



**Alberta Persons with Developmental Disabilities &
Alberta Mental Health Board
Provincial Partnership Framework**

March 14, 2003

Table of Contents

	Page
1.0 BACKGROUND	1
1.1 PRINCIPLES OF THE PARTNERSHIP FRAMEWORK	1
1.2 BENEFITS OF PARTNERSHIP	3
2.0 PARTNERSHIP FRAMEWORK OVERVIEW	3
2.1 PURPOSE	3
2.2 SCOPE	3
2.3 PARTNERSHIP ACCOUNTABILITY	4
3.0 COMMON APPROACH TO REGIONAL PRACTICE	4
4.0 OPERATIONAL STRUCTURES AND ACCOUNTABILITY	5
4.1 REGIONAL OPERATIONAL ROLES AND RESPONSIBILITIES	5
4.2 ENSURING COORDINATION OF DUAL DIAGNOSIS RELATED MATTERS	6
4.3 PROVINCIAL ROLES AND RESPONSIBILITIES	7
5.0 PROVINCIAL PARTNERSHIP FRAMEWORK APPROVAL	8
<u>APPENDICES</u>	
APPENDIX 1: PROVINCIAL PARTNER ORGANIZATIONS' VALUES	10
APPENDIX 2: DESCRIPTION OF ORGANIZATIONS	11
APPENDIX 3: PROVINCIAL IMPLEMENTATION STRUCTURE	13
APPENDIX 4: SAMPLE REGIONAL FLOWCHART	14
APPENDIX 5: REGIONAL PARTNERSHIP INITIATIVES	15
APPENDIX 6: PROVINCIAL DUAL DIAGNOSIS STEERING COMMITTEE TERMS OF REFERENCE	20

1.0 BACKGROUND

In Alberta, a significant number of adults with developmental disabilities who have complex, changing, and ongoing support needs require assistance from two provincial organizations, the Alberta Mental Health Board [AMHB] and Persons with Developmental Disabilities Boards [PDD]. For the purpose of this document, individuals who require support from both of these government-funded systems are referred to as having a “dual diagnosis”. We are aware that the term is also used to refer to other complex issues faced by individuals, such as those involving substance abuse problems, or HIV/AIDs in the presence of other mental disorder. AMHB and PDD do not intend to lay claim to exclusive use of the term, but merely clarify the specific context for our organizations.

Organizing formal supports to meet the needs of this population often requires contact with several organizations and sometimes involves several assessments. Families, government staff, and service providers have suggested that more access to and coordination of supports and services across systems would better support adults with a dual diagnosis and their families. AMHB and PDD recognize that inter-organizational collaboration is an important tool to achieve a more coordinated system and want to partner to act on this.

Initiated by the PDD Partners Committee, a Dual Diagnosis Working Group was established, with representatives from both AMHB and PDD. The working group developed a discussion paper, “Partnerships and Collaboration: The Key to Improved Lives for Adults with Developmental Disabilities” (March 2002), which received broad consultation. This led to a commitment by both AMHB and PDD to develop a joint vision for improving the system to work collaboratively to improve supports for adults with dual diagnosis.

Strong provincial leadership and commitment by both organizations speaks to a common purpose of serving people in better ways, despite some differences within mandates, goals, visions, strategic directions, organizational structures and cultures. On May 2, 2002, senior AMHB and PDD representatives from across the province came together for an unprecedented joint planning day. The result was a provincial commitment to have the Dual Diagnosis Working Group develop a common provincial framework and establish regional working groups to address practice issues and collaborative strategies for improvement.

Guided by a provincial framework and regional processes, collaborative working relationships will be developed among staff of both organizations.

1.1 PRINCIPLES OF THE PARTNERSHIP FRAMEWORK

AMHB and PDD partners believe that the following principles are critical guides to working together, in a collaborative and respectful manner that benefits both parties.

Appreciation of Diversity

Each organization will appreciate the diversity of skills, perspectives, experience, and knowledge brought to the partnership. A partnership combines this diversity in a way that enables the partnership to think in new and better ways about how to serve the community better.

Valuing Relationship

Fundamental to the partnership success is the encouragement of relationships among leaders and staff in the partner organizations. Relationship building opportunities are actively pursued among the partner organizations at all levels.

Value Created

Partners do more than exchange resources – they create something new and valuable. This partnership will be new and will create value in that individuals will be served better across organizations.

Investment

Partnerships are relationships built over time and with shared experience. Partners show tangible signs of long-term and ongoing commitment by devoting resources to the relationship.

