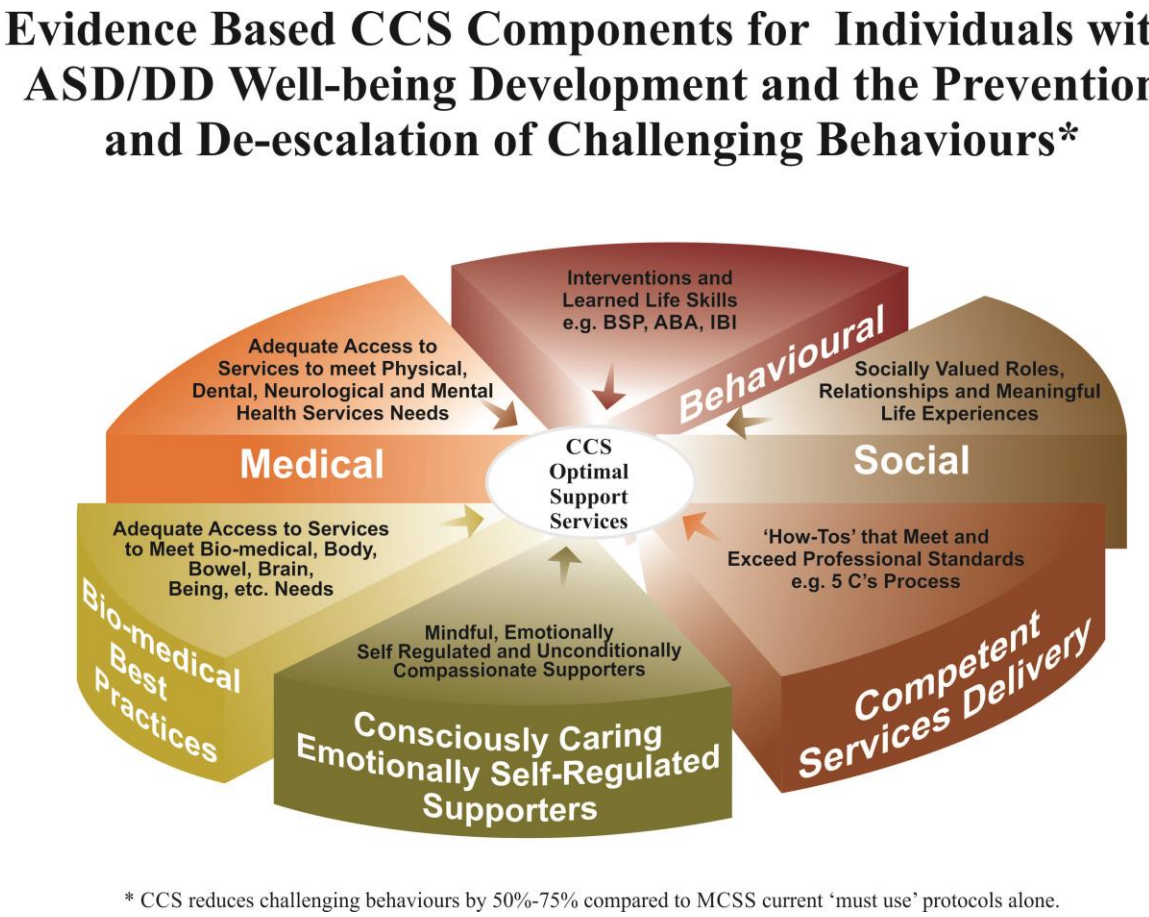
The illustration below describes in more detail the six critical areas of unmet needs that are addressed directly or indirectly by *CCS*.



* CCS reduces challenging behaviours by 50%-75% compared to MCSS current 'must use' protocols alone.

