhibitors from senior sector services within Niagara.

Our vision of bringing together all participants from each of these workshops came to fruition in February 2008 with about 120 participants with equal representation from each sector focusing on building Effective Partnerships. This was a very interactive day with a four, 30 minute presentation followed by 20 minutes of Table Talk working through a set of questions such as: What is most exciting about the provincial perspective? What assets/strengths do we have in Niagara to contribute to this picture?

What kinds of partnerships currently exist between the two sectors in Niagara? What needs to happen to facilitate greater partnering between the sectors? What are the next steps to strengthening so aging persons with a developmental disability have their needs met through innovative service provision? Are all the right players at the table if we really want to be innovative and collaborative? Who is missing?

Capturing the amazing results of this day is very difficult. We assigned participants to specific tables in an effort to disperse senior sector and developmental sector staff. This proved to be extremely useful as, almost immediately, staff were raising questions with each other, sharing phone numbers and brainstorming ideas on how to work together. Mid-morning a suggestion was made from a senior sector staff to have us sit within our geographic work locations so that we could better develop working relationships with staff from our geographic locations. Recognizing this was a wonderful suggestion we took 120 people and re-assigned them to geographic table arrangements. Despite the logistics of this (can you picture it?) the results were well worth it. Partnerships were truly being formed.

Our next steps include analysis of all workshop feedback, recognizing this will inform our work plans for the future and ongoing recruitment of participants from each sector for participation and sustainability of the NIAGARA NETWORK.



WHAT IS OPADD?

Some people question what OPADD is and what it does. This is reasonable considering that you do not read about it in the papers, see it on television or hear of it on the radio. The low profile that OPADD takes relative to the media should not translate into a perception that OPADD is not doing enough. OPADD is not a heavily funded infrastructure. It is a partnership that relies on the ideas and contributions of people working in the developmental and seniors services (long term care) sectors.

OPADD's partnership is concerned that older adults with developmental disabilities receive access to appropriate support as they age. The people involved in OPADD are what makes things happen. They may be front line staff in a developmental services

agency developing a cross sector program with their counterparts in the seniors sector.

They may be program managers from seniors and developmental services working together on a protocol so older adults with developmental disabilities can access a seniors day program.

OPADD partners may be people working in CCACs developing a consistent approach to support older adults with a developmental disability who need more help.

In other words, OPADD exists where people seek solutions to supporting individuals as they age. OPADD is you paying attention to re-shaping the service system so it can respond to the new phenomenon of older adults with a developmental disability.

This is the first generation of people with developmental disabilities to live into old age. The developmental services system does not understand aging.

The seniors system does not have a lot of knowledge about people with developmental disabilities. Working together, people in the two systems can learn from one another and create new models of support with the resources that are already here.

If you are interested in OPADD check out the website at www.opadd.on.ca You will find newsletters, reports, reference material on aging and developmental disabilities as well as links to many other web sites and resources.



YOU THINK THE NON-PROFIT SECTOR IS SMALL POTATOES?

Here are some statistics that illustrate the significance of the non-profit sector in Ontario.

According to the 2003 National Survey of Nonprofit and Voluntary Organizations (NSNVO), there are approximately 45,000 nonprofit and voluntary organizations in Ontario, which account for about 28% of the non-profit and voluntary organizations in Canada

In Ontario, close to one million people were employed in the nonprofit sector in 2003, representing about 1/6 of all employed Ontarians.

Volunteers frequently outnumber paid employees at nonprofit organizations. Over half of all nonprofit and voluntary organizations in Ontario have no paid staff.

Ontarians contributed nearly \$2.3 billion of their money to nonprofit organizations in 2000, and almost 394 million hours of their time -- over 1/3 of all the volunteering and donating which occurred in Canada that year.

http://www.pillarnonprofit.ca/resources_and_links/profile_of_nonprofit_sector/

Ontario Partnership on Aging & Developmental Disabilities

That older adults with a developmental disability have the same rights to support and services as all older Ontarians

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OPADD's Aging and Developmental Disabilities
Project is funded by:



Our Vision

That older adults with a developmental disability have the same rights to support and services as all older adults.

Our Principles

QUALITY OF LIFE
CHOICE
ACCESS
CREATIVE OPTIONS
INDIVIDUALIZED PLANNING

Local Solutions

OPADD believes that local community groups are key to producing tangible results by linking both sectors at the level of the local agency with participation from local planning bodies. Each organization retains its autonomy and enriches its capacity to support people with a developmental disability as they age.



The OGA's 27th annual Conference will be held on May 29 & 30 with a focus on Positive Aging. The Thursday evening Forum will focus on the Ontario Government's Aging at Home policy. Delegates will hear from representatives of LHINs on plans regarding this program.

The conference Keynote will be delivered by Dr. Michael Gordon. Dr. Gordon is one of the best known professionals in geriatric medicine. He is the former Vice President of Medical Services at Baycrest and is currently Medical Director of Palliative Care and Consulting Geriatrician at Baycrest. Some 30 papers and workshops will be presented and the trade show will feature exhibits of products and services related to independent living and positive aging.