Integrity

Partners behave toward each other in ways that justify and enhance mutual trust. Decisions will be made with the input of all partners that will allow for compromise and consensus. Each partner has equal influence. Communication is open and constructive.

Collaboration

Inter-organization collaboration is aimed at producing and measuring better outcomes for people who use the services.

Excellence

All partners are strong and have something valuable to contribute. The motives for entering into the partnership are positive and mutual benefits are sought for all partners.

Appendices 1 and 2 provide further details.

1.2 BENEFITS OF PARTNERSHIP

There are significant benefits¹ to be gained for each organization involved in the partnership. These include:

- Increased capacity to better serve those people requiring services across the two systems.
- Increased capacity to address complex mental health and social issues that can elude a solution when handled by one organization only.
- Pooling of knowledge and expertise to address individual circumstances more effectively.
- Reduced duplication of effort.
- New ways of working together to enhance the effectiveness of both organizations.
- Reduced access problems for citizens by PDD and AMHB mutually accepting the responsibility to provide the services that people need.

2.0 PARTNERSHIP FRAMEWORK OVERVIEW

This framework will guide staff in executing their responsibilities to individuals who need support from both participating partners.

2.1 PURPOSE

- To help individuals to receive timely, appropriate, and coordinated services in both organizations.
- To encourage innovative, cross-boundary and collaborative working relationships among staff.
- To make the best use of resources for the well being of the individual who needs support.

2.2 SCOPE

Criteria for Applying the Framework:

- The individual has a developmental disability and mental health problems;
- The individual requires support from both of the partner organizations; and
- Supports or services required are available within the mandates of the partner organizations.

¹ Benefits are adapted from “Inter-sectoral Action...towards Population Health”, Report of the Federal/Provincial/Territorial Advisory Committee on Population Health, June 1999. This document is available at www.hc-sc.gc.ca/hppb/phdd/resource.htm

2.3 PARTNERSHIP ACCOUNTABILITY

Partnership accountability mechanisms are embedded in the provincial framework, at both the provincial and regional levels.

- Dual Diagnosis Steering Committee will be established reflecting both provincial and regional membership from AMHB and PDD. This Steering Committee is accountable to the CEOs of the AMHB and PDD.
- Committee representatives will also have responsibilities to share information, issues and concerns at appropriate provincial and regional tables, such as the provincial PDD Partners Committee.
- Regional Dual Diagnosis mechanisms will be established to ensure regional operationalization of and accountability to the provincial framework.
- Designated regional Dual Diagnosis Coordinators from both AMHB and PDD will members of the Provincial Dual Diagnosis Steering Committee and have responsibility to bring regional issues, concerns, successes and tracking information to the table.

3.0 COMMON APPROACH TO REGIONAL PRACTICE

The Provincial Partnership Framework requires that regional operational practices of both AMHB and PDD reflect an approach that encompasses the following:

Appreciation of Diversity

This framework will guide AMHB and PDD in collaborative practice from policy to service provision opportunities for the individuals and their families requiring supports. Both partners will demonstrate appreciation and acknowledgment of the skills, knowledge and expertise required to assist in meeting the unique support needs of each individual and their family.

Individual/Family/Guardian as Partners

The individual will participate in the design, delivery, and evaluation of services, wherever possible, and with the assistance of family/guardian where it is appropriate.

Cooperation

Regional practices will promote cooperation among staff across systems. Staff will provide support to each other through sharing their capabilities and expertise.

Innovation

Regional practices will support staff to be flexible in creating innovative responses that support the unique needs of all individuals, particularly those with significant needs.

Ease of Access

Regional practices will ensure a collaborative approach to timely access to supports for individuals and their families.

Sharing of Resources

Regional practices will focus on increasing shared capacity to be responsive and creative in supporting the unique needs of individuals.

Innovation and Excellence in Practice

Regional efforts will promote best practice through research, education and innovation, with maintenance of the highest sustainable standards of service and conduct (e.g. cross-organizational professional development opportunities).

4.0 OPERATIONAL STRUCTURES AND ACCOUNTABILITY

Within the Partnership Framework there are provincial and regional mechanisms to support the accountability to the partnership.

Appendix 3 identifies the provincial implementation structure.

4.1 REGIONAL OPERATIONAL ROLES AND RESPONSIBILITIES

The intent of regional collaboration is to improve access to AMHB and PDD supports for individuals, promote coordination of services across both systems, as well as enhance effectiveness and flexibility across both organizations.

