A GUIDE TO DEVELOPING A DEMENTIA NETWORK

Submitted By: Dementia Networks Work Group as part of Ontario's Strategy for Alzheimer Disease and Related Dementias on January 21, 2002

A WORK IN DEVELOPMENT

This Resource Guide will be made available to existing dementia networks and developing networks to field test and to gain further insights into network development, challenges, opportunities, and strategies for success that will be incorporated into the Guide by the Dementia Networks Work Group periodically for the duration of Ontario's Strategy for Alzheimer Disease and Related Dementias.

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EXECUTIVE SUMMARY

This Resource Guide is a product of Ontario's Strategy for Alzheimer Disease and Related Dementias. As part of the Strategy, Initiative #9 – Coordinated Specialized Diagnosis includes the design of local, specialized support networks to support persons with dementia, their families and caregivers.

This Guide will be made available to existing dementia networks and developing networks to field test and to gain further insights into network development, challenges, opportunities, and strategies for success that will be incorporated into the Guide by the Dementia Networks Work Group periodically for the duration of Ontario's Strategy for Alzheimer Disease and Related Dementias.

Goal of Dementia Networks

The goal of dementia networks is to improve the system of care required by persons with dementia, their families and caregivers. This includes **all** service providers and organizations that enhance the well-being of persons with dementia, their families and caregivers.

Purpose of Dementia Networks

The purpose of dementia networks is to serve as a vehicle to facilitate people and resources coming together locally, regionally and provincially to improve the system of care (including service delivery, education and research) for persons with dementia, their families and caregivers. Dementia networks formalize, improve and build on existing relationships/linkages and provide a means to achieve what autonomous organizations cannot do on their own.

Benefits of Dementia Networks

1. *Persons with dementia* – benefit from improved access and more timely and appropriate services, information and support.

2. *Families and caregivers* – benefit from better access to information and support.

3. *Providers* – benefit by being able to do their job better and more efficiently.

4. *Health system* – benefits by sharing expertise and using resources better.

5. *Overall* – networks serve as a forum for system-wide planning and problem solving.

Dementia Networks do not

1. Integrate all services under one management and funding structure.

2. Provide direct services.

How do they work?

Networks rely on:

- A willingness and the ability of members to work together towards common goals in order to improve the system of care for persons with dementia, their families and caregivers.

- Some level of organization and in kind contribution from members.

- The use of influence, persuasion, consensus building and information sharing to improve and build on existing linkages between organizations.

How do Dementia Networks relate to other networks?

It is important that dementia networks identify and build on existing relationships/linkages with other related networks in the community in order to improve the system of care for persons with dementia, their families and caregivers.

Why develop Dementia Networks now?

The creation or enhancement of existing dementia networks will provide a vehicle to share information concerning new developments and opportunities

in health care to improve the system of care for persons with dementia, their families and caregivers.

This Guide provides an opportunity for existing or developing dementia networks to provide feedback concerning local network development, that can be shared with other existing or developing dementia networks across the Province. The Dementia Networks Work Group will update this Guide as feedback is received from existing or developing dementia networks.

Highlights of the Guide

This Guide offers practical information to assist communities in establishing a dementia network or for existing networks that are looking for a resource to enhance the functioning of their network. A description of what a dementia network is and how a dementia network can improve the provision of care to persons with dementia, their families and caregivers is included.

This resource guide is not a recipe for the creation of a dementia network; it offers strategies to assist communities in the planning and creation of a dementia network. The material is broad enough to allow communities the opportunity to develop a dementia network that is reflective of their community needs. The goal is to improve the system of care required by persons with dementia, their families and caregivers.

SECTION 1 – ABOUT THIS GUIDE

This resource guide is for use by all people concerned about service delivery, education, research and planning associated with Alzheimer Disease or related dementias. This guide has been written to help communities develop their own "home grown" dementia network.

Local dementia networks bring together the right combination of players to work together towards an approach that is centred on persons with dementia, their families and caregivers over time and across settings.

This guide explains what health networks are, what a dementia network can do for your community and offers practical advice on how to go about developing one. It seeks to balance the ideal and the practical, realizing that there will be differences in how goals are pursued in each community. Resource information from health networks in Ontario and elsewhere document successes, lessons learned, and barriers overcome. This Guide is relevant to both rural communities and urban centres.

Local communities can use this resource guide to develop a dementia network that is reflective of their own circumstances or to modify and build on an existing network.

This resource guide does not need to be read in its entirety. It can be used as a reference or as a basis for discussion. This guide cannot anticipate or address all circumstances that might be encountered. Some aspects may be more relevant in some communities than in others. This resource guide gives a common vocabulary and framework within which to start or to enhance an existing network. Communities will undoubtedly depart from and go beyond the contents of this guide.

In areas designated under the *French Language Services Act (FLSA),* the planning, the coordination and the delivery of services must be consistent with the provisions of the Act.[1]

[1] Please see Office of Francophone Affairs, Ontario Government web site for a map and list of the 23 designated areas in the province. The web site is: http://www.ofa.gov.on.ca/english/23region.htm#content

SECTION 2 – BACKGROUND

2.1 Introduction

This resource guide is a product of Ontario's Strategy for Alzheimer Disease and Related Dementias.[2] The Ontario Seniors' Secretariat and the Ministry of Health and Long-Term Care announced this comprehensive multi-faceted strategy in September 1999.

This Guide has been created through the voluntary and collaborative effort of many persons across Ontario, most notably the Dementia Network Work Group, seventeen persons from a cross section of communities, professions, and cultural backgrounds, united by their involvement in some aspect of dementia care. These individuals were invited by the Ontario government to come together to develop a resource guide for use by local communities to assist them in creating a local dementia network. Four regional consultations took place in June 2000 to assist in the development of a practical resource guide. The Work Group was also mandated to provide recommendations in the ongoing development and guidance of dementia networks in Ontario. Their work has been greatly enriched by the ongoing research into four Ontario dementia networks.[3]

2.2 Ontario Alzheimer Strategy

The Ontario government announced its Strategy for Alzheimer Disease and Related Dementias in September 1999, the first comprehensive, multi-faceted provincial strategy on Alzheimer Disease to be introduced in Canada.

The government is investing $68.4 million over five years on a 10-point action plan to improve the quality of life for persons with Alzheimer Disease and related dementias and to provide support to their caregivers and families. The Strategy is comprised of ten separate but related initiatives. The 10 initiatives are:

1. Staff Education and Training
2. Physician Training
3. Public Awareness, Information and Education
4. Planning for Appropriate, Safe and Secure Environments

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[2] For further information concerning Ontario's Strategy for Alzheimer Disease and Related Dementias please visit the Ontario Seniors' Secretariat web site at http://www.gov.on.ca/mczcr/seniors/english/alzheimer-strategy.htm

[3] There is a Dementia Care Network's Study involving the networks in Hamilton, Niagara, Ottawa and Toronto underway with a completion date in 2002. This is a two-year study and a collaborative project led by the University of Toronto and McMaster University with involvement of University of Ottawa and Queen's. The study is funded by the Canadian Health Services Research Foundation and the Ontario Ministry of Health and Long-Term Care. The co-principal investigators are Dr. Louise Lemieux-Charles, University of Toronto and Dr. Larry Chambers, McMaster University.

5. Respite Services for Caregivers
6. Research on Caregiver Needs
7. Advance Directives on Care Choices
8. Psychogeriatric Consulting Resources
9. Coordinated Specialized Diagnosis and Support
10. Intergenerational Volunteer Initiative

An Advisory Committee, comprising citizens active in the field of dementia from across Ontario has provided advice and guidance to the government on the implementation of the ten initiatives and meets to ensure coordination across the 10 initiatives at the regional level.

Initiative #9, "Coordinated Specialized Diagnosis and Support," has three components which include: the design of local, specialized support networks to support persons with dementia, their families and caregivers through the front line agencies that support them; the creation of a research coalition to plan and monitor Alzheimer research; and a review of specialized geriatric services to refine their scope and mandate to make their expertise more readily available to persons with Alzheimer Disease and their families. This Guide has been developed in response to the first component of this Initiative. The design of local, specialized support networks stems from a belief that improving dementia care is not only a matter of specific service enhancements and educational initiatives, but that services need to be tied together at another level through collaborative and client-focused dementia networks if they are to be easily accessible, timely and appropriate.

2.3 What is dementia?

Dementia is a group of symptoms that affects the brain. It involves a decline in memory, changes in thinking, perceiving and acting. Dementia interferes with an individual's daily functioning and is commonly accompanied by changes in personality, mood and behaviour. People of any age can develop dementia, although it is much more common in older people.

There are many kinds of dementia. The most common causes are Alzheimer Disease and vascular dementia.[4]

The effects of dementia are gradual.
Dementia affects the brain.
Dementia is a progressive illness.

[4] The Alzheimer Society of Ontario is able to provide further information concerning Alzheimer Disease. Information is available at: http://www.alzheimer.ca

Alzheimer Disease:

- accounts for roughly two-thirds of all dementias;
- is a progressive disease of the brain, in which there is a gradual loss of function;
- affects cognitive functions such as thinking, memory, and judgement;
- affects a person's behaviour, mood, emotion, language ability and ability to complete such seemingly simple activities of daily living as brushing their teeth or combing their hair;
- gradually destroys vital nerve cells in the brain;
- affects each person differently.

Although new drug treatments are showing promise in slowing down the decline, there is no known cause or cure, and Alzheimer Disease is ultimately fatal.[5]

In the vascular dementias, there are problems with the blood supply to brain cells. For example, the most common type of vascular dementia is multi-infarct dementia. Tiny strokes (infarcts) damage small areas of the brain. Each small stroke contributes to the progression of dementia.

Other causes of dementia may include dementia of the Lewy Body Type, Parkinson's Disease, Pick's Disease and Huntington's Disease. All forms of dementia seriously affect an individual and require a great deal of attention; local networks should not be restricted to Alzheimer Disease alone.

2.4 What is a health network?

A health network is a vehicle to share information and is committed to the achievement of common goals, advocacy and promoting linkages. It provides a means to achieve what individual organizations cannot do on their own. Member agencies still function independently outside of the network, but with greater awareness and improved interfaces with other agencies, programs and services provided in the community. Health networks can be provincial, regional or local.

In recent years, the delivery of health care services has changed greatly. The challenges facing all health service providers are increasingly complex and require innovative, collaborative and comprehensive efforts to continue to improve Ontario's health care system. **Health service networks facilitate the coordination of services by bringing together a variety of providers, educators, researchers, consumers and other relevant stakeholders to problem solve, exchange information and focus on the needs of persons with dementia, their families and caregivers beyond the single service**

[5] For information concerning the Canadian Medical Association Dementia Guidelines, June 1999 from the Canadian Consensus Conference on Dementia see: http://cma.ca/cmaj/vol-160/issue-12/dementia/index.htm

provider. The intent of a health network is to improve service linkages and access through the continuum of client care.