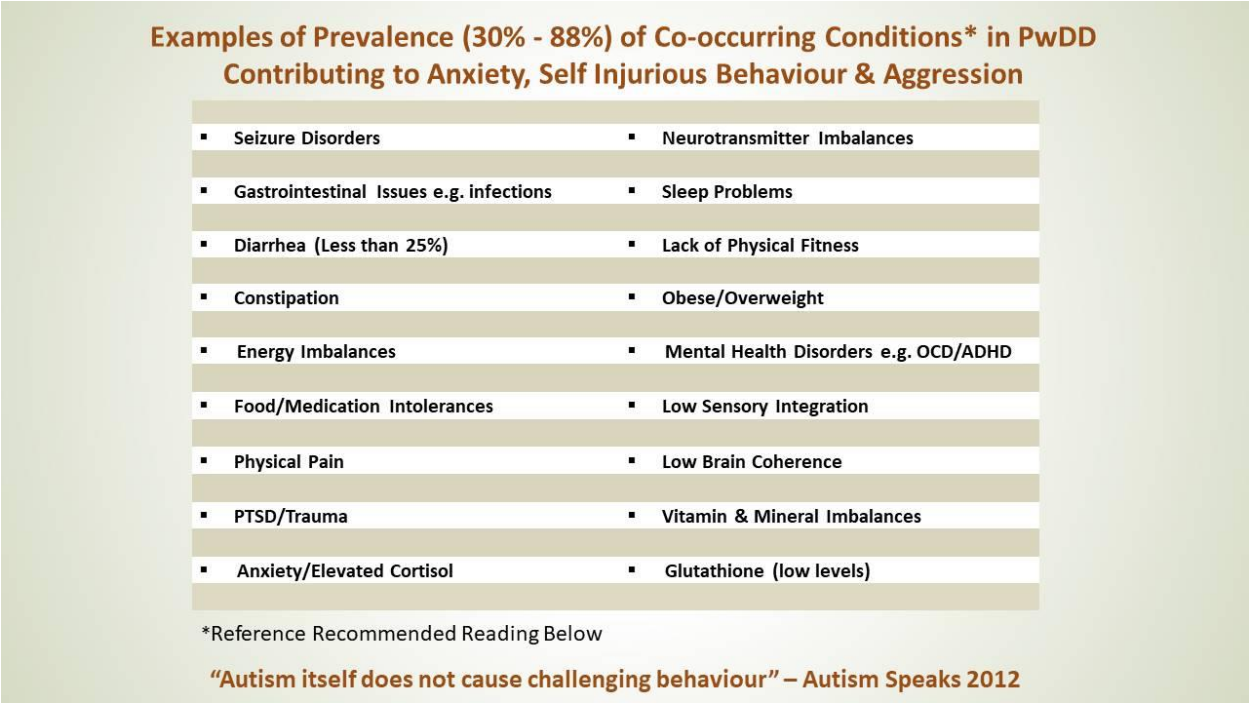
Gaps

The following offers numerous concerns and GAPS regarding current best practices that we feel indicate a critical need for improved supporter development, broadening of some fundamental job performance objectives and activities, MCSS policy amendments and resources reprioritization.

Bio-medical:

Consistent adequate attention to a number of critical bio-medical needs is quite limited. This includes needs for improved:

- Holistic GI health, bowel functioning and nutrition;
- Balancing of vitamins and minerals, hormones and calming neurotransmitters, e.g. GABA and serotonin;
- Healing of dangerous GI pathogens, permeability and pain;
- Elimination of toxins from the body;
- Brain development, coherence and inflammation regulation;
- Human energy system development, maintenance and protection from toxic electromagnetic fields and wireless radiation and;
- Sensory integration and processing.



Conscious & Compassionate Mindful Emotional Self-Regulated Supporters:

- While most of the approved crisis intervention trainings (e.g. CPI, Safe Management) consistently remind supporters to stay calm during emergency responses and behavioural incidents, none adequately teach supporters how to actually calm their autonomic nervous system while in crisis.
- Supporters have generally not learned how to have their brain and body be authentically caring and compassionate when they don't feel like it.

Competent Services Delivery Process:

- Aside from the specific responses through implementation of a Behaviour Support Plan (which appears to in part too often result in power struggles that lead to behavioural incidents), a comprehensive, professional delivery process for services in general and in crisis prevention and de-escalation specifically is virtually nonexistent. (reference Part THREE below)

Traditional Medical:

- Medications and bio-medical treatments are generally administrated by primary care physicians (PCPs), many of whom lack the necessary dual diagnosis training and time to accurately diagnose, prescribe and follow-up regarding integrated medical and bio-medical support;
- Supporters' lack adequate training in data collection, recognizing medication side effects and advocacy skills to facilitate optimal services from PCP;

- Psychiatric consultations are significantly fewer for PwDD who have complex mental and neurological health needs compared to neurotypical people with similar needs;
- There is a lack of comprehensive dental health promotion services. While dental and myofunctional unmet needs cause very serious illnesses such as bacterial pneumonia, pain and GI infections, ODSP covers only 60% of dental fees.

Behavioural:

- For 10's of thousands of behavioural incidents in Ontario each year, it appears that one of the most significant variables causing the incidents to escalate is that supporters are often too powerful because they become emotionally hijacked;
- Supporters also often miss cues/'tells' that could have been addressed earlier to prevent the incident from escalating;
- Behaviour Support Plans and behavioural interventions are consistently reported to be too complex for many supporters to satisfactorily remember what and how to implement;
- Behaviour Support Plans appear to inadequately address requirements for complete "biological" and "therapeutic" interventions as directed by the Behaviour Analyst Certification Board;
- Plans appear to be based primarily on the elimination of functional goals that actually result from unmet bio-medical needs (reference illustration next page). While some exceptional results are obvious, this functional goal's focus may be resulting in primarily behavioural compliance and much less so in the individuals' development of independence, well-being and emotional self-regulation skills.

Social:

- For many PwDD (not all), planning and implementation of socially valued roles, enhanced social life experiences and meaningful relationships are generally not optimal as individuals have more fundamental unmet needs that are required to be met as prerequisites to be able to experience satisfying social interactions;
- There is ineffective advocacy with some families and community professionals by support professionals related to support to better meet PwDD bio-medical needs. This can severely compromise the development and well-being of the PwDD (e.g. the family's lack of adherence to nutritional needs and consistent implementation of support plans).

Summary

As a result of the above concerns, especially for individuals with complex needs, the following illustration indicates the recurring cycles that often seem to continue. With the consistent implementation of *CCS*, these cycles can be broken thereby providing the support recipients with the best possible potential to be all that they can be (reference second illustration).

The Recurring Cycles of Behaviour to Calm to Behaviour