Within the regional structures, of both AMHB and PDD, a Dual Diagnosis Coordinator will be identified to facilitate implementation of the regional strategies that support the Provincial Partnership Framework. This will enable staff to have contact people in each organization who are responsible for facilitating the Partnership Framework and ensuring timely action in response to a partner's request.

4.2 ENSURING COORDINATION OF DUAL DIAGNOSIS RELATED MATTERS

Within each region, both systems will identify a key person as the organization's regional Dual Diagnosis Coordinator, who is responsible to:

- Facilitate the training of staff;
- Serve as a resource for their region to support adults with a dual diagnosis or dually diagnosed adolescents about to enter the adult system;
- Expedite and negotiate access to required services for adults with a dual diagnosis;
- Promote seamless access to their partner organization's supports for individuals with a dual diagnosis;
- Interpret the Provincial Partnership Framework within their organization;
- Collaborate with partner organizations to ensure consistent regional interpretation and action related to the Partnership Framework;
- Collect and share information regarding the regional performance with other regional partners and provincial steering committee.

Service Coordination and Monitoring of Outcomes

- Frontline staff will identify individuals who require support from both PDD and AMHB.
- The frontline staff who is the designated primary contact for the individual with a dual diagnosis and is accountable to provide key information to the Dual Diagnosis Coordinator.
- The primary contact person is responsible to the individual for ongoing service coordination and monitoring of outcomes. Any concerns that arise are to be discussed with the Dual Diagnosis Coordinator.
- Regional Dual Diagnosis Coordinators will collect data on the numbers of individuals with a dual diagnosis individuals and identify any issues related to individual's accessing services and supports.
- The Dual Diagnosis Coordinator will share information and provide leadership and assistance in problem-solving at a regional level.
- The Dual Diagnosis Coordinator will provide an analysis of information using a process established by the Provincial Dual Diagnosis Steering Committee.

Regional Coordination Mechanisms

The following regional strategies will be in place to ensure implementation and effectiveness of the Partnership Framework:

- A regional committee including the Dual Diagnosis Coordinator will develop a process to implement and evaluate the effectiveness of the regional implementation plan.
- Staff training and orientation to the Provincial Partnership Framework will occur at the beginning of implementation, with the framework becoming a routine part of orientation for new staff for each partner organization.
- A written, agreed-upon document that describes the Provincial Partnership Framework will be made available for the two partner organizations.

- Regional reporting mechanisms will be established to coordinate and exchange information.

Appendix 4 provides a sample regional flowchart.

Appendix 5 outlines regional partnership initiatives across the province.

4.3 PROVINCIAL ROLES AND RESPONSIBILITIES

Accountability for the implementation and monitoring of the Provincial Partnership Framework rests with the provincial CEOs of the AMHB and PDD organizations. Operational responsibility for implementation and monitoring has been delegated to the provincial Dual Diagnosis Steering Committee, with strong linkages to regional Dual Diagnosis mechanisms.

Provincial Dual Diagnosis Steering Committee

The Steering Committee will be comprised of regional Dual Diagnosis coordinators and provincial representatives from both organizations and provincial advocacy organizations.

Appendix 6 provides the Terms of Reference for the Provincial Dual Diagnosis Steering Committee.

Monitoring Outcomes and Evaluation

The following will be considered in monitoring outcomes and evaluation:

- The long-term success of the partnership will be determined by the effectiveness of the coordinating mechanisms that are in place to ensure the agreement is being used and is working for individuals in need and the staff who serve them.
- Across systems, individuals requiring supports from more than one partner organization will be served in an appropriate way with appropriate services.
- PDD and AMHB staff are able to access appropriate supports from the partner organization, within available resources for their individuals.
- Serving individuals across partner organizations will be coordinated.
- The partner organizations will consult one another on issues that will impact on the other.

The Provincial Steering Committee will consider more detailed performance measurement and evaluation of the Provincial Partnership Framework during its first year of operation.

5.0 PROVINCIAL PARTNERSHIP FRAMEWORK APPROVAL

The Alberta Persons with Developmental Disabilities and Alberta Mental Health Board Provincial Partnership Framework has the approval of both provincial CEOs from PDD and AMHB as identified below.


APPROVED:

Garry Donald
Chief Executive Officer
Persons with Developmental Disabilities
Alberta Provincial Board

Signature: 

Date: March 14 / 03

Ray Block
Acting Chief Executive Officer
Alberta Mental Health Board

Signature: 

Date: March 19, 2003

APPENDICES

APPENDIX 1: PROVINCIAL PARTNER ORGANIZATIONS' VALUES

These were gathered from business plans of each organization to show the similarity of values among the partner organizations.