A local health network can be described as a community-led partnership among at least three health care provider organizations intended to improve access to needed health services and to make it easier for persons to use the health care system.[6]

Although they may vary widely in scope and structure, successful health networks are:

- ***Based on community needs –*** Services are linked and systems are developed on the basis of community needs.
- ***Focused on the client –*** Improved care available to persons with dementia, their families and caregivers is the focus and goal.
- ***Supported by innovative and enterprising leadership-*** Change champions are leaders.
- ***Supported by key local stakeholders-*** Essential to include community members and persons with dementia, their families and caregivers.
- ***Based on a willingness to partner-*** Members are prepared to collaborate on an ongoing basis.
- ***Focused on service and system change-*** Members are willing to change how they do business.
- ***Based on representation across a continuum of care -*** Involvement of individuals, organizations and agencies in all relevant health sectors and systems, e.g., persons with dementia, acute care, specialized geriatric, medical and psychiatric care, long-term care, complex continuing care and community care.
- ***Based on representation across professional groups-*** Individuals and organizations that provide knowledge, expertise and resources across service, education, research, and planning.[7]

Health Networks are **NOT**:

- ***Corporations*** integrating all related health services under a single governance, management and funding structure.
- ***Direct providers*** of services to clients, except where specifically legislated, e.g., Cancer Care Ontario is a direct service provider. Individual organizations remain responsible for providing direct services to clients.
- ***All about computers***, but are mainly about people who may be working in isolation having the opportunity to share their knowledge. Computers and information systems do play an important role, however, in providing the kind of information upon which informed decisions can be made.

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[6] The Toronto District Health Council submitted a report to the Health Services Restructuring Commission, December 1999, entitled "Integration In Action: Lessons Learned From Networks In Toronto". This report provides a review of seven networks in Toronto.

[7] Adopted from the Ontario Hospital Association. (1998). *Health Networks, Seven Case Studies: A Description and preliminary analysis.*

2.5 Purpose of a Dementia Network

The purpose of dementia networks is to serve as a vehicle to facilitate people and resources coming together locally, regionally and provincially to improve the system of care (including service delivery, education, research and planning) for persons with dementia, their families and caregivers. Dementia networks formalize, improve and build on existing relationships/linkages and provide a means to achieve what autonomous organizations cannot do on their own.

Networks are involved in dementia care because of their interest in improving the system of service delivery, education, research and planning in the area of dementia.

At the core of a Network must be:

- The understanding that each community has strengths and resources upon which to build.
- A respect for the importance of client centred planning and service delivery.

The Network can engage the community in consultations to determine the needs, concerns, and strategies that best address care for persons with dementia, their families and caregivers.

The complexity and progressive nature of dementia has implications for networks. They are:

- Improved linkages between service organizations are necessary as persons with dementia, their families and caregivers require an array of different services at different times across sectors.
- Improved linkages between service organizations are required as the illness is progressive and requires a continuity of care and accessibility of different services at different times according to the changing needs of persons with dementia, their families and caregivers.
- Improved linkages between service organizations are required as the illness often causes interdependent changes in physical, intellectual and emotional functions of the person and the support of physical and social environments.
- Greater knowledge, skills, coordination and access to individuals in organizations who have the ability to address issues across the physical, intellectual, emotional, functional, environmental and social domains are needed.

2.6 Why develop a network now?

The creation or enhancement of existing dementia networks will provide a vehicle to share information concerning new developments and opportunities

in health care to improve the system of care for persons with dementia, their families and caregivers.

2.7 How do other networks relate to the dementia network?

It is important that dementia networks identify and build on existing relationships/linkages with other related networks in the community in order to improve the system of care for persons with dementia, their families and caregivers.

2.8 Ministry involvement

Both District Health Councils (DHC) and Ministry of Health and Long-Term Care (MOHLTC) regional offices can provide a valuable support and integrative function to and across several networks. Networks can also act as a resource to DHCs and MOHLTC offices as they relate to their activities and functions associated with the care of persons with dementia, their families and caregivers.

Ministry of Health and Long-Term Care Regional Offices

The (MOHLTC) has been decentralizing -- adding hospital care and mental health services to the already decentralized long-term care functions. This integration of health care functions to the regional level makes access to government easier and more responsive to local situations. The regional office is a valuable source of practical help in network development.

The MOHLTC regional offices can be helpful to local networks in facilitating, consulting and supporting networks. This includes assistance in fostering among others, access to specialized services.

2.9 District Health Councils

The DHC can lend their facilitation and coordination expertise to help start or strengthen a local network. A DHC can provide assistance to a local dementia network in some of the following areas: assessing need; developing an inventory of services; assessing gaps; fostering partnerships; planning; providing meeting space; facilitating meetings; and helping with the development of protocols, service agreements and evaluation.

A DHC could be involved in several local dementia networks and can be a vehicle for communication across adjacent networks.

SECTION 3 – GETTING STARTED

3.1 Target population

a) Persons with dementia, their families and caregivers;
b) Service providers, health care professionals, agencies and organizations that provide care and support to persons with dementia, their families and caregivers;
c) Researchers, educators, planners and advocates who seek improved dementia care within their community.

3.2 Membership

(i) Form working group of local champions

It is always a judgement call to decide how to tradeoff the efficiencies of a small group versus the inclusiveness of a larger group. Each community will need to assess what works best for them.

Generally, if no network activity has occurred related to the service needs of persons with dementia, their families and caregivers it may be wise for a few committed and credible community leaders to do some background work before convening a larger group to decide how to proceed. This will provide an opportunity for some thought to the various options available, which could than be put to a larger group for discussion.

(ii) Key service organizations and providers

This will vary from community to community but will likely include the following health, social service and information agencies:

- Alzheimer Society chapter;
- Community Care Access Centres (CCAC's)
- Primary care physicians, Medical Directors of long-term care facilities and CCAC's and opinion leaders identified by the Ontario College of Family Physicians;
- Specialized geriatric services[8];
- Specialized services[9];
- Advance care planning resource team members;
- Adult day programs;
- Community psychiatric and mental health services;
- Community health and social service agencies;
- Hospitals, including emergency departments;

[8] Examples of specialized services for seniors include geriatric medicine and geriatric psychiatry services.
[9] Examples of specialized services include neurology, internists, orthopedists, and opthamologists among others.

- Complex continuing care facilities;
- Long-term care facilities;
- Public health;
- Police;
- Education and research organizations, e.g., colleges and universities.

The Public Education Coordinator from the local Alzheimer Society Chapter and the Psychogeriatric Resource Consultants may be able to assist in identifying who should be involved.

It is important to recognize that persons with dementia have both long-term care and mental health needs and both sectors need to be involved. As well, persons with dementia are prone to all the medical, psychiatric and functional problems that affect the general population. Any local dementia network should make sure that it involves organizations/individuals with expertise to address the broad physical, intellectual, emotional and functional health of the individual with dementia as well as their families and caregivers.

The involvement of administrative leaders from the above organizations can be an important source of support and can enhance the knowledge of front-line service providers by assisting with the development and implementation of a dementia network in the local community.

(iii) Key stakeholders

They represent not only the service providers, but also researchers, planning bodies and persons affected by dementia that come together to address a specific issue. Initially, you may have a small membership base, with persons having specific vested interests. As the network evolves, representation may increase at the work group level and often on the steering committee.

In addition, the Dementia Networks may explore linkages with other networks and planning organizations including the District Health Councils and District Mental Health Implementation Task Forces.

Although most health networks are oriented around a spectrum of health and social service providers, there is a strong argument for including the individuals for whom the network is being established. In the case of dementia, this means persons with dementia, their families and caregivers who can represent the needs of those with dementia.

(iv) Key supporters, enablers

The Psychogeriatric Resource Consultants as well as the Public Education Coodinators through the local Alzheimer Society chapters have a supportive and facilitative role in existing networks and in the development of dementia networks where none exist.[10]

[10] The Public Education Coordinators and Psychogeriatric Resource Consultants should not be assumed to represent their organization in the network.

The Public Education Coordinators through the local Alzheimer Society chapters work with local organizations and networks to develop and facilitate support for persons with dementia, their families and caregivers to ensure that public awareness and education is facilitated across the province.

A key function of the Psychogeriatric Resource Consultants is to assist in developing and maintaining local agency networks. The Psychogeriatric Resource Consultants will be a resource for existing networks. Facilitating and maintaining existing local networks is consistent with their mandate.

PIECES trained staff in long-term care facilities and at CCACs are also key individuals who should be involved in discussions concerning the development of a local dementia network.

(v) Potential leaders

The identification of a capable and credible leader who is willing to devote time to the creation of a dementia network will assist in the development of an effective health network. **It is essential not to confuse leadership with ownership**. Although one or two champions may take the lead, it should be emphasized that each network member has an **equal** stake in the network.

If there is a primary care physician in the community with a special interest in dementia and who is a respected opinion leader, their involvement should be encouraged. Primary care physicians are an important group to attract as they are usually involved in providing care to persons affected by dementia throughout the course of the dementia. The Ontario College of Family Physicians may be able to identify physicians who are opinion leaders in their community.[11]

3.3 Determine your catchment area

Each community will have to determine this based on existing boundaries and local service patterns.

Key Considerations:

- **Local dementia networks need to be LOCAL, which means that the partners must feel real interdependencies.**

- **Use of logical existing boundaries of related organizations may avoid disruptions in the continuity of care for persons with dementia, their families and caregivers.**

[11] Ontario's Strategy for Alzheimer Disease and Related Dementias, Initiative #2 Physician Education includes up to 140 Physician Opinion Leaders being identified across the province.

In most areas of Ontario, the boundaries of the local Alzheimer Society chapters and the Community Care Access Centre overlap. In many situations, this area may be a logical catchment area for a local dementia network.

Other considerations:

- It is preferable for persons with dementia to receive care and services close to home. Although a critical mass of services is required to create a viable network, it is preferable to create local networks as opposed to a single network across a vast geographic region.
- Local network boundaries should be adjacent to one another and neither overlap nor leave areas uncovered. Where local networks are alongside one another, boundary relationships should be negotiated.
- Local networks should explore and implement inter-network coordination functions to ensure access to regional based resources.
- Advice may be sought from Regional Offices of MOHLTC and/or from local District Health Council on network boundaries.

CHECKLIST

- **Determine Membership**
- **Identify Key Service Providers**
- **Identify Potential Leaders**
- **Determine Your Catchment Area**
- **Consider Regional interfaces**

SECTION 4 – INITIAL TASKS

4.1 Inventory of programs and services

The initial approach in developing an inventory of programs and services needed by persons with dementia, their families and caregivers may focus on dementia services. The long-term vision of the network should include all services used by persons with dementia, their families and caregivers.

A description, review and analysis of where persons with dementia, their families and caregivers go for services and who currently does what is a very useful exercise to show network members the scope of services that each organization provides, in addition to determining gaps and/or problem areas. This review will prove invaluable in selecting reasonable and reachable goals.

References and planning tools can be found in Appendices A, B and C.

Suggested questions include:

1. What services are needed by persons with dementia, their families and caregivers over the course of the disease?
2. What services are available in the community for persons, families and caregivers living with dementia? This analysis should include location, waiting lists, volumes, number and type of staff available.
3. Are there any gaps, duplications, and inefficiencies in service delivery? Are these due to poor links?
4. What informal alliances and formal partnerships (e.g. service agreements, shared referral and/or care protocols, etc.) currently exist among these service providers?
5. Where applicable, how are providers meeting the service needs of French speaking populations and other linguistically and ethnically diverse populations?
6. Where applicable, how are providers meeting the needs of special populations, e.g., persons with Alzheimer Disease and Down Syndrome or early-onset dementia?

Review local community to see if the following elements of care are available for persons with dementia, their families and caregivers.

Key service	Key questions
Public awareness – pre-diagnosis	• Is there good public awareness of the early signs and symptoms of dementia and advantages to early identification?