AMHB	PDD PROVINCIAL BOARD
<p>Values: To achieve our vision and mission, we are guided by a strong sense of values. We believe that,</p> <ul style="list-style-type: none"> ✱ Mental health is fundamental to the well-being of Albertans. ✱ Individuals should be given the opportunity to make the best of their abilities. ✱ We strive to work in harmony with service and community partners to provide an effective and appropriate mental health system that ensures supports and services meet individual needs. ✱ Individuals with mental illness, their families, and those who care for them are entitled to rights, respect, dignity, sensitivity to their culture and participation in decision-making. 	<p>Value Statements:</p> <ul style="list-style-type: none"> ✱ Treating people with integrity, dignity and respect. ✱ Being open and honest in dealings with all others. ✱ Creating equity, effective stewardship and accountability. ✱ Ensuring choices are available for persons with developmental disabilities.

APPENDIX 2: DESCRIPTION OF ORGANIZATIONS

PERSONS WITH DEVELOPMENTAL DISABILITIES PROVINCIAL BOARD

The Persons with Developmental Disabilities (PDD) Community Governance Act (1997) serves as the legislative basis for providing supports to adults with developmental disabilities. The mission statement of the PDD Provincial Board is "to create an Alberta where adults with developmental disabilities are included in community life". PDD assists adults with developmental disabilities to live, work and participate in the community, with the support of family, friends and the community.

The range and extent of supports provided varies substantially, based on the unique needs of the individual. The focus is not on providing programs, but rather supporting quality lives by supporting individuals with developmental disabilities to be included in their community. Over 90% of the individuals supported by PDD are supported by community service providers. Less than 10% of the individuals are supported in PDD operated facilities.

PDD offers a flexible array of supports within these broad categories:

- **Community Living Supports** provide flexible residential supports, including overnight staffed residences, support homes, supported independent living, and respite support.
- **Employment Supports** assist the person to gain and maintain employment. The two components within this category are Employment Preparation and Employment Placement supports.
- **Community Access Supports** promote a person's participation in community activities and personal development, focusing on an alternative to employment or community integration.
- **Specialized Supports** provide unique supports which are needed to assist the person in his/her environment or to enhance access to community, e.g. social skills training, specialized counseling, and advocacy, as well as behavioral supports.

ALBERTA MENTAL HEALTH BOARD MENTAL HEALTH BOARD

Effective April 1, 1999, the AMHB (formerly the Provincial Mental Health Advisory Board) took on a new role and expanded mandate. The Alberta Mental Health Board is a provincial health authority accountable to the Minister of Health and Wellness. The AMHB's responsibilities are to:

- ◆ Promote, preserve and restore the mental health of Albertans and work towards the prevention of mental disorders.
- ◆ Assess the mental health of Albertans on an ongoing basis.
- ◆ Deliver and coordinate the delivery of mental health services in Alberta.
- ◆ Promote and act as an advocate for the provision of mental health services in a manner that responds to the needs of individuals and communities, and supports the integration of services and facilities.
- ◆ Develop and monitor standards for, and monitor performance in, the delivery of mental health services.
- ◆ Determine priorities in the provision of mental health services in Alberta and allocate resources accordingly.
- ◆ Ensure reasonable access to quality mental health services.
- ◆ Engage in and promote research in matters related to mental health.

The mental health system in Alberta is complex. The AMHB has direct responsibility for:

- ◆ Four specialized provincial programs (Forensic Psychiatry, Adult Psychiatry Care, Brain Injury Rehabilitation and Geriatric Psychiatry).
- ◆ Four mental health facilities: Alberta Hospital Edmonton, Alberta Hospital Ponoka, Claresholm Care Centre and Raymond Care Centre.
- ◆ 70 community mental health clinics and approximately 200 contracted services.
- ◆ Telemental health.
- ◆ Dual diagnosis of substance abuse and mental illness.

The AMHB works in partnership with several government ministries and organizations.