Assessment	• Does the provision of a holistic assessment that is focused on the person's strengths, challenges and preferences exist? • Is there assessment available at key stages in the progression of the disease and where there has been a significant change in the person's functioning? • Is there provision for assessment of the family and caregivers? • Are assessment results for persons with dementia, their family and caregivers linked? • What services exist to assess the person's fitness to drive?
Diagnosis	• What services provide for the diagnosis of dementia, particularly Alzheimer Disease at an early stage? • Are there services available with specialized training and skills for complex or unusual presentations of dementia? • Do care providers know how to access diagnostic services?
Treatment	• What exists for the treatment of the whole person including medical, psychiatric and functional issues?
Care planning	• What services are involved in care planning that reflects the needs and strengths of persons with dementia, their families and caregivers? • Is there planning that is longitudinal and reflects progression of the disease? • Is care planning linked to assessments? • Is information provided concerning advance care planning? • Does the process for care planning address the transitions between sectors, e.g., placement to long-term care facilities from home.

Counseling	• What supports are available to address the psychosocial as well as the practical aspects of living with dementia or caregiving throughout the course of the disease? • Is grief counselling available at all stages of loss for persons with dementia, their families and caregivers?
Education & training	• Is there specialized training and education available for persons with dementia, their families and caregivers, e.g., advance care planning and environmental safety measures? • Is similar education and training available for all health care providers, including physicians and volunteers?
Legal & financial	• Is there legal assistance for persons with dementia, their families and caregivers at all stages of the dementia? • Is professional financial advice available?
Activation services	• What programs and activities provided by staff and volunteers in a variety of settings are available to accommodate the needs of all persons with dementia? • What social programs are available for families and caregivers?
Safety	• What services provide home safety assessments? • What services are available to assist a person who is in danger of wandering, e.g., Alzheimer Society wandering registry and police search and rescue?
In-home services	• Is there a full continuum of services including paid in-home care? • Do appropriately trained workers provide services? • Is there a continuity of care providers? • Are these services available regardless of the type of home situation, e.g., retirement home?

Respite care	• Are there services that provide for regular breaks each week and planned vacation care? • Is there a full continuum of respite services including paid in-home care?
Transportation	• Do services exist to transfer persons with dementia, their families and caregivers to medical and social programs?
Case management	• Is there assistance with navigating the transitions that characterize the dementia care journey? • What services provide a personalized and consistent source of information and guidance?
Crisis care	• What services provide for emergency medical and respite care?

4.2 Focus Groups

The purpose of focus groups is to enrich the information gathered by engaging targeted groups/populations in discussion. The involvement of potential community partners in the process gives them a stake in the outcome. Focus groups allow for the opportunity to explore challenges, concerns and perceptions from various stakeholder viewpoints. An important task includes the above review of the elements of dementia care provided in their local community

Focus groups are best with 8-10 people, using open-ended questions to evoke discussion, provide information and explore perceptions of the community. A network member may choose to facilitate the group and record the feedback. The group sessions may typically last for 1-2 hours.

The location, transportation and time of meetings need careful consideration, e.g., caregivers may need care for the person they are caring for in order to attend. Where applicable, opportunities for focus groups to be conducted in French or languages of population served in the local community should be made available. The District Health Council may be able to assist the network in planning and holding the focus groups.

Suggested participants

Include groups of individuals from whom you can learn, for example:

- Persons with dementia;
- Families and caregivers;
- Service providers, including physicians;
- Educators, researchers and planners.

As dementia is progressive, it is important to involve people who have experience at all stages of dementia.

Suggested questions

Some of the questions that need to be asked to complete the picture of your community throughout **all** stages of dementia include:

- What programs are available?
- What are your concerns?
- What works?
- Where do you refer individuals?
- Where are the gaps in service?
- What are the barriers?
- What programs are available in French or alternative languages, where applicable?
- What programs are culturally sensitive/appropriate?

4.3 Key Informant Interviews

The purpose of the key informant interview is to explore in depth the process for service delivery, challenges and concerns.

Key service providers/organizations are asked about programs, referral patterns and process, utilization statistics, waiting lists, barriers to service, challenges, recommendations and commitment to involvement. These can be individual or group interviews, but should be structured so that responses can be summarized and compared.

Sources for informant interviews may include:

- Alzheimer Society chapters
- Community services
- Hospitals, including emergency services
- Specialized geriatric services
- Specialized services
- Psychogeriatric Resource Consultants
- Mental health services
- Long-term care facilities
- Retirement homes/supportive housing
- Persons with dementia, their families and caregivers
- Caregiver/family support groups
- Researchers and planning councils
- Local police
- Religious leaders
- DHC French Language Services Committees

4.4 Mapping

Mapping is a method used to address the elements identified for a specific concern or issue. A visual "map" of systems, programs or services can be a powerful planning tool. By determining the elements that are considered essential to an effective community response to the issue, one can determine the current situation and the perceived neglected areas. This process allows the network to focus resources and energy on the gaps or overlooked areas.

In defining needs it is important to consider the needs from a system perspective for caregivers and providers, not just for individual agencies.

Please see Appendix B: A Needs Based Planning Approach

4.5 What are the current trouble spots, gaps, needs?

By documenting and analyzing the current system of services for persons with dementia, their families and caregivers it is possible to compare existing services to the 'ideal' model for the community. This can be helpful in identifying a number of trouble spots or gaps.

Needs can be broken down into several categories, such as:

1. Insufficient service:
   - A clear gap in the continuum of care accessed by persons with dementia, either throughout the catchment area or in a portion of it.
   - A lengthy waiting list for a particular service.
   - Barriers to accessibility, e.g., language and transportation.

2. Problems experienced in navigating the dementia pathway can be ascertained by reviewing the community development process and mapping carried out in the above section.

It is important to pay special attention to those transition points where there is greatest need for building linkages among service providers, e.g., pre-diagnosis, terminal stage and placement in long-term care facility.

4.6 Special issues

(i) Rural and disperse communities

Rural and disperse communities may find value in a document developed by the Ministry of Health and Long-Term Care in 1997 to help with the implementation of the recommendations of the Health Services Restructuring Commission (HSRC). "The Rural and Northern Health Care Framework" calls for "a fully integrated and coordinated network that provides access to a range of programs and services which put the patient first while using resources

more effectively and efficiently – the right care, in the right place, at the right time."

(ii) Urban metropolis

The population in most of Ontario's largest centers is becoming more diverse and dementia networks need to be able to respond to and reflect that diversity. Issues of access, communication and an understanding of cultural traditions need to be taken into account in the work of dementia networks.

In a complex urban area, many agencies are making decisions that impact on service delivery. These decisions are often made with little or no consultation with others. However, these changes can impact on persons with dementia, their families and caregivers who often do not know where or how to get help.[12]

In a large urban areas where there is often a multiplicity of services available, it is important to get the family physicians and the specialists working together to avoid unnecessary duplication of service.

(iii) Francophone population and French language services

There are about half a million Francophones in Ontario, Canada's largest group of French-speaking people outside of Quebec. The *French Language Services Act (FLSA)* has been in effect since 1989. It guarantees an individual's right to receive provincial government services in French in 23 designated areas in the Province of Ontario. Designated areas are those with at least 10% Francophone population, urban centers with at least 5,000 Francophones, and areas designated prior to the adoption of the *FLSA*.

Dementia networks covering designated areas need to address prompt access to quality French language services. This can be reflected in the dementia network's mission and vision statements, objectives, procedures and resources. In particular, any inventory, research, needs assessment, evaluation data, care planning and training should incorporate indicators related to French language services. In addition, the membership and functioning of the dementia network should include the Francophone community. This would entail effective Francophone representation on the dementia network as well as meaningful consultation with the French-speaking population.

Dementia networks will need to provide for the translation of any of the documentation intended for public display or distribution. As well, it may be helpful to present opportunities for focus groups in French. Depending on numbers of Francophones, some networks may conduct meetings in both official languages or may have sub-groups that operate in French. Resources and linkages which dementia networks may wish to explore include the

[12] Toronto District Health Council, "Creating Integrated Health Delivery Systems for Metropolitan Toronto, June 1996.

French Language Services Committees of District Health Councils in designated areas, local or regional French Language Services Networks, and Ministry of Health and Long-Term Care French Language Services Coordinators.

(iv) Multi-ethnic populations

In order to accommodate the needs of ethnically diverse populations local communities need to be sensitive to the service needs of multi-ethnic populations. The membership of the local dementia network should be representative of the various ethnic communities and include ethno-specific services. In seeking consultation from community members it is important that focus groups are held in other languages where appropriate. Dementia networks should consider whether there is a need to translate any information that is intended for the public in other languages.

(v) Communities without specialized diagnostic and treatment resources

Some communities will not have access to specialized geriatric and specialized services locally. Although specialized services are not needed to diagnose and care for all persons with dementia, each community does require access to specialized diagnostic and management consultation. The primary care physician in consultation with the person with dementia, their family and caregiver is in a position to assess whether a referral is needed to a specialized geriatric or specialized service to diagnose dementia or to manage the medical or psychosocial aspects of the disease.

If specialized services are not available locally, a community may establish a consulting relationship with another dementia network that has this resource. The Ontario College of Family Physicians is developing a mentoring program between family physicians who will be identified as opinion leaders and members of specialized geriatric medicine and psychiatry. These physician opinion leaders will be expected to take a lead role in their communities by assisting other physicians through formal and informal discussion on best practices in dementia care. As well, a number of the opinion leaders will be trained as peer presenters and will offer educational activities in their own region. A dementia website will be available for healthcare professionals and will offer a resource for clinical practice guidelines, educational resources and a mechanism to access community resources.[13]

Specialized geriatric services exist in the five urban centres housing medical schools.[14] These cities are:

- Hamilton
- Kingston

[13] These educational strategies are part of Ontario's Strategy for Alzheimer Disease and Related Dementias , Initiative #2 Physician Education.

[14] Please see the Appendix C for contact information for these five urban centres with specialized geriatric services.

- London
- Ottawa
- Toronto

Each of these "health sciences centres" has a Regional Geriatric Program, geriatric psychiatry program and an array of other specialized services. There are also many specialized geriatric services located across Ontario, which are not affiliated with a health sciences centre.[15] These programs would also be instrumental in the development of dementia networks.

(vi) Serving populations with special needs

In developing dementia networks, members need to be sensitive to the needs of persons living with dementia who have a dual diagnosis, e.g., Alzheimer Disease and Down Syndrome, or other chronic diseases/disorders. As well, younger persons with dementia may require services that are not traditionally associated with persons with dementia, e.g., employment support. Persons living alone may require additional supports and outreach activities.[16]

4.7 Realistic goals for the first year

It is important to concentrate on measurable accomplishments that could not be achieved by individual members on their own. The advice of most health networks is to:

1. Start small;
2. Start where there is an opportunity to make a rapid and noticeable difference;
3. Start where there is energy and willingness to change.

While mobilizing providers to focus action on addressing the needs of those who experience the greatest inequities in access to high quality care, it is most important to achieve successes early on. It is necessary to be realistic and to undertake a project that is both important and achievable and that does not take more time, energy and resources than are available.

Some of the projects that can be taken on by local dementia networks include:

- Improve the means of identifying individuals in the early stages of dementia;
- Implement best practice guidelines for dementia care across the continuum of care;

[15] Please see the Appendix C for a directory of services.
[16] The Alzheimer Society of Ontario can provide assistance with special needs populations. Please see: http://www.alzheimer.ca

- Develop and implement a means of managing care and support for persons with dementia, their families and caregivers over time and across the continuum of needed services.