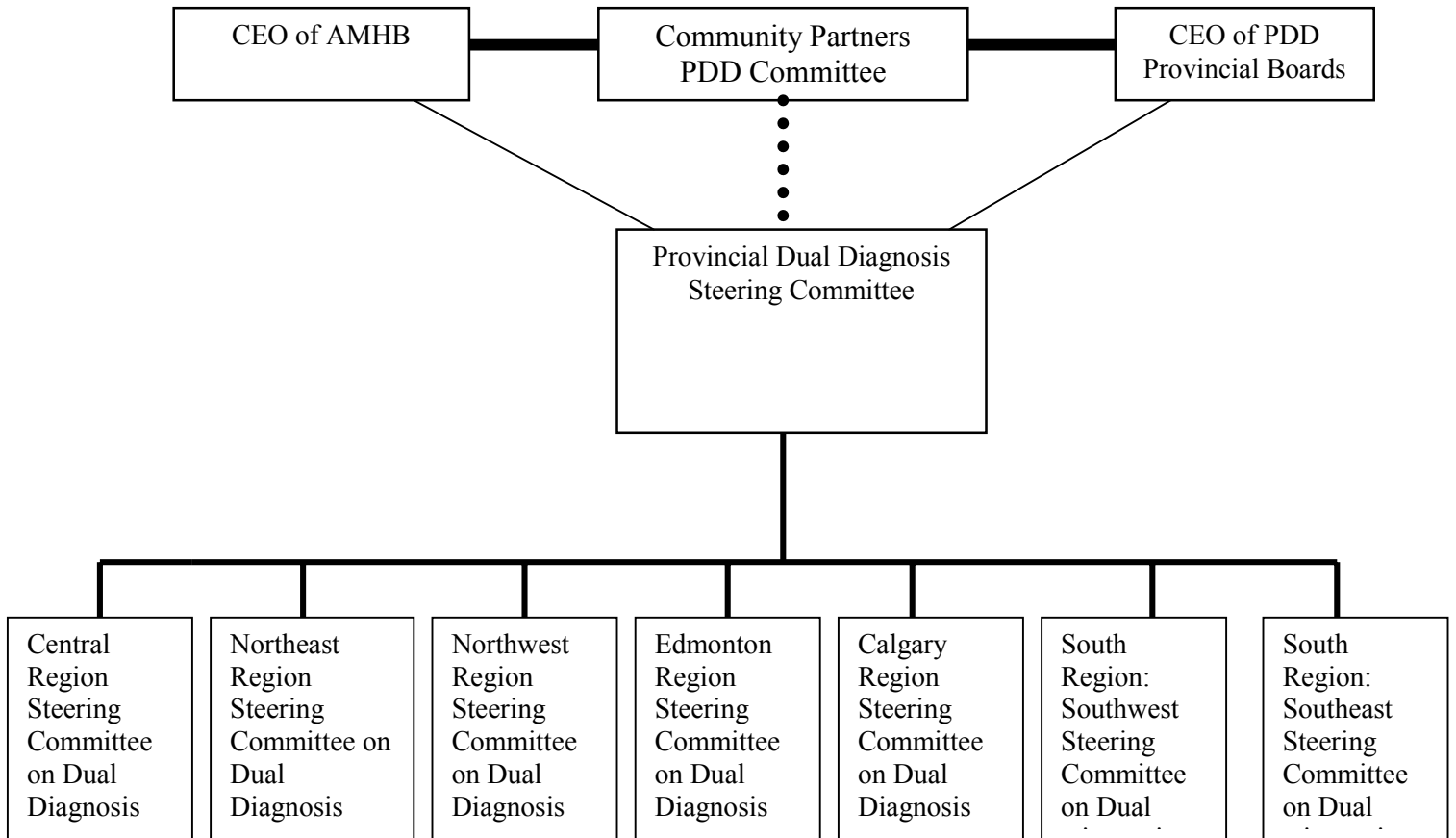
Vision

“Mentally healthy Albertans living in healthy and supportive communities, where promotion, prevention and treatment enable them to maximize their individual potential.”

Mission

The Alberta Mental Health Board is committed to identifying and meeting the mental health needs of Albertans by ensuring that programs are accessible, sustainable, appropriate and promote improved mental health.