4.8 Community resource location

Determine what resource information is available and where it is housed. It will also be important to negotiate a location for a 'library' of information. Where applicable, allocate sufficient time and resources for translation of documentation intended for public display or distribution.

CHECKLIST

- **Initiate focus groups**
- **Engage individuals and organizations across service, education, research, planning and speciality services**
- **Complete analysis of community**
- **Identify gaps**
- **Summarize findings**
- **Produce report, distributed and translated, where applicable**
- **Set realistic goals for the first year**

SECTION 5 – MAINTAINING THE NETWORK

5.1 Organization

There is no specific structure that meets every community's needs. This should be determined by what is most appropriate for your community. It is necessary to distinguish between the membership of a dementia network and participation in its organizing body or steering committee. It may be impractical and unwieldy to have all network participants sitting on the organizing group or steering committee.

Specific projects may be able to be undertaken through work groups, with or without special project funding. An organizing body or steering committee of service, administrative, education, research and planning leaders could work closely with work groups created for specific projects. This organizing body could have the task of coordinating the work groups and keeping the membership informed and consulted on important decisions. Work group participants generally include direct service providers from member agencies and others with a specific interest or expertise in a particular issue.

Given the purpose of dementia networks is to serve as a vehicle to facilitate people and resources coming together locally, regionally and provincially to improve the system of care (including service delivery, education and research) for persons with dementia, their families and caregivers, it is important that decision-making is achieved through a spirit of collaboration and consensus building.

5.2 Functions

As time goes on, a local dementia network may wish to become increasingly proactive and take on additional functions, such as:

- Advocacy
- Development and dissemination of referral protocols
- Service agreements between agencies

New innovative projects

5.3 Leadership

Responsibilities can be rotated in a way that does not make it onerous on any one person and is perceived to be equitable. The area that seems to be important is the administrative coordination of the network, i.e., keeping members informed, arranging meetings, preparing agendas, minutes, following up on action items. In some communities, one organization may take this responsibility and assign someone to spend a certain amount of dedicated time to network activities.

It is a challenge to keep members informed and appropriately involved. In addition to a high level of trust, this requires good organization and communication. Generally, small groups are more productive than large ones. A small group of people can do a lot of the background work and decisions can be brought to a larger group.

5.4 Accountability

Most newly created networks operate with an informal organizing structure in which work groups created for specific projects report back to the organizing body or steering committee. The steering committee would then have the task of assisting with the overall coordination and planning for the network. Any decisions made by the steering committee should be made in a way that is transparent and supported by the majority of members. It is essential that there is effective communication between the steering committee and all the members.

It may be helpful if the local dementia network maintains a link with the MOHLTC regional office and District Health Council for support and to enhance linkages between service providers.

5.5 Responsibility

Chances are that a few people will do most of the work in the early days. One or several local champions willing to roll up their sleeves and do much of the work is often a key to early success. As a network matures, the work can become routine and spread around more equitably. It is also possible to call on members to help out in the following ways:

- Host meetings
- Lead meetings
- Provide advice on network development
- Provide administrative support

Among the organizations that might take on some of these roles are:

- Geriatric medicine and geriatric psychiatry services
- Specialized services
- The District Health Council
- The MOHLTC regional office
- The local chapter of the Alzheimer Society
- The CCAC
- The local hospital
- Local long-term care facilities
- Community service agencies

Networks may also explore with universities and colleges, the potential of providing opportunities for co-op students to assist in its work.

5.6 Planning for sustainability

(i) Tips for success:

- Establish trust, especially among those not used to working together and encourage an environment where all players are recognized for their important contribution. Elicit "support in principle" at early stage, so doubters can be part of the process without committing more than they are ready to.
- Define a mission and shared vision that is focused on persons with dementia, their families and caregivers.
- Engage opinion leaders among the physicians and other service providers.
- Preserve individual agency identity/ideals while working as part of a network.
- Define a common set of services required by persons with dementia, their family and caregivers in the community. The network may want to focus on dementia-specific services at the beginning and expand to include other community services at a later stage.
- Define an organizational structure that is designed to allow members to move ahead quickly with projects.
- Engage participants and respect different types, sizes and cultures of organizations.
- Plan carefully. Planning can be slow and success is hard to see. Try to undertake at least one "quick win".
- Assess information needs, e.g., databases and software used to develop and sustain the network.
- Continually stress the role of the network to focus on the needs of persons, families and caregivers living with dementia in the community.
- Evaluate network projects and changes to the systems of care.
- Communicate often and comprehensively.

(ii) Human resources

At the early stages, it is likely that a network will require the disproportionate commitment and time of one or more local champions; this is usually not sustainable. The workload may need to be shared as a way to enhance the sense of ownership among members.

Different skills are required:

- Visionary and persuasive – This is the leader, the person(s) able to create understanding of what a local dementia network can do for persons with dementia, their families and caregivers and rally support for it. This person(s) can help the "doubters" understand the purpose of the network

and can allay fear of change. They lead without "owning." They are consensus builders.

- Organizational – This is the person(s) who understands what kinds of organizational structures are the most efficient and effective to get the work done and keep participants informed and committed. This person often does much of the analytical and communications work.
- Administrative and secretarial – This is the person(s) who organizes meetings and prepares materials.
- Clinical and service response – This includes the experts in some aspect of dementia care who provide the content in deciding what problems need attending to and crafting the response.
- Client – Persons with dementia, their families and caregivers have an important role in informing the group of the type of care and delivery of services that would enhance their quality of live and ability to manage the consequences of dementia.
- Overall – It is important to have a broad base of skills to draw upon, including individuals with clinical, education, research and planning skills.
- Where applicable, consider knowledge and understanding of the needs of the Francophone community and other cultural communities. This is important at all levels of organization but especially where design and delivery must be appropriate from a cultural and linguistic perspective.

Without adequate support, either in-kind or funded, the work of the network may not be sustainable.

(iii) Financing

Be realistic about what can be achieved through limited resources and in-kind support from participating agencies. Major projects typically require a grant from an external agency. Networks that do not have a dedicated staff person may require significant administrative in-kind support from member agencies.

<u>Items to Consider</u>

- Recognize that despite significant value of in-kind resources, there is a limit to what can be expected (this varies by network).

- Determine the types of in-kind resources valuable to the network – what resources can individuals and organizations offer, e.g., meeting space, secretarial support.

- Recognize that small agencies and individuals may not have the ability to provide in-kind support other than offering their expertise through participation at the steering committee/work group level.

- Determine if members are willing to pay dues to support the work of the network – if so, ensure the fee is manageable for all participants, e.g., pro-rated to agency/individual budget, and ensure the fee is not a disincentive

to participation. Recognize that participants will expect some benefit in return for dues paid.

- For a local dementia network to take on more and more activities, it may need financial resources to free up the time of persons to undertake the work. As well, there are costs associated with meetings, e.g. catering. The cost of travel and lost income can be a significant. There is also the cost of respite care for caregivers to attend.

Local provider organizations have found a variety of ways to support network activity. They include:

- Support from the global budget of one or more champion organizations. This support can come in the form of management and/or administrative time made available to coordinate network activity and supply costs.

- Providing supervision and structuring learning opportunities for a co-op university student to assist the network.

- A formal membership fee structure, usually on a sliding scale.

- Time-limited project funding from governmental or non-governmental sources, often for development of information systems.

(Local networks should confer with their MOHLTC offices to determine whether there are any restrictions on the MOHLTC-funded agencies to devote any of their funds to network activities without violating their service agreement.)

5.7 Is there a best model for a network?

Many different network arrangements can be effective. Each network needs to be custom-made and adapted to local realities. The key to success is building on existing structures that have credibility and are working well. Although this will vary from community to community, most local networks are fairly similar in operational style and structure. Communities just starting out can draw on the experience of other communities with developing or mature dementia networks.

5.8 Examples of Dementia Networks

a) Hamilton: Hamilton Dementia Care Network[17]
b) Niagara: Niagara Specialized Health Care for the Elderly Network[18]

[17] Contact person is Gertrude Cetinski, Executive Director Hamilton –Halton Alzheimer Society and co-chair of the network (905) 529-7030.

c) Ottawa: Dementia Network of Ottawa[19]
d) Toronto: Dementia LINC (Local Improvement Network in the Community[20]

CHECK LIST

- **Determine Organizational Structure**
- **Clarify Leadership, Function and Responsibility**

[18] Contact person is Bill Bloor, Niagara CCAC and chair of the network (905) 684-9441. The Niagara network also includes other specialized services for the elderly.
[19] Contact person is Barbara Schulman, Vice-President, Planning and Partnerships, SCO Health Service and co-chair of Dementia Network of Ottawa, (613) 562-6344 or bschulma@scohs.on.ca
[20] Contact person is Dr. Carole Cohen, Sunnybrook and Women's College Health Sciences Centre, chair of the network (416) 480-6100 ext. 4663 or carole.cohen@swchsc.on.ca

SECTION 6 – COMMUNICATION

6.1 Developing the mechanism

There must be mechanisms established to communicate formally and informally with network participants, members of the community, agencies and health professionals. Two-way communication is essential. Organizations and individuals must be able to provide input and advice into the planning process and receive information about network plans.

An effort should be made to:

- Speak and listen to diverse opinions expressed by members.
- Share information in a timely, clear and concise manner.
- Recognize the potential for conflict and/or differences of opinion to arise around decision-making, especially when the network wishes to take an action not supported by one or more of the members.
- Ensure speed in decision making. Small obstacles may become real barriers if allowed to fester. This needs to be balanced with ensuring consensus among the majority of members.
- Share successes and lessons learned with other dementia networks, e.g., through a shared web site, publications, conferences, etc.
- Share successes and lessons learned with MOHLTC regional office and groups that influence public policy in the area of dementia.
- Consider developing written materials and/or a web site for members and the public. When planning documents intended for the public, allocate sufficient time and resources for translation to ensure that the information will be released in English, French and other languages where applicable.

Community members, other health professionals and agencies outside the network can be informed about network activities through:

- Network member discussions at various meetings and conferences;
- Newsletters, journals, pamphlets and reports;
- Presentations at conferences;
- A network web site;
- Radio, television and newspapers
- MOHLTC regional office staff;
- Involvement of French or French/English media in designated areas.

6.2 Building relationships among members

A commitment to work together on the goal of improving the system of care required by persons with dementia, their families and caregivers needs to be shared by all members. Members need to feel comfortable in raising issues and problem solving in an environment that encourages and values participation from every member.

Setting the ground rules early is essential. They should include:

- Respect for all members and the knowledge/experience everyone has to offer;
- Trust and goodwill;
- Non-judgemental;
- Differences and conflict are resolved openly and constructively;
- Openness to change.

6.3 Promotion

Continue to build membership and participation in the network by:

- Influence;
- Persuasion;
- Consensus Building.

SECTION 7 – EVALUATION

7.1 Overview of evaluation

Health networks are inherently complex, therefore it is difficult to measure outcomes and quality. However, it is important to think about evaluation and how it can be used to assess the activities undertaken by a network and for network planning.

In terms of networks, evaluation may be considered in three areas:

- The functioning of the network;
- The evaluation of a particular project being undertaken by the network; and
- The impact of the network on the care system.

7.2 Evaluating the functioning of the network

In order to assess how a network functions, the goals and objectives of the network should be clearly defined. Priorities should be identified each year, indicating the specific activities/projects that the network plans to undertake, the specific outcomes that should be achieved, and the time frames for these activities and outcomes. These priorities should be reviewed on an annual basis to assess the progress of the network. Such a review can also assist in planning and priority setting for the following year.

Other activities that can be undertaken to assess how a network is functioning include a regular review of the network's membership and terms of reference. The following can also be used as indicators of a network's functioning:

- Number of meetings held;
- Attendance;
- Products produced, e.g., reports, service agreements;
- Increase/decrease in members;
- Ability to recruit members for committees/work groups;
- Ability to secure resources/supports

7.3 Evaluating projects undertaken by the network

In addition to evaluating the functioning of the network, specific projects that the network undertakes can be evaluated. This process also begins with ensuring that there are clear, measurable goals established for the project. Since some projects have multiple goals, it may be best to determine what goal(s) the network would like to focus on in the evaluation. The next step is to determine how these goals should be assessed. A local university or District Health Council (DHC) may be able to provide some assistance.

7.4 Evaluating the impact of the network on the care system

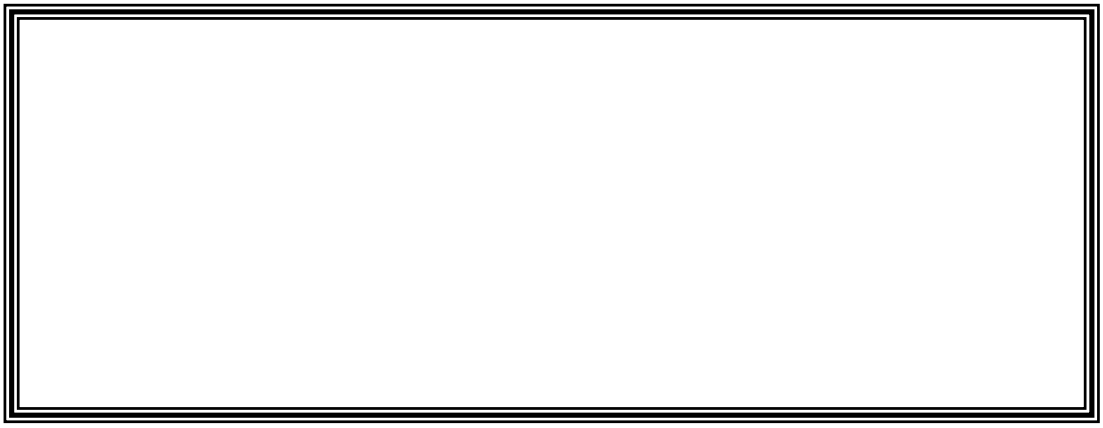
Evaluating the impact that the network has on the care system is a more challenging endeavor. Again, utilizing resources at a local university or DHC is suggested.

Examples of indicators that could be examined include:

- Information sharing
- Access to services
- Managing transitions
- Timeliness
- Quality
- Quality and availability of services in French or other languages, where applicable

When evaluating its impact on the system, the network may want to gather feedback from various perspectives including persons with dementia and their caregivers. This information as well as other evaluation results can then be used to assist network planning and priority setting.

Evaluation takes time, money and expertise. Evaluation goals should be clear and measurable, and evaluation priorities should be determined. It will likely be more worthwhile for a network to take on a smaller evaluation and do it well than to take on a project that may overwhelm the network members in terms of time, resources and energy.



SECTION 8 – CHALLENGES IN BUILDING CONSENSUS

8.1 Settling disagreements among partners

It is helpful to develop a process for resolving conflicts and complaints that cannot be sorted out within the network. Each network will need to determine what arms-length, but supportive organization that can serve as a mediator if needed.

Dementia networks entail a considerable degree of collaboration among organizations and people working together to achieve a common goal. Collaboration often develops in stages through shared communication, cooperation and a shared vision by all members.[21] A written vision and mission statement that has goals clearly defined may assist members in working through challenging issues.

8.2 Getting help from other networks

Cultivate contacts in other local dementia networks. Stay in touch with them and contact them to see how they have dealt with similar issues facing your network.

Local dementia networks build on and formalize existing linkages between organizations. They have been attempted in only a few places in Ontario. As a result we need to learn from our own and one another's experiences, using continuous quality improvement processes and a "shared learning" format.

8.3 Resolving conflict

"*Everyone wants to participate in decisions that affect them; fewer and fewer people will accept decisions dictated by someone else." (Fisher and Ury, 1981)*

Resolving conflict based on interests rather than positions can help to maintain cordial working relationships.

Positional bargaining can include negotiating from an agency, professional, or ideological perspective. Each side of the issue is argued and a compromise is reached by making concessions. As positions are articulated and 'defended' more attention is paid to stance than to the underlying issues or principles at stake.

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[21] See http://www.communitycollaboration.net. For further information, there is considerable literature on building consensus and collaboration.

In contrast, interest based negotiation focuses on the problem and the relationship(s). The conflict generally relates to needs, concerns and fears. By clarifying the perceptions of a situation and determining the needs of the participants, common and compatible outcomes can be found. Resolving the conflict in this way can help to present options, which allow for mutual satisfaction and help to lay the groundwork for future relationships. These relationships will be important to developing an effective network. By participating in the process, individuals will have a stake in the outcome.

SECTION 9 – CONCLUSION

The intent of this Guide is to assist communities in developing or maintaining dementia networks as a way to improve the system of care required by persons with dementia, their families and caregivers. Dementia networks enhance existing relationships/linkages between organizations and provide a means to achieve what autonomous organizations cannot do on their own.

The key steps in dementia network development identified in the Guide include:

GETTING STARTED

- **Determine membership**
- **Identify key service providers**
- **Identify potential leaders**
- **Determine your catchment area**
- **Consider regional interfaces**

INITIAL TASKS

- **Initiate focus groups**
- **Engage individuals and organizations across service, education, research, planning and speciality services**
- **Complete analysis of community**
- **Identify gaps**
- **Summarize findings**
- **Produce report, distribute and translate, where applicable**
- **Set realistic goals for the first year**

MAINTAINING THE NETWORK

- **Determine Organizational Structure**
- **Clarify Leadership, Function and Responsibility**

COMMUNICATION

- **Develop communication mechanism**
- **Establish ground rules for network members**
- **Establish process to share resources**

EVALUATION

- **Determine the goals and objectives**
- **Develop the evaluation plan**
- **Include feedback from persons with dementia, their families and caregivers.**

APPENDIX A – RESOURCES

Chronic Care Networks for Alzheimer's Disease, a three-year joint project of the Alzheimer's Association and the National Chronic Care Consortium to design, implement, and evaluate a new model of comprehensive coordinated care for people with Alzheimer's disease and related dementias. Seven community-level partnerships of Alzheimer's Association chapters, comprehensive medical and community-based provider networks address the needs of individuals with various dementias over time and across settings. April 1999
http://www.nccconline.org
John Selstad, Project Co-Director
(612) 814-2643
jselstad@ncconline.org

Alzheimer Society of Toronto. A Needs Based Planning Approach Diagram.

Health Networks: Seven Case Studies: A Description and Preliminary Analysis, Ontario Hospital Association, September 1998
http://www.oha.com

Pathway to Integration: Identifying Systematic Barriers, Ontario Hospital Association, October 1998
http://www.oha.com

Canadian Medical Association Dementia Guidelines, 1999
http://www.cma.ca/cmaj/vol-160/issue-12/dementia/index.htm

Map of Designated Areas Under the French Language Act, Office of Francophone Affairs, Ontario Government.
http://www.ofa.gov.on.ca/english/23region/htm#content

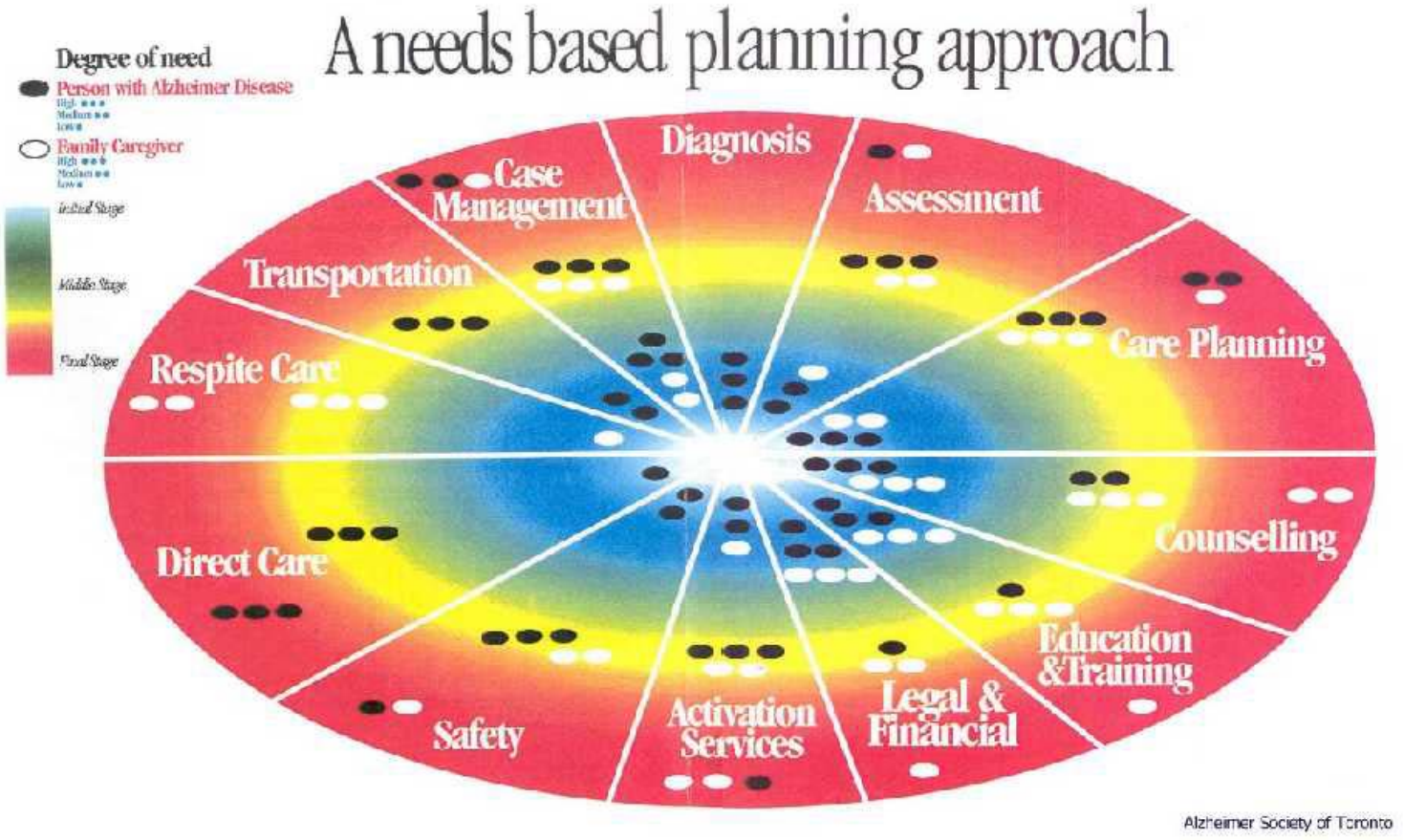
Fisher, Roger and William Ury. (1981) Getting to Yes. Toronto: Penguin Books,

Ontario's Strategy for Alzheimer Disease and Related Dementias
http://www.gov.on.ca/mczcr/seniors/english/alzheimer-strategy.htm

Ontario Community Psychogeriatric Directory 2000. Putting the PIECES together: A Psychogeriatric guide and Training Program for Professionals in Long-Term Care Facilities in Ontario, 2nd Edition: November 2000. Revised April 16, 2001 (Appendix C).