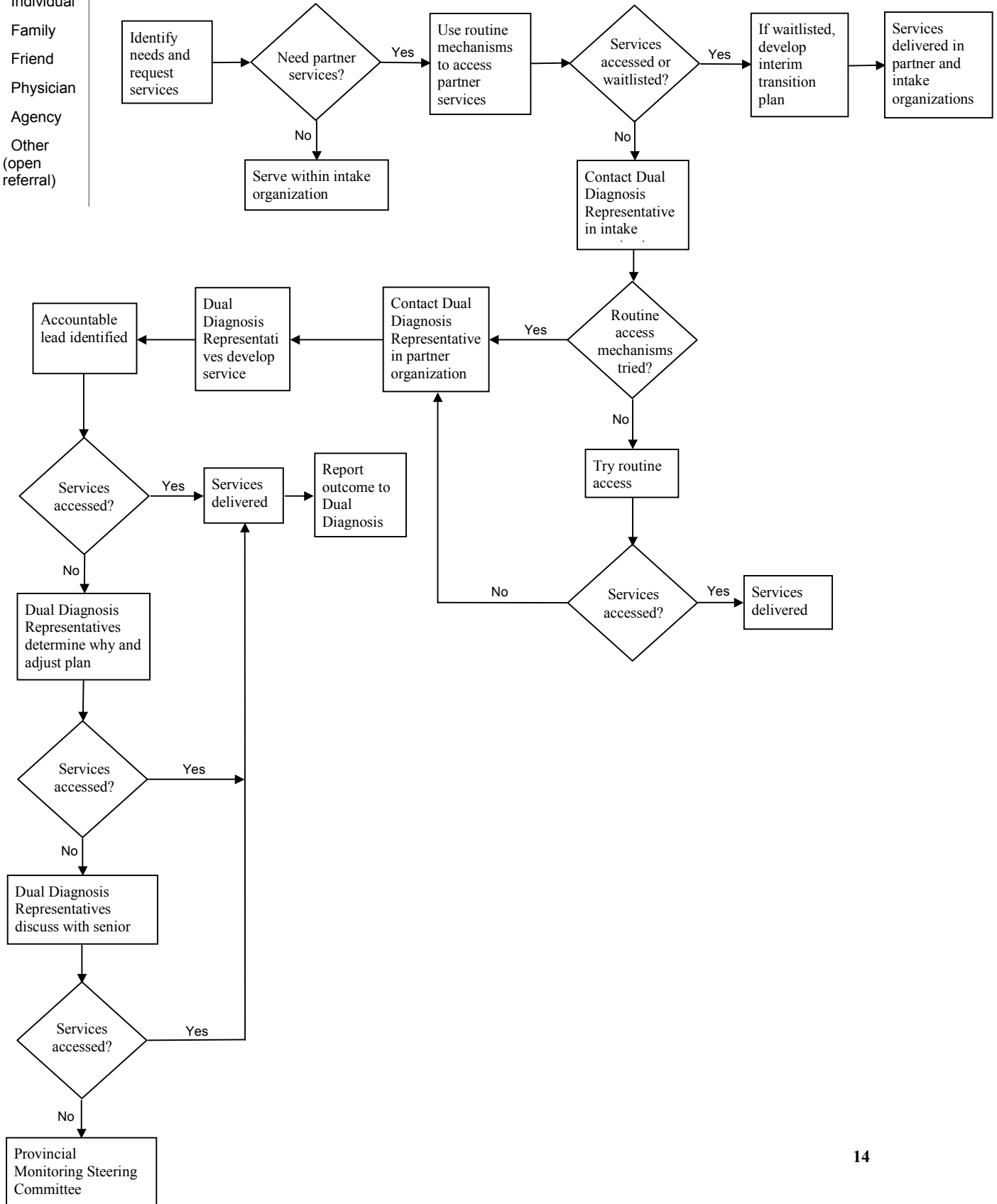
APPENDIX 3: PROVINCIAL IMPLEMENTATION STRUCTURE



APPENDIX 4: SAMPLE REGIONAL FLOWCHART

(ADOPTED BY EDMONTON COMMUNITY BOARD AND THE CAPITAL HEALTH AUTHORITY)

- Individual
- Family
- Friend
- Physician
- Agency
- Other (open referral)



APPENDIX 5: REGIONAL PARTNERSHIP INITIATIVES

EDMONTON REGION (RHA, PDD, AMHB)

IDENTIFICATION OF KEY LEAD: HART CHAPELLE /ELEANOR GRANT/SHARON TELL/MARGUERITE ROWE

Common Goals	<ul style="list-style-type: none"> ✳ Established through the Joint Protocol working group- including Edmonton PDD, Capital Health Authorities and Alberta Mental Health. ✳ The purpose is to develop a draft joint agreement to facilitate serving people with developmental disabilities who require services from PDD Edmonton, Capital Health and Alberta Mental Health. The intent of the protocol is to clarify roles, responsibilities and accountabilities to ensure smooth coordination of services across organizations. ✳ Operational Vision: people receive coordinated services across the mental health, community health, and person with developmental disabilities systems. Services will be more coherent, appropriate and cost effective through increased flexibility in putting packages of care together.
Steps to Ensure Goals are Met	<ul style="list-style-type: none"> ✳ The joint protocol was developed by and agreed to by the tripartite group. ✳ The Senior management for each organization has endorsed the protocol agreement.
Agreed upon action	<ul style="list-style-type: none"> ✳ To implement the joint protocol agreement for a period of one year, after which time it will be reviewed and resigned. ✳ Dual Diagnosis Representatives have been identified to assist with the implementation of the protocol.
Expectations	<ul style="list-style-type: none"> ✳ Each of the partners will consult one another on issues that impact the others.
Outcome measures	<ul style="list-style-type: none"> ✳ People with developmental disabilities will have access to appropriate, timely and consistent supports/services from the partners.