Community Collaboration
http://www.communitycollaboration.net

APPENDIX B – A NEEDS BASED PLANNING APPROACH



For additional copies of this diagram please contact the Alzheimer Society of Toronto (see Appendix C).

APPENDIX C – Ontario Community Geriatric Mental Health Team Exchange 2001

BELLEVILLE

Community Mental Health Program
314 Pinnacle St, 2nd Floor
Belleville, Ontario, K8N 3B4

Tel: 613-967-4734 Fax: 613-968-4312

BRANTFORD

Brant County Geriatric Mental Health Outreach Program
97 Mount Pleasant Street
Brantford, Ontario, N3T 1T5

Tel: 519-752-9696 Fax: 519-752-8671

BROCKVILLE

Geriatric Psychiatry Community Outreach
Brockville Psychiatric Hospital (Division of Royal Ottawa Hospital)
PO Box 1050
Brockville, Ontario, K6V 5W7

Tel: 613-498-1493 Fax: 613-498-1495

CAMBRIDGE

Grandside Psychogeriatric Clinic
Cambridge Memorial Hospital
700 Coronation Blvd.
Cambridge, Ontario, N1R 3G2
Email: mentalhealth@cmh.org

Tel: 519-740-4981 Fax: 519-740-4936

CHATHAM

Community Mental Health Clinic
Public General Hospital
106 Emma Street
P.O. Box 2030
Chatham, Ontario, N7L 1A8

Tel: 519-351-6144 Fax: 519-351-0450

COLLINGWOOD

Collingwood Community Mental Health Services
459 Hume Street
Collingwood, Ontario, L9Y 1W9

Tel: 705-444-6600 Fax: 705-444-5131

CORNWALL

Tri-County Mental Health Services – Psychogeriatric Service
132 Second Street E., Suite 104
Cornwall, Ontario, K6H 1Y4

Tel: 613- 932-9940 Fax : 613- 932-9945

CORNWALL	**Brockville Psychiatric Hospital Division of the Royal Ottawa Health Care Group** Geropsychiatry Community Outreach Service Tri-County Mental Health Services – Psychogeriatric Service 132 Second Street E., Suite 104 Cornwall, Ontario, K6H 1Y4	
	Tel: 613- 932-9940	Fax : 613- 932-9945
FORT FRANCES	**Kenora / Rainy River District Mental Health Services for Older Adults Program** Canadian Mental Health Association Fort Frances Branch Box 446 612 Portage Avenue Fort Frances, Ontario, P9A 3M8	
	Tel: 807-274-2347	Fax: 807-274-2473
GUELPH / WELLINGTON & DUFFERIN	**Wellington Dufferin Seniors Mental Health** 234 St. Patrick Street East Fergus, Ontario, N1M 1M6	
	Tel: 519-843-6191	Fax: 519-843-7608
HALDIMAND-NORFOLK	**Geriatric Mental Health Program of Haldimand-Norfolk** 26 Main Street N P.O. Box 760 Hagersville, Ontario, N0A 1H0	
	Tel: 905-768-1101 / Toll Free: 1-877-244-3094	Fax: 905-768-5804
HAMILTON	**Older Adults Program** St-Joseph's Community and Ambulatory Health Centre 2757 King Street East Hamilton, Ontario, L8G 5E4	
	Tel: 905-573-4818	Fax: 905-573-4820
HAMILTON	**Psychiatry & Medicine for the Aged in the Community** Hamilton Health Sciences Wilcox Building PO Box 2000, 2nd Level Hamilton, Ontario, L8N 3Z5	
	Tel: 905-521-7932	Fax: 905-521-7948
HAWKESBURY	**Services de Psychiatrie Gériatrique de Prescott & Russell** Centre Royal-Comtois 444 rue McGill, suite 101 Hawkesbury, Ontario, K6A 1R2	
	Tel: 613-632-0139	Fax: 613-632-4791

KINGSTON

Providence Continuing Care Centre
Mental Health Services
Geriatric Psychiatry Program
752 King Street West
Kingston, Ontario, K7K 1G7

Tel: 613-546-1101 Fax: 613-540-6128

LONDON

Geriatric Mental Health Program
London Health Sciences Centre
Victoria Campus
375 South Street
London, Ontario, N6A 4G5

Tel: 519-667-6693 Fax: 519-667-6707

MILTON (HALTON)

Halton Geriatric Mental Health Outreach Program
540 Childs Drive
Milton Ontario L6T 5G1

Tel: 905-693-9370 Fax: 905-693-9376

MISSISSAUGA

Peel Geriatric Mental Health Services
Trillium Health Centre (Mississauga site)
100 Queensway West
Mississauga, Ontario, L5B 1B8

Tel: 905-848-7580 ext 2126 Fax: 905-848-7602

MISSISSAUGA

Seniors Mental Health Clinic
Trillium Heath Centre (Queensway Site)
4Th Floor
150 Sherway Drive
Etobicoke, Ontario, M9C 1A5

Tel: 416-521-4051 Fax: 416-521-4072

NEWMARKET

Southlake Regional Health Centre
Geriatric Mental Heath Outreach Program
596 Davis Drive
New Market, Ontario, L3Y 2P9

Tel: 905-895-4521 Fax: 905-830-5972

NIAGARA

Geriatric Mental Health Outreach Program
301 St. Paul Street, Ste 12
St. Catherines, Ontario, L2R 3M8

Tel: 905-704-4068 Fax: 905-704-4072

NORTH BAY

Seniors' Mental Health Program – Community Service
200 First Ave W 2nd Floor
North Bay, Ontario, P1B 3B9

Tel: 705-494-3054 Fax: 705-494-3097

NORTH YORK

North York Community Psychogeriatric Service
North York General Hospital
2 Buchan Court
North York, Ontario, M2J 5A3

Tel: 416-756-6050 Fax: 416-756-3144

OTTAWA

Psychogeriatric Community Services of Ottawa
75 Bruyère Street, Room 106Y
Ottawa, Ontario, K1N 5C8

Tel: 613-562-9777 Fax: 613-562-0259

OTTAWA

Geriatric Psychiatry Outreach Service
Geriatric Psychiatry Program
Royal Ottawa Hospital
1145 Carling Ave
Ottawa, Ontario, K1Z 7K4

Tel: 613-722-6521 ext 6927 Fax: 613-798-2999

PEMBROKE

Renfrew County Geriatric Mental Health Outreach Team
Marianhill Inc
600 Cecelia Street
Pembroke, Ontario, K8A 7Z3

Tel: 613-735-6868 Fax: 613-732-3934

PENETANGUISHENE

Geriatric Services Program - Outreach Services
c/o Mental Health Centre
500 Church St
Penetanguishene, Ontario, L9M 1G3

Tel: 705-549-3181 ext 2644 (Toll free: 1-877-341-4729) Fax: 705-549-0266

PETERBOROUGH

Psychiatric Assessment Services for the Elderly (PASE)
Peterborough Regional Health Centre
1 Hospital Drive
Peterborough, Ontario, K9J 7C6

Tel: 705-876-5076 Fax: 705-876-5160

PICTON	**Community Mental Health Program** 43 Main St, Box 1346 Picton, Ontario, K0K 2T2 Email: cmhppicton@bel.auracom.com	
	Tel: 6123-476-2990	Fax: 613-476-6403
RICHMOND HILL	**Psychogeriatric Clinic, Mental Health Program** York Central Hospital 10 Trench Street Richmond Hill, Ontario, L4C 4Z3	
	Tel: 905-883-2592	Fax: 905-883-2292
SARNIA	**Lampton Psychogeriatric Consultation Service** c/o Sarnia General Hospital 220 N Mitton Street Sarnia, Ontario, N7T 6H6	
	Tel: 519-464-4533	Fax:519-464-4516
SAULT STE. MARIE	**Seniors Mental Health Services** 390 Bay Street, 4th Floor Sault Ste. Marie, Ontario, P6A 1X2	
	Tel: 705-759-9396	Fax: 705-759-3235
SMITHS FALLS	**Lanark County Mental Health** Seniors Resource Team Geriatric Psychiatry Outreach Program 88 Cornelia St, West, Unit 2A Smiths Falls, Ontario, K7A 5K9	
	Tel: 613-283-2170	Fax: 613-283-9018
STRATFORD	**Seniors Mental Health Program** Special Services Building 90 John Street South Stratford, Ontario, N5A 2Y8	
	Tel: 519-272-8210 ext 2205	Fax: 519-272-8226
SUDBURY	**Sudbury Regional Hospital** Psychogeriatric Outreach Program 584 Clinton Ave Sudbury, Ontario, P3E 2T2	
	Tel: 705-671-3186	Fax: 705-671-4041

THUNDER BAY

Community Outreach Team (Older Adult Mental Health)
St. Joseph's Heritage
63 Carrie Street
Thunder Bay, Ontario, P7A 4J2

Tel: 807-768-4448 Fax: 807-768-4452

THUNDER BAY

Psychogeriatric Community Assessment Program
Lakehead Psychiatric Hospital
580 N. Algoma Street, PO Box 2930
Thunder Bay, Ontario, P7B 5G4

Tel: 807-343-4368 Fax: 807-343-4387

TORONTO

Geriatric Psychiatry Community Service
Baycrest Hospital
3560 Bathurst Street
Toronto, Ontario, M6A 2E1

Tel: 416-785-2500 ext 2730 Fax: 416-785-2492

TORONTO

COTA's Psychogeriatric Team
700 Lawrence Avenue West, suite 362
Toronto, Ontario, M6A 3B4

Tel: 416-785-9230 Fax: 416-785-9358

TORONTO

P.A.C.E. Central
Centre for Addiction & Mental Health
1001 Queen Street West
Toronto, Ontario, M6J 1H4

Tel: 416-583-4326 Fax: 416-326-1478

TORONTO

P.A.C.E. East
Centre for Addiction & Mental Health
Queen St. Site
393 King Street East
Toronto, Ontario, M5A 1L3

Tel: 416-535-8501 ext.7650 Fax: 416-865-0540

TORONTO

P.A.C.E. West
Centre for Addiction & Mental Health
Queen St. Site
1001 King Street West
Toronto, Ontario, M6J 1H4

Tel: 416-535-8501 ext.2692 Fax: 416-583-1307

TORONTO

Saint Elizabeth Health Care
Psychogeriatric Team
Toronto Service Delivery Centre
2 Lansing Square, Suite 600
Toronto, Ontario, M2J 4P8

Tel: 416-498-7936 Fax: 416-498-7936

TORONTO

Community Psychiatric Services for the Elderly (CPSE)
Sunnybrook and Women's College Health Sciences Centre
Room F307,
2075 Bayview Avenue
Toronto, Ontario, M4N 3M5

Tel: 416-480-4663 Fax: 416-480-5889

TORONTO

Seniors Health Services
West Park Healthcare Centre
82 Buttonwood Avenue
Toronto, Ontario, M6M 2J5

Tel: 416-243-3732 Fax: 416-243-3735

WATERLOO

Waterloo Region Community Geriatric Services
99 Regina Street S., Box 1612
Waterloo, Ontario
N2J 4G6

Tel: 519 883 - 5500 Ext. 5067 Fax: 519-883 - 5555

WHITBY

Seniors Mental Health Program
Whitby Mental Health Centre
700 Gordon Street, Box 613
Whitby, Ontario, L1N 5S9

Tel: 905-668-5881 ext 6298 Fax: 905-430-4032

WINDSOR

The Mental Health Program for Older Adults (jointly sponsored)
Canadian Mental Health Association
1400 Windsor Ave.
Windsor, Ontario, N8X 3L9

Tel: 519-255-7440 Fax: 519-255-7817

WINDSOR

The Mental Health Program for Older Adults (jointly sponsored)
Windsor Regional Hospital
1453 Prince Rd.
Windsor, Ontario, N9C 3Z4

Tel: 519-257-5105 Fax: 519-257-5188

Regional Geriatric Programs

Hamilton

Specialized Health Care for the Elderly Regional Program
Henderson Hospital
711 Concession Street
Hamilton, ON L8V 1C3
Tel: 905-574-6244
Fax: 905-575-5121

Kingston

Southeastern Ontario Regional Geriatric Program
Providence Continuing Care Centre
St. Mary's of the Lake Hospital
340 Union Street, P. O. Box 3600
Kingston, ON K7L 5A2
Tel: 613-548-7222
Fax: 613-544-4017

London

Southwestern Ontario Regional Geriatric Program
801 Commissioners Road, East
London, ON N6C 5J1
Tel: 519-685-4069
Fax: 519-685-4068

Ottawa

Ottawa-Carlton Regional Geriatric Assessment Program
Ottawa Hospital, Civic Campus
1053 Carling Avenue, 1st Floor
Ottawa, ON K1Y 4E9
Tel: 613-761-4568
Fax: 613-761-5334

Toronto

Metropolitan Toronto Regional Geriatric Program
Sunnybrook & Women's College Health Sciences Centre
2075 Bayview Avenue
Toronto, ON M4N 3M5
Tel: 416-480-6802
Fax: 416-480-6068

Alzheimer Society of Ontario Offices

#202 - 1200 Bay Street
Toronto, Ontario
M5R 2A5
Phone: 416-967-5900
Fax: 416-967-3826
E-mail: alzheimeront@sympatico.ca

Alzheimer Society of Belleville-Hastings
470 Dundas Street
Belleville, ON K8N 1G1
Telephone: (613) 962-0892
Fax: (613) 962-1225
E-Mail: alzheimer.society.belleville-hastings@sympatico.ca

Alzheimer Society of Brant
101 Brant Avenue
Brantford, ON N3T 3H4
Telephone: (519) 759-7692
Fax: (519) 759-8353
E-Mail: alzbrant@bfree.on.ca

Alzheimer Society of Cambridge
614 Coronation Blvd., Ste. 103
Cambridge, ON N1R 3E8
Telephone: (519) 622-6066
Fax: (519) 622-4454
E-Mail: alzcam@golden.net

Alzheimer Society of Chatham-Kent
36 Memory Lane
Chatham, ON N7L 5M8
Telephone: (519) 352-1043
Fax: (519) 352-3680
E-Mail: alzheime@MNSI.com

Alzheimer Society of Cornwall & District
P.O. Box 1852
Cornwall, ON K6H 6N6
Telephone: (613) 932-4914
Fax: (613) 932-6154
E-Mail: alzheimer@on.aibn.com
Courier address:
55 Water St. W., Ste. 220
Cornwall, ON K6J 1A1

Alzheimer Society of Dufferin County
32 First St., Lower Level
Orangeville, ON L9W 2E1
Telephone: (519) 941-1221
Fax: (519) 941-1730
E-Mail: alzdufferincounty@on.aibn.com

Alzheimer Society of Durham Region
419 King St.W., Ste. 205
Oshawa, ON L1J 2K5
Telephone: (905) 576-2567
1-888-301-1106
Fax: (905) 576-2033
E-Mail: alzheimerdurham@oix.com

Alzheimer Society of Elgin-St. Thomas
98 Centre Street
St. Thomas, ON N5R 2Z7
Telephone: (519) 633-4396
1-888-565-1111
Fax: (519) 633-7028
E-Mail: remember@execulink.com

Alzheimer Society of Greater Simcoe Country
P.O. Box 1414
Barrie, ON L4M 5R4
Telephone: (705) 722-1066
Fax: (705) 722-9392
E-Mail: alzgsc@csolve.net
Courier address:
12 Fairview Rd., Ste. 103
Barrie, ON L4N 4P3

Alzheimer Society of Grey-Bruce
769 Second Ave. E.
Owen Sound, ON N4K 2G9
Telephone: (519) 376-7230
Fax: (519) 376-2428
E-Mail: alzheimer@bmts.com

Alzheimer Society of Guelph-Wellington
111 Macdonell St.
Guelph, ON N1H 2Z7
Telephone: (519) 836-7672
Fax: (519) 836-1041
E-Mail: office@alzheimer.guelph.org

Alzheimer Society of Haldimand-Norfolk
365 West St., PO Box 391
Simcoe, ON N3Y 4L2
Telephone: (519) 428-7771
Fax: (519) 428-2968
E-Mail: alzhn@kwic.com

Alzheimer Society for Halton-Wentworth
1685 Main St.W., Ste. 206
Hamilton, ON L8S 1G5
Telephone: (905) 529-7030
Fax: (905) 529-3787
E-Mail: alzhhw@interlynx.net

Alzheimer Society of Huron County
P.O. Box 639,
Clinton, ON NOM ILO
Telephone: (519) 482-1482
Fax: (519) 482-8692
E-Mail: alzhuron@scsinternet.com
Courier address:
317 Huron Street, (off Highway 8)
Clinton, ON NOM ILO

Alzheimer Society of Kenora & District
Box 837
Kenora, ON P9N 4B5
Telephone: (807) 468-1516
Fax: (807) 468-1516
E-Mail: alzheimers@kenora.com
Courier address:
Old St. Joe's Hospital
1st Floor, Ocean Ave.
Kenora, ON P9N 3W7

Alzheimer Society of Kingston
100 Stuart Street
Kingston, ON K7L 2V6
Telephone: (613) 544-3078
Fax: (613) 544-6320
E-Mail: alzking@kos.net

Alzheimer Society of Kitchener-Waterloo
151 Frederick, Ste. 501
Kitchener, ON N2H 2M2
Telephone: (519) 742-1422
Fax: (519) 742-1862
E-Mail: alzkw@nonline.net

Alzheimer Society of Lanark County
33 Drummond St W.
Perth, ON K7H 2K1
Telephone: (613) 264-0307
Fax: (613) 264-8430
E-Mail: alz@superaje.com

Alzheimer Society of Leeds-Grenville
P.O. Box 1836
Brockville, ON K6V 6K9
Telephone: (613) 345-7392
Fax: (613) 345-3186
Courier address:
Alzheimer Society of Leeds-Grenville
42 George Street
Brockville, K6V 3V5

Alzheimer Society of London and Middlesex
555 Southdale Rd. E., Ste. 100
London, ON N6E 1A2
Telephone: (519) 680-2404
Fax: (519) 680-2864
E-Mail: alzheimer.info@cims.net

Alzheimer Society of Muskoka
98 Pine Street
Bracebridge, ON P1L 1N5
Telephone: (705) 645-5621
Fax: (705) 645-4397
E-Mail: alzmusk@muskoka.com

Alzheimer Society of Niagara Region
203 Ontario St.
St. Catharines, ON L2R 5L2
Telephone: (905) 687-3914
Fax: (905) 687-9952
E-Mail: asnr@iaw.on.ca

Alzheimer Society of North Bay & District
269 Main St. W., Ste. 204
North Bay, ON P1B 2T8
Telephone: (705) 495-4342
Fax: (705) 495-0329
E-Mail: asnb@volnetmmp.net

Alzheimer Society of North East Simcoe County
P.O. Box 486
Orillia, ON L3V 6K2
Telephone: (705) 329-0909
Fax: (705) 329-2378
E-Mail: info@alzheimerorillia.com
Courier address:
12 Grace Ave.
Orillia, ON L3V 2K2

Alzheimer Society of Ottawa-Carleton
1750 Russell Rd.
Ottawa, ON K1G 5Z6
Telephone: (613) 523-4004
Fax: (613) 523-8522
E-Mail: asoc@cyberus.ca

Alzheimer Society of Oxford
575 Peel St.
Woodstock, ON N4S 1K6
Telephone: (519) 421-2466
Fax: (519) 421-3098
E-Mail: info@alzheimer.oxford.on.ca

Alzheimer Society of Peel
60 Briarwood Ave.
Mississauga, ON L5G 3N6
Telephone: (905) 278-3667
Fax: (905) 278-3964
E-Mail: alzheimersocietypeel@home.com

Alzheimer Society of Perth County
311 Church St.
Stratford, ON N5A 2R9
Telephone: (519) 271-1910
Fax: (519) 271-1231
E-Mail: alzperth@cyg.net

Alzheimer Society of Peterborough
P.O. Box 1701
Peterborough, ON K9J 7S4
Telephone: (705) 748-5131
Fax: (705) 748-6174
E-Mail: aspaptbo@sympatico.ca
Courier address:
183 Simcoe St.
Peterborough, ON K9H 2H6

Alzheimer Society of Prince Edward County
P.O. Box 980
Picton, ON K0K 2T0
Telephone: (613) 476-2085
Fax: (613) 476-1537
E-Mail: aspec@mail.reach.net
Courier address:
90 King St.
Picton, ON K0K 2T0

Alzheimer Society of Sarnia-Lambton
110 Water St.
Sarnia, ON N7T 5T3
Telephone: (519) 332-4444
Fax: 519) 332-6673
E-Mail: alzheimer@ebtech.net

Alzheimer Society of Sault Ste. Marie & Algoma District
633 Albert St. E.
Sault Ste. Marie, ON P6A 2K5
Telephone: (705) 942-2195
Fax: 705) 256-6777
E-Mail: alzssm@volnetmmp.net

Alzheimer Society of Sudbury-Manitoulin
970 Notre Dame Ave.
Sudbury, ON P3A 2T4
Telephone: (705) 560-0603
Fax: (705) 560-6938
E-Mail: alzhsud@isys.ca

Alzheimer Society of Thunder Bay
180 Park Ave., Ste. 310
Thunder Bay, ON P7B 6J4
Telephone: (807) 345-9556
Fax: (807) 345-1518
E-Mail: alzheimertb@norlink.net

Alzheimer Society of Timmins-Porcupine District
690 River Park Rd., Unit 206
Timmins, ON P4P 1B4
Telephone: (705) 268-4554
Fax: (705) 360-4492

Alzheimer Society of Toronto
2323 Yonge St., Ste. 500
Toronto, ON M4P 2C9
Telephone: 416) 322-6560
Fax: (416) 322-6656
E-Mail: write@asmt.org

Alzheimer Society of Victoria County
P.O. Box 730
Lindsay, ON K9V 4W9
Telephone: (705) 878-0126
Fax: (705) 878-0127
E-Mail: alzvic@on.aibn.com
Courier address:
55 St. Mary St. W., Ste. 201
Gate Way Plaza
Lindsay, ON K9V 5Z6

Alzheimer Society of Windsor-Essex County
242 Lauzon Road
Windsor, ON N8S 3L6
Telephone: (519) 974-2220
Fax: (519) 974-9727
E-Mail: alzwind@wincom.net