CENTRAL REGION (RHA, PDD, AMHB)

IDENTIFICATION OF KEY LEAD: TRACEY EKLUND/DI VOSBERG

Common Goals	<ul style="list-style-type: none"> * Established through the Dual Diagnosis Partnership Council. The goal for all partners is to entrance supports and strengthen quality of life opportunities for individual with Dual Diagnosis.
Steps to Ensure Goals are Met	<ul style="list-style-type: none"> * Promote awareness, education and shared training opportunities. * Collaborative planning and sharing of resources. * Ensure a continuum of resources are available. * Promote full citizenship * Promote best practices.
Agreed Upon Action	<ul style="list-style-type: none"> * The membership has agreed to meet monthly. A workplan has been developed with assigned responsibilities, resources, timeliness and evaluation.
Expectations	<ul style="list-style-type: none"> * All members agree to fully participate. Subcommittees have been established to focus on a province side conference and a treatment/assessment/stabilization proposal.
Outcomes Measures	<ul style="list-style-type: none"> * To evaluate the membership's progress on a yearly basis. The workplan represents the continuous quality approach in the support for individuals with a dual diagnosis.

CALGARY REGION (RHA, PDD, AMHB)

IDENTIFICATION OF KEY LEAD: BRUCE SWAN/MARY KAY RUSSELL

Common Goals	<ul style="list-style-type: none"> * Further development of the Dual Diagnosis Clinic. * Development of plans for furthering our joint work together.
Steps to Ensure Goals are Met	<ul style="list-style-type: none"> * Continued joint participation in the Calgary Dual Diagnosis Committee. * Discussion of how additional resources can be allocated to the Dual Diagnosis Clinic. * Joint staff training.

	<ul style="list-style-type: none"> * Begin work on a Regional Joint Protocol.
Agreed Upon Action	<ul style="list-style-type: none"> * Continued joint funding of the Nurse Coordinator position for the Dual Diagnosis Clinic. * Continued support for Dr. Carpenter to dedicated the majority of her time to the Dual Diagnosis Clinic. * Alberta Mental Health will join the Training and Development Committee.
Expectations	<ul style="list-style-type: none"> * The partners will work together on areas of mutual concern and benefit.
Outcomes Measures	<ul style="list-style-type: none"> * Additional resources, i.e. psychological services, are provided to the Dual Diagnosis Clinic. * There is a representative from Alberta Mental Health on the Calgary Region Training and Development Committee. * The membership of the Dual Diagnosis Committee is expanded.

**SOUTH REGION (RHA, PDD, AMHB)
SOUTH EASTERN STEERING COMMITTEE**

IDENTIFICATION OF KEY LEAD: NOEL MCGARRY/DEBRA BEST

Common Goals	<ul style="list-style-type: none"> * to focus on developing a formal partnership to address supports for individuals with a dual diagnosis.
Steps to Ensure Goals are Met	<ul style="list-style-type: none"> * to establish a working committee to develop a formal protocol with specific areas to be addressed.
Agreed Upon Action	<ul style="list-style-type: none"> * The working committee will be made up of a organization PDD/AMHB to co-chair.
Expectations	<ul style="list-style-type: none"> * A Southeastern Regional Dual Diagnosis Steering Committee has been established.
Outcomes Measures	<ul style="list-style-type: none"> * To be developed by Dual Diagnosis Steering Committee.

**SOUTH REGION (RHA, PDD, AMHB)
SOUTHWESTERN STEERING COMMITTEE**

IDENTIFICATION OF KEY LEAD: NOEL MCGARRY/DIANE CONLEY

Common Goals	* To focus on developing a coordinated regional service delivery system for individuals with a dual diagnosis.
Steps to Ensure Goals are Met	* Establish a regional committee.
Agreed Upon Action	* To identify and define case management role. * Focus on a partnership with RCD. * Develop a committee plan to coordinate difficult cases. * Develop educational/training opportunities for PDD, mental health and community agencies.
Expectations	* To be determined by Coordination Committee.
Outcomes Measures	* To be determined by Coordination Committee.