Alzheimer Society of York Region
800 Davis Drive, Unit 6
Newmarket, ON L3Y 2R5
Telephone: (905) 895-1337
Fax: (905) 895-1736
E-Mail: daycn@idirect.com

Community Care Access Centres

Access Centre For Hastings and Prince Edward Counties
Bayview Mall
470 Dundas Street East
Belleville, Ontario
K8N 1G1
Tel : (613) 966-3530
Fax: (613) 966-0996

Access Centre For Community Care in Lanark, Leeds and Grenville
52 Abbott Street North, Unit 1
Smith Falls, Ontario
K7A 1W3
Tel : (613) 283-8012 or 1-800-267-6041
Fax: (613) 283-0308

Algoma Community Care Access Centre
(Services available in French)
390 Bay Street, 2nd Floor
Sault Ste. Marie, Ontario
P6A 1X2
Tel : (705) 949-1650
Fax: (705) 949-1663

Brant Community Care Access Centre
274 Colborne Street
Brantford, Ontario
N3T 2H5
Tel : (519) 759-7752
Fax: (519) 759-7130

Chatham/Kent Community Care Access Centre
(Services available in French)
750 Richmond Street, Box 306
Chatham, Ontario
N7M 5K4
Tel : (519) 436-2222
Fax: (519) 351-5842

Cochrane District Community Care Access Centre
(Services available in French)
60 Wilson Avenue, 3rd Floor
Timmins, Ontario
P4N 2S7
Tel : (705) 267-7766 or 1-888-668-2222
Fax: (705) 267-7795

Community Care Access Centre of The District of Thunder Bay
(Services available in French)
1159 Alloy Drive, Suite 200
Thunder Bay, Ontario
P7B 6M8
Tel : (807) 345-7339 or 1-800-626-5406
Fax: (807) 345-8868
Web: www.ccac-tb.on.ca

Community Care Access Centre for Eastern Counties
(Services available in French)
709 Cotton Mill Street
Cornwall, Ontario
K6H 7K7
Tel : (613) 936-1171 or 1-800-267-0852
Fax: (613) 936-0644

Community Care Access Centre of Halton
440 Elizabeth Street, 4th Floor
Burlington, Ontario
L7R 2M1
Tel : (905) 639-5228 or 1-800-810-0000 (905 and 519 areas)
Fax: (905) 639-5320
Web : www.ccac-halton.on.ca

Community Care Access Centre For Huron
c/o Health and Library Complex
P.O.Box 459, 163 Princess Street East
Clinton, Ontario
N0M 1L0
Tel : (519) 482-3411 or 1-800-267-0535 (519 area only)
Fax: (519) 482-1485

Community Care Access Centre for Kenora and Rainy River Districts
(Services available in French)
21 Wolsley Street
Kenora, Ontario
P9N 3W7
Tel : (807) 310-4636 or 1-877-661-6621 (outside 807 area)
Fax: (807) 468-1437
Web : communitycare.on.ca

Community Care Access Centre of London & Middlesex
(Services available in French)
356 Oxford Street West
London, Ontario
N6A 5L7
Tel : (519) 473-2222 or leave Voice Mail at (519) 641-1113
Fax: (519) 472-4045
Web : www.ccaclm.on.ca

Community Care Access Centre Niagara
(Mail only) P.O. Box 215, St. Catharines, Ontario, L2R 6S4, Canada
(Location) (RR4) 509 Glendale Avenue, Niagara-o/t-Lake, Ontario, L0S 1J0, Canada
Tel : (905) 684-9441
Fax: (905) 684-8463

Community Care Access Centre Oxford
1147 Dundas Street
Woodstock, Ontario
N4S 8W3
Tel : (519) 539-1284
Fax: (519) 539-0065
Web : www.ocl.net/projects/community_care

Community Care Access Centre of Peel
(Services available in French)
199 County Court Boulevard
Brampton, Ontario
L6W 4P3
Tel : (905) 796-0040 or 1-888-733-1177
Fax: (905) 796-5620
Web : www.ccacpeel.org

Community Care Access Centre Timiskaming
(Services available in French)
P.O. Box 520, 111 Burnside Drive
Kirkland Lake, Ontario
P2N 3J5
Tel : (705) 567-2222
Fax: (705) 567-9407

Community Care Access Centre of Waterloo Region
99 Regina Street South, 4th Floor
Box 1612
Waterloo, Ontario
N2J 4G6
Tel : (519) 883-5500
Fax: (519) 883-5555
Web : www.ccacwat.on.ca

Community Care Access Centre of Wellington - Dufferin
450 Speedvale Avenue West, Suite 201
Guelph, Ontario
N1H 7G7
Tel : (519) 823-2550
Fax: (519) 823-8682
Web : www.ccacwd.org

Community Care Access Centre Windsor/Essex
(Services available in French)
339 Crawford Avenue, 5th Floor
Windsor, Ontario
N9A 5C6
Tel : (519) 258-8211
Fax: (519 258-6288 - Intake)
Fax: (519) 258-2004 - Admin.)

Community Care Access Centre of York Region
1100 Gorham Street, Unit 1
Newmarket, Ontario
L3Y 7V1
Tel : (905) 895-1240 or (416) 221-3212 or
Toll: 1-888-470-CCAC (2222) (for 905, 416, 705, 519 areas only)
Fax: (905) 853-6297
Web : www.ccacyorkregion.on.ca

Durham Access to Care
Whitby Corporate Centre
209 Dundas St. E, 5th Floor
Whitby, Ontario
L1N 7H8
Tel : (905) 430-3308 or 1-800-263-3877
Fax: (905) 430-3297
Web : www.datc.org

East York Access Centre For Community Services
(Services available in French)
1 Leaside Park Drive
Toronto (East York), Ontario
M4H 1R1
Tel : (416) 423-3559
Fax: (416) 423-9800

Etobicoke Community Care Access Centre
(Services available in French)
401 The West Mall, Suite 101
Toronto (Etobicoke), Ontario
M9C 5J5
Tel : (416) 626-2222
Fax: (416) 626-9683
Web : www.etobicokeccac.com

Elgin Community Care Access Centre
294 Talbot Street
St. Thomas, Ontario
N5P 4E3
Tel: (519) 631-9907
Fax: (519) 631-2236

Grey/Bruce Community Care Access Centre
255 - 18th Street West
Owen Sound, Ontario
N4K 6Y1
Canada
Tel : (519) 371-2112 or 1-888-371-2112
Fax: (519) 371-5612 or 1-800-825-7126
Web : www.g-bccac.org

Haldimand-Norfolk Community Care Access Centre
76 Victoria Street
Simcoe, Ontario
N3Y 1L5
Tel : (519) 426-7400
Fax: (519) 426-4384
Web : www.hnccac.on.ca

Haliburton, Northumberland & Victoria LTC Access Centre
108 Angeline Street South
Lindsay, Ontario
K9V 3L5
Tel : (705) 324-9165
Fax: (705) 324-0884
Web : www.hnvaccesscentre.on.ca

Hamilton/Wentworth Community Care Access Centre
(Services available in French)
310 Limeridge Road West
Hamilton, Ontario
L9C 2V2
Tel : (905) 523-8600
Fax: (905) 528-1883
Web : www.hwccac.on.ca

Kingston, Frontenac, Lennox & Addington Community Care Access Centre
471 Counter Street, Suite 101
Kingston, Ontario
K7M 8S8
Tel : (613) 544-7090
Fax: (613) 544-1494
Web : www.kfla-cc.org

Manitoulin - Sudbury Community Care Access Centre
(Services available in French)
1760 Regent Street
Sudbury, Ontario
P3E 3Z8
Tel : (705) 522-3460 or 1-800-461-2919
Fax: (705) 522-3855
Web : library.utoronto.ca/www/aging/onpea_projects/msccac.html

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Muskoka East Parry Sound Community Care Access Centre
(A Division of Algonquin Health Services)
354 Muskoka Road No.3 North
Huntsville, Ontario
P1H 1H7
Tel : (705) 789-6451
Fax: (705) 789-1982
Web : www.algonquinhs.on.ca

Near North Community Care Access Centre (Nipissing)
(Services available in French)
101 McIntyre Street West,3rd Floor
North Bay, Ontario
P1B 2Y5
Tel : (705) 476-2222 or 1-888-533-2222 (705 area only)
Fax: (705) 474-0080
Web : www.library.utoronto.ca/www/aging/onpea_projects/nnccac.html

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North York Community Care Access Centre
(Services available in French)
45 Sheppard Avenue East, Suite 700
Toronto (Willowdale), Ontario
M2N 5W9
Tel : (416) 222-2241
Fax: (416) 229-6809
Web : www.nyccac.on.ca

Ottawa-Carleton Community Care Access Centre
(Services available in French)
1223 Michael Street North, Suite 410
Gloucester, Ontario
K1J 7T2
Tel : (613) 745-5525
Fax: (613) 745-6984

Perth County Community Care Access Centre
65 Lorne Avenue East
Stratford, Ontario
N5A 6S4
Tel : (519) 273-2222
Fax: (519) 273-2139

Peterborough Community Care Access Centre
700 Clonsilla Avenue, Suite 202
Peterborough, Ontario
K9J 5Y3
Tel : (705) 743-2212 or 1-888-235-7222
Fax: (705) 743-9559
Web : www.accesscentre.on.ca

Renfrew County Community Care Access Centre
7 International Drive, Suite B
Pembroke, Ontario
K8A 6W5
Canada
Tel : (613) 732-7007 or 1-888-421-2222
Fax: (613) 732-3522
Web : www.ccacrenfrew.org

Sarnia Lambton Community Care Access Centre
1433 London Road
Sarnia, Ontario
N7T 7H9
Tel : (519) 542-4444 or 1-800-265-1445
Fax: (519) 542-3116
Web : www.s-lccac.on.ca

Scarborough Community Care Access Centre
1940 Eglinton Avenue East, 3rd Floor
Toronto (Scarborough), Ontario
M1L 4R1
Tel : (416) 750-2444 (main)
Fax: (416) 750-8234
Web : www.scarbccac.org

Simcoe County Community Care Access Centre
(Services available in French)
15 Sperling Drive, Suite 100
Barrie, Ontario
L4M 6K9
Tel : (705) 721-7444 or 1-888-721-2222
Fax: (705) 722-5237
Web : www.ccacsc.on.ca

Toronto Community Care Access Centre
(Services available in French)
250 Dundas Streeet West, Ground Floor, Unit 5
Toronto, Ontario
M5T 2Z5
Tel : (416) 506-9888
Fax: (416) 506-0374

West Parry Sound Health Centre CCAC
10 James Street
Parry Sound, Ontario
P2A 1T3
Tel : (705) 746-4540
Fax: (705) 746-7364

York Community Care Access Centre (Former City of York)
(Services available in French)
1400 Castlefield Avenue
Toronto, Ontario
M6B 4C4
Tel : (416) 780-1919
Fax: (416) 780-1749

APPENDIX D – Dementia Networks Work Group Membership

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Toll Free 1-877-779-5559
Fax Number (613) 569-9670

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Toll Free 1-800-663-3775
Fax Number (519) 675-7685

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465 Davis Dr., 3rd Floor
Newmarket ON L3Y 8T2

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Fax Number (905) 954-4702

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Toronto ON M2M 4K5

Phone Number (416) 327-7115
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Mississauga ON L5B 2T4

Phone Number (905) 897-4605
Fax Number (905) 275-7540