NORTHEAST REGION (RHA, PDD, AMHB)

IDENTIFICATION OF KEY LEAD: IDENTIFICATION OF KEY LEAD: ALEX HILLYARD, BILL TIDSBURY, BARB CHAFFEE

Common Goals	* Establish a regional working protocol/governance agreement with Northeast PDD, Alberta Mental Health, and the two RHA's within the Northeast Region.
Steps to Ensure Goals are Met	Focus of protocol/governance agreement is to identify areas of joint service development, resource allocations, and professional development for staff. * Initial meeting May 3, 2002 with David Marr, Administration Director of Adult Community Mental Health Services, and community workers from Aspen, Northern Lights, and Lakeland regions. Also in attendance were Dr. Alex Hillyard, CEO, and Community Service Coordinators. The focus of the meeting was to review roles, mandates, service issues, and identify areas of collaboration between AMHB and PDD.
Agreed Upon	* Agreed to wait until AMHB transition to Regional Health Authorities

Action	<p>before formalizing regional protocol/governance agreement.</p> <ul style="list-style-type: none"> * Continue contact and planning between PDD Service Coordinators and AMHB community workers in local communities within the region. * Involvement and commitment of Mental Health in employment project with HR&E, Metis Region, and PDD, in the Whitecourt community.
Expectations	<ul style="list-style-type: none"> * Further contact and joint service development.
Outcomes Measures	<ul style="list-style-type: none"> * Quality of life for persons with Developmental Disabilities and Mental Health diagnoses are improved in their local community.

NORTHWEST REGION (RHA, PDD, AMHB)

IDENTIFICATION OF KEY LEAD: DON THOMPSON/SUSAN MCKENZIE

Common Goals	<ul style="list-style-type: none"> * Each Client Service Coordinator, working in conjunction with the individual with a developmental disability, designs an action plan with their Mental Health Caseworker in their home community.
Steps to Ensure Goals are Met	<ul style="list-style-type: none"> * Our approach is collaborative with the Client Service Coordinator and the Service Provider taking lead action to ensure that appropriate services are provided.
Agreed Upon Action	<ul style="list-style-type: none"> * To identify needs. * To share resources. * To review protocols. * To monitor progress and implement alternatives as needed.
Expectations	<ul style="list-style-type: none"> * Individuals with developmental disabilities experiencing an increased level of independence, an improved balance of needs and a more satisfied life style.
Outcomes Measures	<ul style="list-style-type: none"> * An improved coordinated services for any individual requiring access to both our resources.

APPENDIX 6: PROVINCIAL DUAL DIAGNOSIS STEERING COMMITTEE TERMS OF REFERENCE

Purpose:

To ensure provincial implementation and monitoring of the PDD & AMHB Partnership Framework for supporting adults with a dual diagnosis, with the goal of aligning the provincial policy framework with regional practice realities.

Scope:

Operating in an advisory capacity the committee will serve as a forum for coordinating the provincial implementation of the Partnership Framework, sharing successes and promising practices, addressing regional and provincial issues, monitoring progress and evaluating the success at the operational level.

Roles and Responsibilities:

- Develop a common process for regions to track, monitor and analyze data.
- Develop performance indicators for evaluation purposes.
- Develop a provincial system for tracking regional data, as well as monitoring challenges and successes.
- Develop an accountability framework to determine the nature, extent and frequency of information sharing with the provincial CEOs of PDD and AMHB.
- Maintain a liaison with the PDD Partners Committee, providing provincial progress reports and a dialoging on issues and challenges, seeking input as needed.
- Ensure that all members have feedback loop for apprising their constituents of progress, issues and challenges and seeking input to the committee's work.
- Serve as a provincial advisory resource for regional reps when a region is encountering significant challenges in supporting unique situations.
- Openly share learnings with other interested groups from the community.
- Develop a post implementation plan following the first year of implementation.
- Provide a post implementation evaluation to the provincial CEOs of PDD and AMHB.
- Revisit and amend the Terms of Reference as needed, following the post implementation evaluation.

Membership:

- Former chair of the original provincial Dual Diagnosis Working Group.
- Dual diagnosis coordinators from all regions, with representatives from both PDD and Mental Health Programs within the RHAs.
- Provincial representatives from both PDD and the mental health service system.

- Provincial representation from the Alberta Association for Community Living.
- Additional provincial organizations may be added as needed.

Frequency of Meetings:

Quarterly meetings or more frequently if required.

Accountability:

This advisory committee is accountable to the provincial CEOs of the PDD and AMHB systems, using established mechanisms.